

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
 Date Stamp (Received)
 JUL 20 2016
 Bayfield Co. Zoning Dept.

Permit #: 17-0004
 Date: 1-11-17
 Amount Paid: ~~NO PD 175~~
 Refund:

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: **Robert Dees** Mailing Address: **22912 31st Ave Minneapolis MN 55406** Telephone: _____

Address of Property: **XXX Park Bay Shore** City/State/Zip: _____ Cell Phone: **612 784 7111**

~~Street of Property: 5000 7th St S~~ Contractor: **Steve Samuels** Contractor Phone: **915 944 8710** Plumber: _____

Authorized Agent: **Person Signing Application on behalf of Owner(s)** Agent Phone: **784 7111** Agent Mailing Address (include City/State/Zip): **22912 31st Ave Minneapolis MN 55406** Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: _____** Acreage: **9.875**

Section **1**, Township **50** N, Range **7** W Town of: **Clouet** Lot Size: **3**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (find intermittent) Creek or Landward side of Floodplain? If Yes--continue If Yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue If Yes--continue

Distance Structure is from Shoreline: **40 FT** Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: **31 FT TO SHORELINE PER WETLANDS** Are Wetlands Present? Yes No

Value at Time of Completion: **\$800,000** Project: **New Construction** # of Stories and/or basement: **1-Story** Use: **Seasonal** # of bedrooms: **1** What Type of Sewer/Sanitary System Is on the property? Municipal/City (New) Sanitary Sanitary (Exists) Privy (Pit) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it) Length: **24'6"** Width: **18'6"** Height: **18'**

Proposed Construction: **PAISACSBIN** Length: _____ Width: _____ Height: _____

Rec'd for Issuance Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(18'x24')	432
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	()	()
<input type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	with (2 nd) Porch	()	()
<input checked="" type="checkbox"/>	with a Deck	()	()
<input type="checkbox"/>	with (2 nd) Deck	()	()
<input type="checkbox"/>	with Attached Garage	()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/>	Addition/Alteration (specify) PAISACSBIN BACK DECK	()	()
<input type="checkbox"/>	Accessory Building (specify)	()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/>	Special Use: (explain)	()	()
<input type="checkbox"/>	Conditional Use: (explain)	()	()
<input type="checkbox"/>	Other: (explain)	()	()

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.

Owner(s): **Robert Dees / Steve Samuels** Date: **7/16**
 (If there are multiple owners listed on the Deed, all Owners must sign or leave a letter of authorization with a notary public accompanying this application.)
 Authorized Agent: **Steve Samuels** Date: **7/16**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.)

Address to send permit: **Mr. Stanley Samuels 17740 Sweedlund Rd Herberster, WI 54844** Attach: **Copy of Tax Statement**
 (If you recently purchased the property send your Recorded Deed Plot Plan on Reverse Side)



