

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) **DEC 27 2016**
 Bayfield County Planning Dept.

Permit #:	17-0010
Date:	1-27-17
Amount Paid:	\$1000 1-3-17
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: 6816 + 16e Doerflinger Mailing Address: 3728 Public View Dr, Washburn, WI 54893 Telephone: 715-379-0404

Address of Property: 5705 Ames Rd. City/State/Zip: Washburn, WI 54873 Cell Phone: 715-572-6811

Contractor: Chris Bowens (owner) Contractor Phone: 715-420-2566 Plumber: Paul Bowens Plumber Phone: 715-416-0288

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Chris Bowens (owner) Agent Phone: 715-412-2566 Agent Mailing Address (include City/State/Zip): P.O. Box 94, Washburn, WI 54873 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Legal Description: (Use Tax Statement) 36031 Tax ID# (4-5 digits) 36031 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____

Section 2, Township 44 N Range 9 W Town of: Bowens Lot Size 37,375 Acreage _____

Shoreland → Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →

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

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: None 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>200,000</u>	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>COMPOSTING</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 24 Height: 8

Proposed Construction: ADD 2ND STORY Length: 32 Width: 24 Height: 25

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	() () ()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	() () ()	()
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with a Porch	() () ()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with (2 nd) Porch	() () ()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with a Deck	() () ()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with (2 nd) Deck	() () ()	()
<input type="checkbox"/> Residential Use	with Attached Garage	() () ()	()
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	Mobile Home (manufactured date)	() () ()	()
<input type="checkbox"/> Addition/Alteration (specify)	<u>ADD 2ND STORY TO EXISTING</u>	(<u>24</u> X <u>24</u>)	<u>768</u>
<input type="checkbox"/> Accessory Building	Accessory Building Addition/Alteration (specify)	() () ()	()
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() () ()	()
<input type="checkbox"/> Special Use: (explain)		() () ()	()
<input type="checkbox"/> Conditional Use: (explain)		() () ()	()
<input checked="" type="checkbox"/> Other: (explain)	<u>FEED OUR COUNTRY PLAN</u>	(<u>16</u> X <u>16</u>)	<u>160</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.

Owner(s): _____ Date: _____
 (if there are Multiple Owners listed on the deed all Owners must sign or letter(s) of authorization must accompany this application)

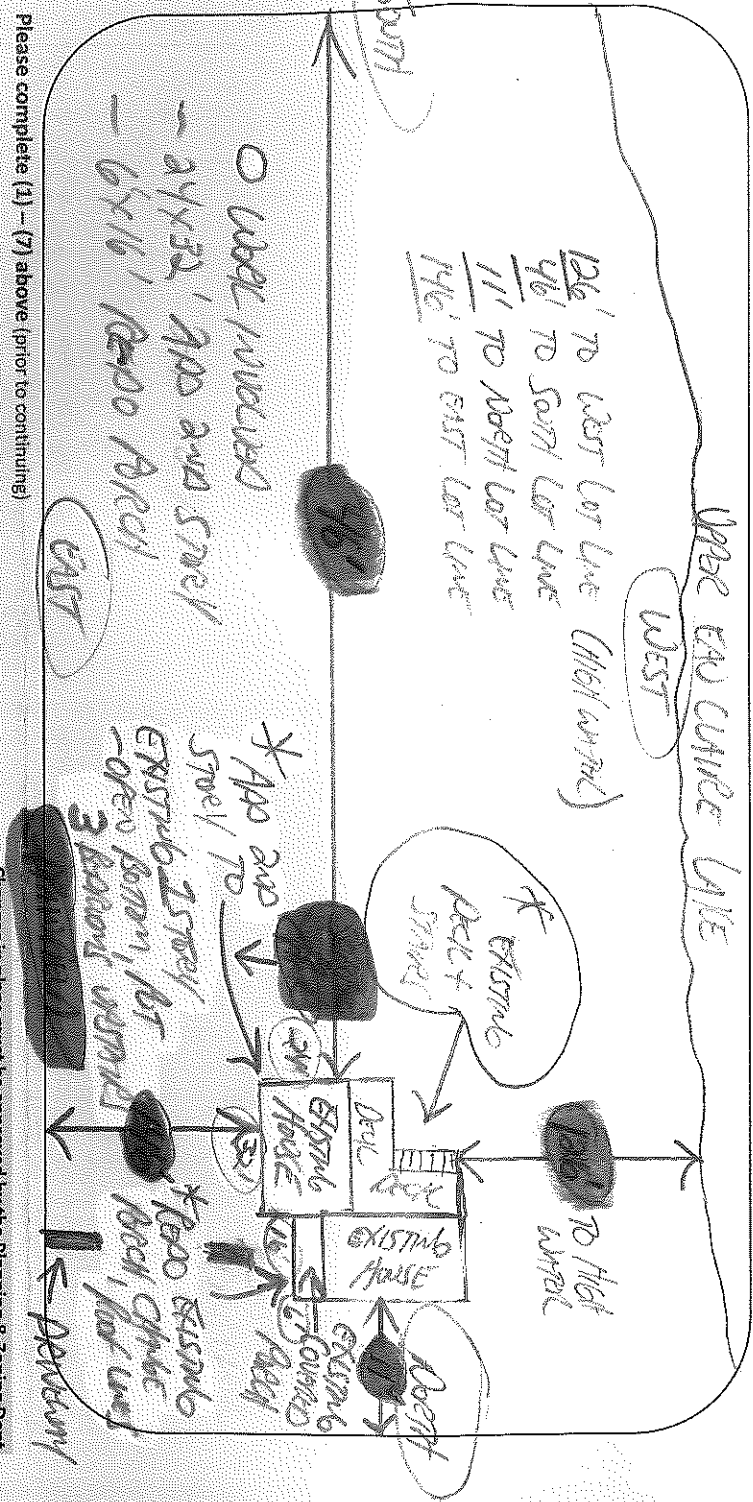
Authorized Agent: Chris Bowens Date: 1/16
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Bowens Construction, P.O. Box 94, Washburn, WI 54873
 Attached: Planned w/ 5 stories If you recently purchased the property send your Recorded Deed Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	476 Feet	Setback from the Lake (ordinary high-water mark)	126 Feet
Setback from the Established Right-of-Way	476 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	11 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	46 Feet	Setback from Wetland	Feet
Setback from the West Lot Line (front yard)	126 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	146 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	17 Feet	Setback to Well (Sump Pumps included)	Feet
Setback to Drain Field	76 Feet		
Setback to Privy (Portable, Composting)			

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 Dwelling: 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: <u>16-1255</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>7-11-06</u>
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>17-0010</u>	Permit Date: <u>1-27-17</u>			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:	<u>OK to Start. 3 bed rooms - Moving into it 2022 approx.</u>			
Date of Inspection: <u>1-23-17</u>	Inspected by: <u>Jeffrey</u>	Zoning District:	<u>(R1)</u>	
Condition(s): Town, Committee or Board Conditions Attached? <u>Yes</u>	<u>No</u> - (if <u>No</u> they need to be attached.)	Lakes Classification:	<u>(1)</u>	
<u>Must get vol permit, P Required.</u>				
Signature of Inspector:	<u>Jack Rowley</u>			Date of Approval: <u>1-26-17</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>