

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 Co. Planning Dept.

Permit #:	17-0009
Date:	1-27-17
Amount Paid:	\$150 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: Jan Hodgeuse Marsh Ln LLC Mailing Address: 569 Spruce Cir Egan Mn 55123 Telephone: 651-493-0342

Address of Property: 45360 Marsh Lane City/State/Zip: Cable WI 54821 Cell Phone: 651-399-6928

Contractor: Scott Byron Construction Contractor Phone: 715-492-4184 Plumber: Andy Kosmussen Plumber Phone: 715-798-3355

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Byron Agent Phone: 715-492-4184 Agent Mailing Address (include City/State/Zip): 19720 Pioneer Rd Cable WI 54821 Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 9 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:

Section 4, Township 43 N, Range 6 W Town of: Noma Kagen Lot Size 84,600 sq ft Acreage 1.95

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 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
<del>\$25,000</del> <u>150,000</u>	<input 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 type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" 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>Adding Tank</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: 43' Width: 30' Height: 30'  
 Proposed Construction: Length: 12' Width: 20' Height: 20'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (ie. cabin, hunting shack, etc.)		( ) X ( )	
<input type="checkbox"/> with Loft		( ) X ( )	
<input type="checkbox"/> with a Porch		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( ) X ( )	
<input type="checkbox"/> with a Deck		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with Attached Garage		( ) X ( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( ) X ( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( ) X ( )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Remove and Rebuild Back area 6x20'</u>		( <u>12'</u> X <u>20'</u> )	<u>240</u>
<input type="checkbox"/> Accessory Building (specify)		( ) X ( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( ) X ( )	
<input type="checkbox"/> Special Use: (explain)		( ) X ( )	
<input type="checkbox"/> Conditional Use: (explain)		( ) X ( )	
<input type="checkbox"/> Other: (explain)		( ) X ( )	

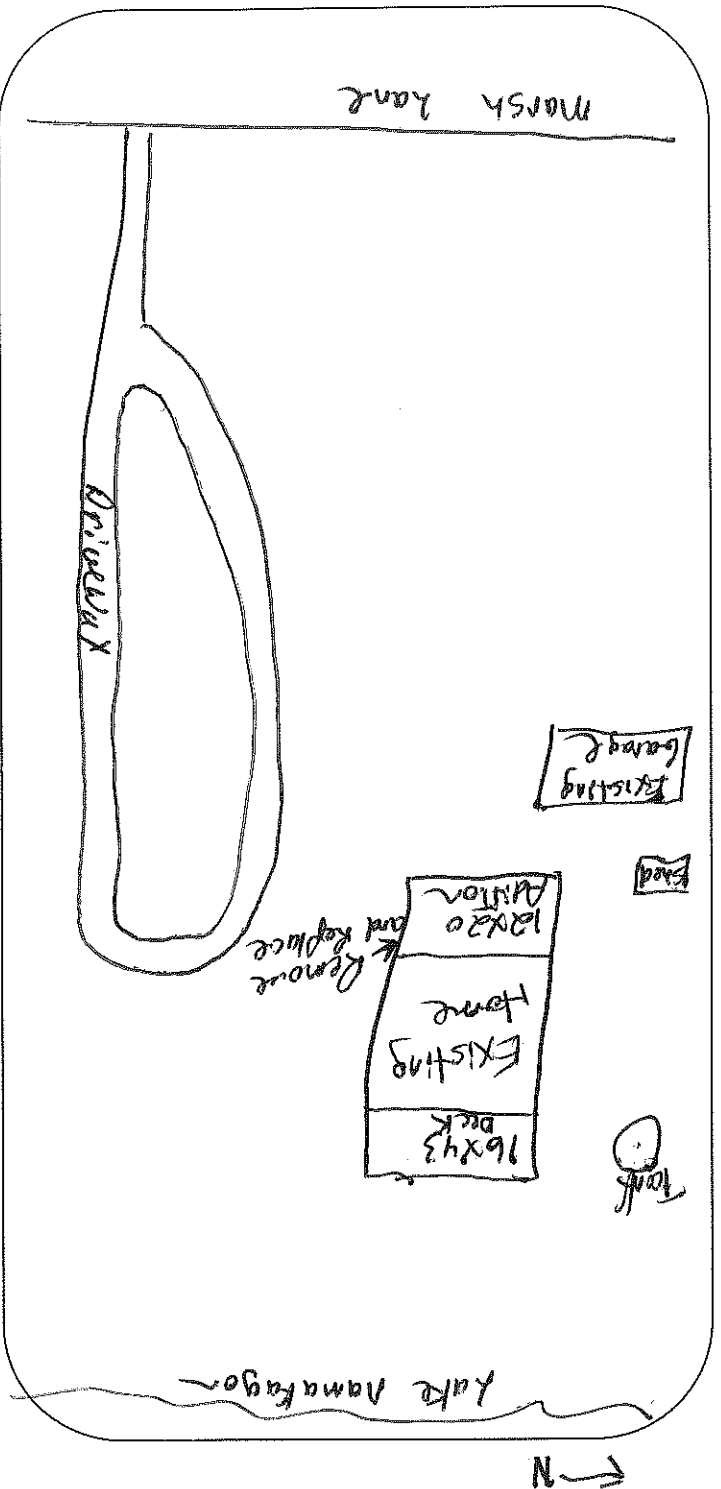
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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: 12-18-16  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Scott Byron Copy of Tax Statement  
 Address to send permit: 19720 Pioneer Rd Cable WI 54821 If you recently purchased the property send your Recorded Deed

APPLICANT: PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Look 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	Feet	Setback from the Lake (ordinary high-water mark)	77 Feet
Setback from the Established Right-of-Way	133 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	156 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	85 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	59 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	14 Feet	Setback to Well	30' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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 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: 16-645 # of bedrooms: 2 Sanitary Date: 2016  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: 17-0009 Permit Date: 1-22-17

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record) \_\_\_\_\_  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lots) \_\_\_\_\_  Yes  No  
 Is Structure Non-Conforming  Yes \_\_\_\_\_  No  
 Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_  
 Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner  Yes  No  
 Was Proposed Building Site Delineated  Yes  No Was Property Surveyed  Yes  No

Inspection Record: See permit 16-0451 for Flood Ins & Imp Surveys  
 Date of Inspection: 1-23-17 Inspected by: \_\_\_\_\_  
 Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
Must get WC IP work

Signature of Inspector: J. Parks Date of Approval: 1-22-17  
 Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_