

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 NOV 23 2016
 Bayfield Co. Zoning Dept.



Permit #:	16-0454
Date:	12-20-16
Amount Paid:	\$375 11-28-16
Refund:	\$15 12-15-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Patrick + Michele Courneya Mailing Address: 6840 Sherwood, Berkeley, CA 94705 Telephone: _____

Address of Property: Gothling Road City/State/Zip: Bayfield WI 54894 Cell Phone: 602-770-6866

Contractor: Lake Effect Builders LLC Contractor Phone: 715-209-0300 Plumber: N/A Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Leo Kethum Fish Agent Phone: 715-209-0300 Agent Mailing Address (include City/State/Zip): 800 50 Perior Ave Washburn WI Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4 SW 1/4 Legal Description: (Use Tax Statement) Less State Reserve 1096 P571 1AP P/N: (23 digits) 04-0063-50-01-09-3 01-000-10000 Recorded Document: (i.e. Property Ownership) 1096 Page(s) 511

Section 09, Township 50 N, Range 04 W, Town of: Bayfield Lot Size _____ Acreage 15.9

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes No

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>105,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input checked="" type="checkbox"/> Private
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Not in house
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 34' Width: 22' Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>22</u> X <u>24</u>)	<u>528</u>
	Residence (i.e. cabin, hunting shack, etc.)	(<u>17</u> X <u>22</u>)	<u>374</u>
	with Loft	(<u>22</u> X <u>8</u>)	<u>88</u>
	with a Porch	(<u> </u> X <u> </u>)	
	with (2 nd) Deck	(<u> </u> X <u> </u>)	
	with a Deck	(<u> </u> X <u> </u>)	
	with Attached Garage	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	
	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	
	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	Accessory Building (specify) _____	(<u> </u> X <u> </u>)	
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	(<u> </u> X <u> </u>)	
	Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	
	Other: (explain) _____	(<u> </u> X <u> </u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

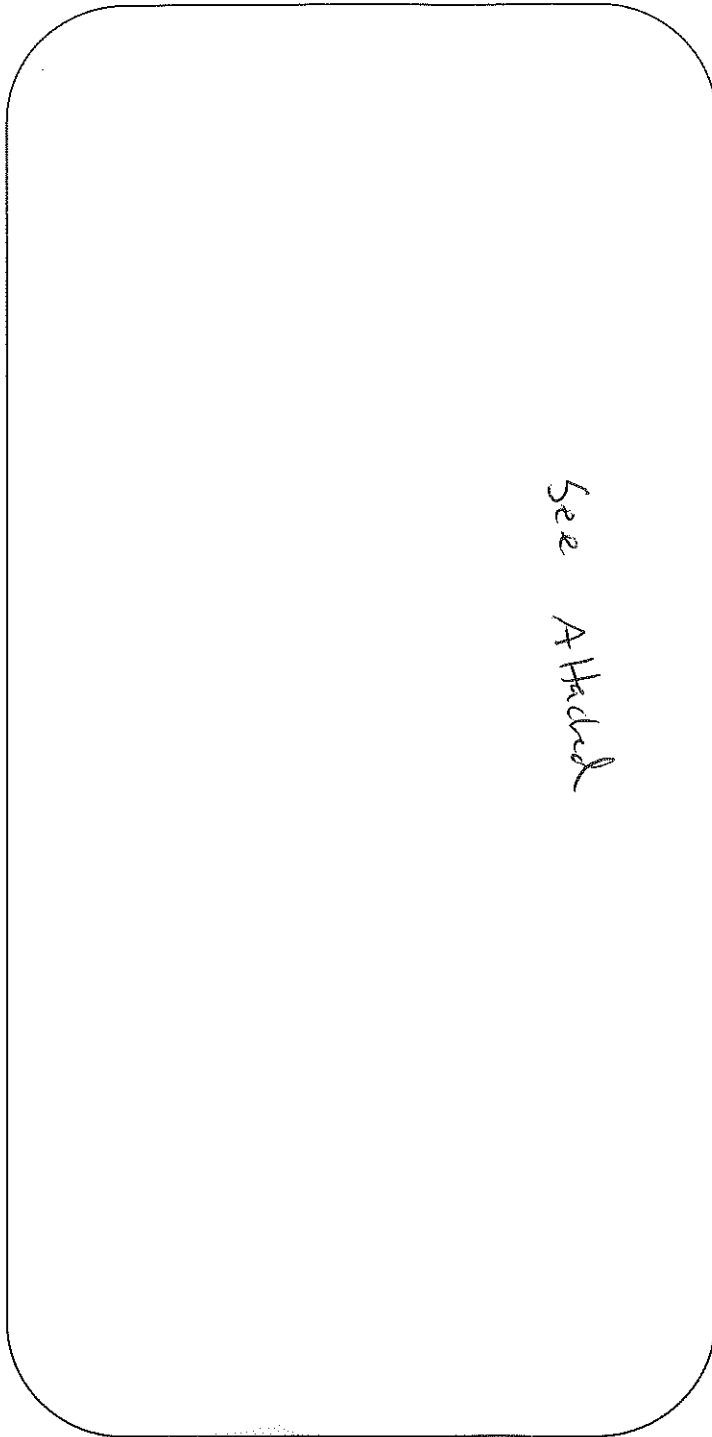
Owners(s): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: LEWA Date 10/15/16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 55 Washburn, WI 54891 Attach Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1500 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	685 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	175 Feet	20% Slope Area on property	Yes
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	No
Setback to Septic Tank or Holding Tank	300 Feet	Setback to Well	125 Feet
Setback to Drain Field	300 Feet		
Setback to Privy (Portable Composting)	in cab. Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	# of bedrooms:	
Permit #: <u>16-0454</u>	Permit Date: <u>12-21-16</u>	not be connected. approved w/ composting	
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection Record:

Date of Inspection: 11-30-16 Inspected by: CEONOR B. NUSPICK Zoning District: (F-1)

Conditions: Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached)

Building should not have interior plumbing fixtures w/ sewer connection to pressurized water unless approved connection is made by a WPD to the existing water main. WPD permit required.

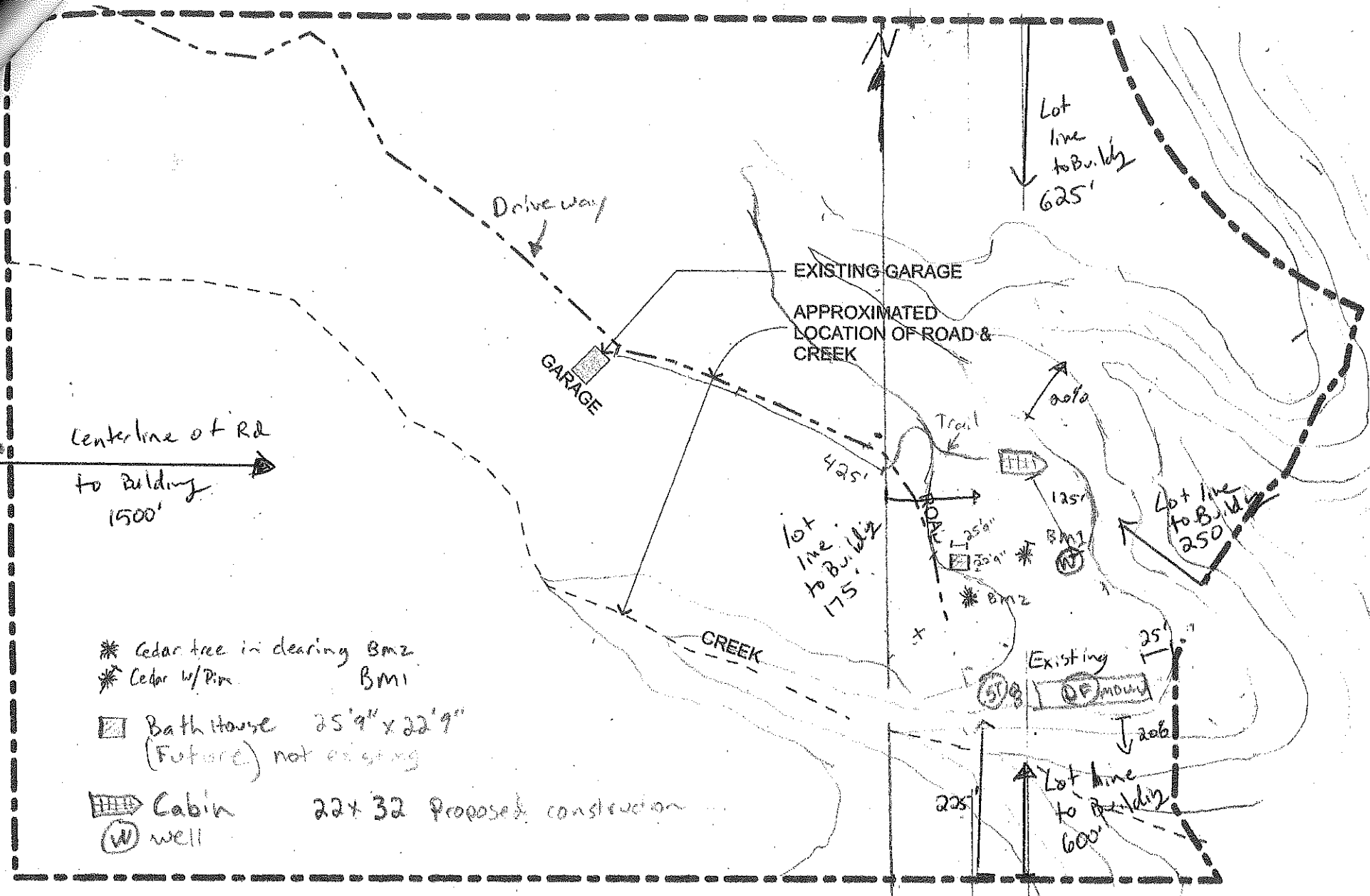
no violation no official determination

Signature of Inspector:

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

Date of Approval: 12-1-16

← Gotchling Rd →



- * Cedar tree in clearing BM2
- * Cedar w/ Pipe BM1
- ▣ Bath House 25'9" x 22'9" (Future) not existing
- ▨ Cabin 22 x 32 Proposed construction
- (W) well

2

PROPERTY OUTLINE

~~SCALE 1/4" = 100'~~ ~~SCALE 1/8" = 200'~~ ~~SCALE 1/16" = 400'~~ ~~SCALE 1/32" = 800'~~ ~~SCALE 1/64" = 1600'~~

SCALE

GENERAL NOTES:

1. SITE PLAN INFO DETERMINED BY BAYFIELD COUNTY SITE PLAN MAP WITH PHOTO OVERLAY. METHOD WAS DISCUSSED W/ BAYFIELD PLANNING/ ZONING DEPARTMENT, JENNY MURPHY