

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

\$96 + \$900

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Bayfield Co. Zoning Dept
 Bayfield Co. Zoning Dept

Permit #:	17-0019
Date:	2-15-17
Amount Paid:	\$190 1-20-17
Return:	

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: John E + Maureen Felt Mailing Address: 140154th Ave NE St. Michael, MN 55376 Telephone: 765515 3542

Address of Property: 88205 Barkpoint Rd City/State/Zip: Herbster, WI 54844 Contractor Phone: 612 844-5282

Contractor: Herbster, WI 54844 Plumber: 612 844-5282

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 12124 Agent Mailing Address (include City/State/Zip): Clover Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 3 Lot(s): 3 CSM: 2 3rd Lot(s) No.: 12124 Block(s) No.: 1109 R-956 Subdivision: 1109 R-956 Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 1109 R-956

Section 33, Township S1 N. Range 7 W Town of: Clover Lot Size: 2 Acreage: 2

Shoreland Non-Shoreland

Property/Land within 300 feet of River, Stream (incl. intermittent) Check or Landward side of Floodplain? Yes If Yes---continue → Distance Structure is from Shoreline: 2100 feet

Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: 2100 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
\$ 30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" 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: <u>HT</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u>	<input type="checkbox"/>
	<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"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 40 Height: 29

Proposed Construction: Length: 32 Width: 40 Height: 29

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	<input type="checkbox"/> with Loft	() ()	()
	<input type="checkbox"/> with a Porch	() ()	()
	<input type="checkbox"/> with (2 nd) Porch	() ()	()
	<input type="checkbox"/> with a Deck	() ()	()
	<input type="checkbox"/> with (2 nd) Deck	() ()	()
	<input type="checkbox"/> with Attached Garage	() ()	()
<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	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() ()	()
	Accessory Building (specify) <u>Garage</u>	(<u>32</u> X <u>10</u>)	(<u>1280</u>)
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

FEB 14 2017

Owner(s): [Signature] Date February 19 2017

Authorized Agent: [Signature] Date _____

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) and (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.

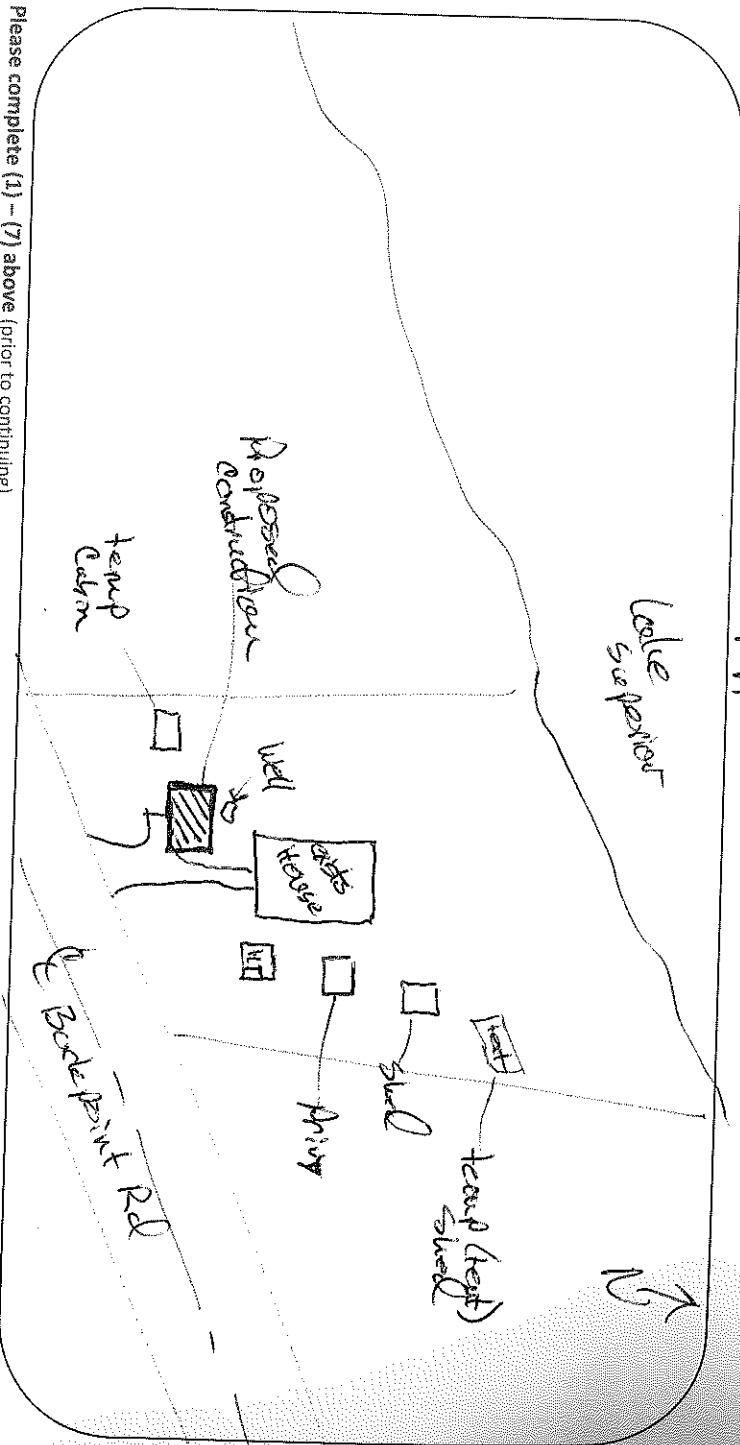
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit _____ Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Check 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 (*) Slope (1:20)**



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	~70 Feet	Setback from the Lake (ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	~37 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	5100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	~105 Feet	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	40 Feet	Elevation of Floodplain	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	~160 Feet	Setback to Well	Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Drain Field	NA Feet
Setback to Privy (Portable, Composting)	NA Feet		
	700 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)

Permit Denied (Date): _____ Sanitary Number: NA # of Bedrooms: 1 Sanitary Date: _____

Permit #: 17-0019 Permit Date: 2-15-17 no connection to gwy approved

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No

Is Parcel in Common Ownership Yes No (Fused/Contiguous Lot(s)) Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: _____

Date of Inspection: 2-13-17 Inspected by: Cheryl Borg - Murphy

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

All stormwater runoff from impervious surfaces should infiltrate toward road, not bluff. Vegetation - trees shrubs masses, should remain in tact as much as possible on the top of the bluff.

Signature of Inspector: _____

Hold For Sanitary: Hold For DBA: Hold For Affidavit: Hold For Fees: Date of Approval: 2-14-17