

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
 FEB 03 2017

Permit #:	17-0038
Date:	2-03-17
Amount Paid:	1185
Refund:	0-6-17

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.

Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Dequamenontal Coop Mailing Address: POB 67 City/State/Zip: Cable WI 54821 Telephone: 715-798-3305

Address of Property: 6470 Kikapoo Tr City/State/Zip: Parmae WI Contractor Phone: _____ Plumber: _____ Written Authorization Attached Yes No

Contractor: TPD Authorized Agent: (Person Signing Application on behalf of Owner(s)) Pat Conlin Agent Phone: 6128603629 Agent Mailing Address (include City/State/Zip): 2616 Furwell Ave Washburn WI 54891

PROJECT LOCATION Legal Description: (Use Tax Statement) Sec 5th and 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 25, Township 45 N, Range 02 W, Town of: Parmae Lot Size 10.03 Ac Acreage 10.03 Ac

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

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
\$ <u>19,050</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 type="checkbox"/> 1-Story + Loft <input 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 type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> Alone	<input type="checkbox"/> City <input type="checkbox"/> Well

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

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 (2 nd) Porch	(X)	
<input type="checkbox"/> Residential Use	with a Deck	(X)	
<input type="checkbox"/> Residential Use	with (2 nd) Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Antenna platform</u>	(8 X 10)	80 sq
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>WDR</u>	(X)	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(X)	
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	(X)	
<input type="checkbox"/> Municipal Use	Other: (explain)	(X)	

FALLURE 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: Pat Conlin Date 1.31.2017
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 2616 Furwell Avenue Washburn WI 54891 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: Draw or Sketch your Property, regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

See attached CD's.

I would like to replace existing antenna's on existing tower & add 6'x10' platform on ground base to exist in fenced area.

Existing Tower, existing fenced area.

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	391'	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	391'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	289'	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	358'	Setback from Wetland	N/A
Setback from the West Lot Line	381.5'	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	272'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank		Setback to Well	N/A
Setback to Drain Field			
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.

(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) Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 17-0088 Permit Date: 2-23-17

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/contiguous Lot(s)) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: 84-6271

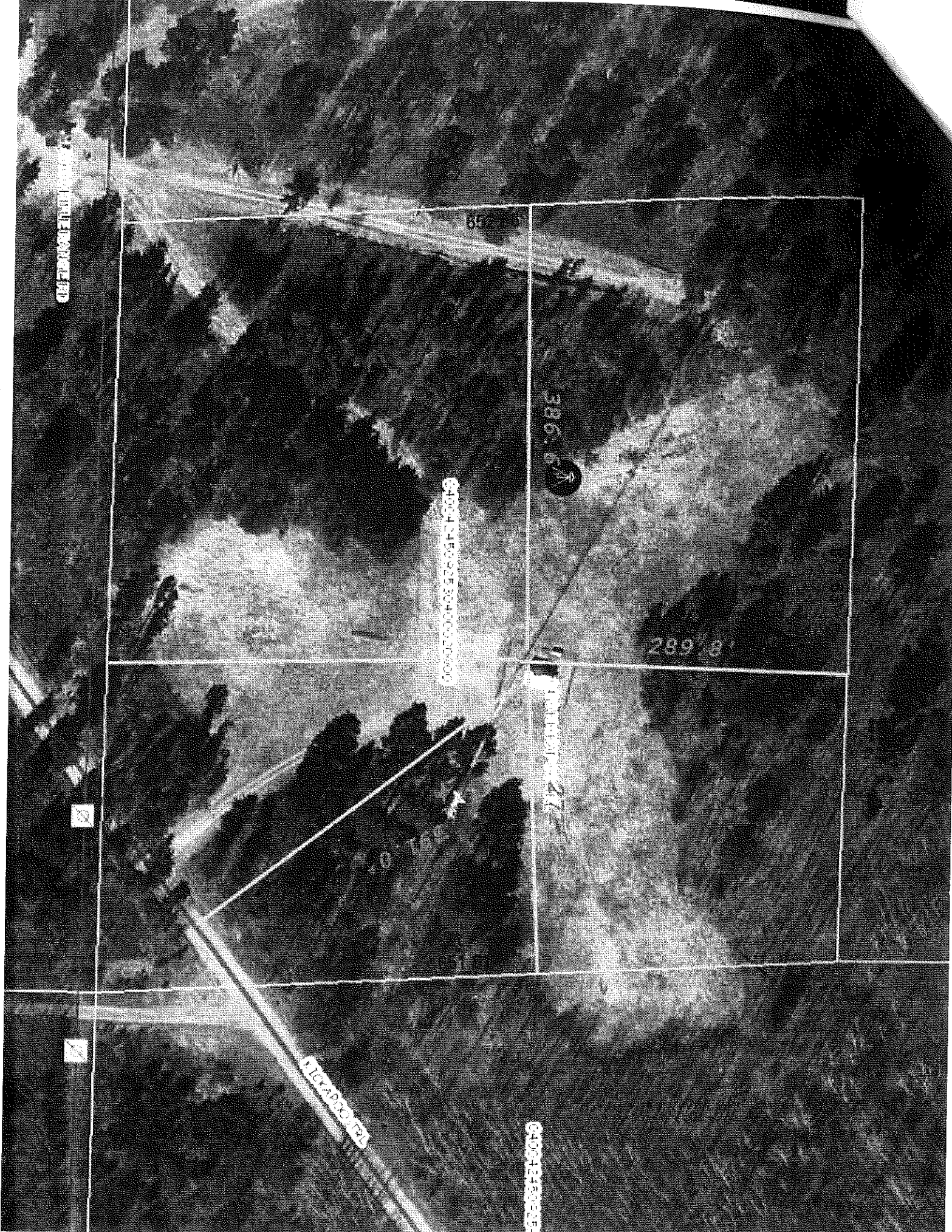
Date of Inspection: 2-23-17 Inspected by: Shouby

Condition(s): Town Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)

Signature of Inspector: John Reilly

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____ Date of Approval: 2-23-17

Not Street View as provided w/ Applicant



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852.6

386.6

289.8'

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