

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] RECEIVED
 DEC 08 2016
 Bayfield Co. Zoning Dept.

Permit #: 17-0016
 Date: 2-16-17
 Amount Paid:
 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: Frances Jean Thussen
 Mailing Address: 9155 OULTAK Bayfield, WI 54814
 Telephone: 715-773-3375
 Cell Phone: 715-415-0262

Address of Property: Same as mailing
 City/State/Zip: Bayfield, WI 54814
 Contractor: Plumber:
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) NRK
 Agent Phone:
 Agent Mailing Address (Include City/State/Zip):
 Written Authorization Attached Yes No

PROJECT LOCATION: N7/2 NW 1/4, SE 1/4
 Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-29115 TAYLOR
 Recorded Document: (i.e. Property Ownership) Volume 1141 Page(s) 451

Section 14, Township 51 N, Range 4 W
 Town of: Russell
 Lot Size: Acreage 24.4

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →
 Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue →
 Distance Structure is from Shoreline: _____ feet

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
\$ 121,900	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" 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 (existing bldg) <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>basins 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: 36 ft Width: 26 ft Height: 86 ft
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> Residential Use	with Loft	() X ()	()
<input type="checkbox"/> Residential Use	with a Porch	() X ()	()
<input type="checkbox"/> Residential Use	with a Deck	() X ()	()
<input checked="" type="checkbox"/> Commercial Use	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() X ()	()
<input checked="" type="checkbox"/> Special Use: (explain)	Bed and Breakfast	(36 X 26)	936 sq ft
<input checked="" type="checkbox"/> Conditional Use: (explain)	Bed and Breakfast	() X ()	()
<input type="checkbox"/> Other: (explain)		() X ()	()

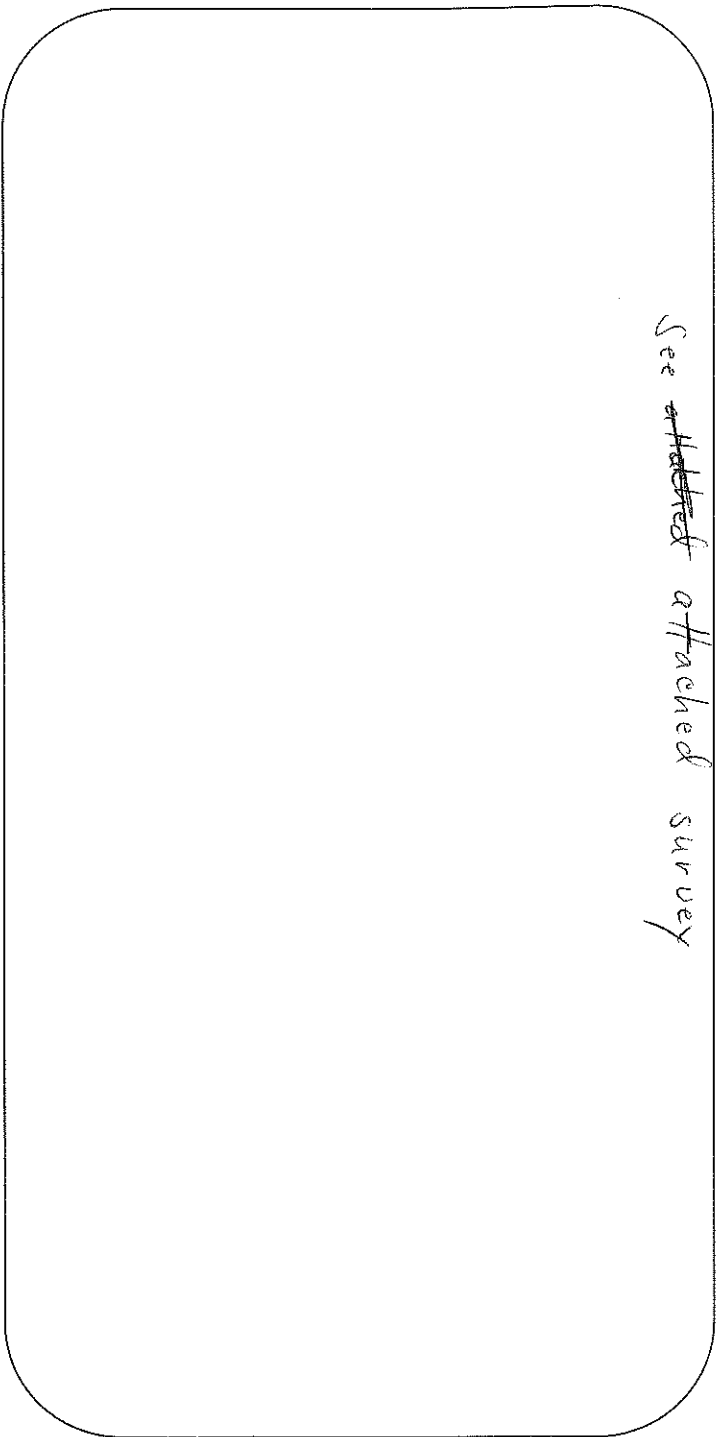
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Frances Jean Thussen Date 12-8-2016
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____
 If you recently purchased the property send your Recorded Deed _____
 Attach _____
 Copy of Tax Statement _____
 SENT BY ZONING

Box 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%

See ~~attached~~ attached survey



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

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	970 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the North Lot Line	465 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the South Lot Line	165 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the West Lot Line	600 Feet	Setback from Wetland	NA Feet
Setback from the East Lot Line	970 Feet	20% Slope Area on property not Applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback to Septic Tank or Holding Tank		Elevation of Floodplain	None Feet
Setback to Drain Field		Setback to Well	Feet
Setback to Privy (Portable, Composting)	NA 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: 16577	# of bedrooms:	Sanitary Date: 5-8-80			
Permit Denied (Date):	Reason for Denial:						
Permit #: 17-0016	Permit Date: 2-6-17						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Fused/Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	Case #:	Previously granted by Variance (B.O.A.)	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: photos attached							
Date of Inspection: 1-18-17	Inspected by: J. Anderson Murphy	Zoning District: AG-1 + Industrial	Date of Re-Inspection: 4/11/17				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		per credit laws planning + zoning review must maintain compliance w/ ATP 73 + Health Dept.					
Signature of Inspector: [Signature]		Date of Approval: 2-9-17					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

04046251041440200010000

0404625

US 576 OLD COUNTY HWY K

464.4'

04046251041440200010000

040

600.5'

HT
WELL
HOUSE
US 576 OLD COUNTY HWY K
164.1'

672.0'

04046251041440200020000

04046251041440100021000

OLD COUNTY HWY K



Recorded Map

— State

— Tie Line

9107 80 2016

SENT BY ZD 10.0275

