

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 FEB 24 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0033
Date:	2-28-17
Amount Paid:	\$185 / 24-17
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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: MICHAEL SCOTT WILKINSON
 Address of Property: 4345 WESTWOOD DR, Washburn, WI 54884
 City/State/Zip: Washburn, WI 54884
 Telephone: 715-372-8212
 Cell Phone: _____

Contractor: MTRC NETWORK SOLUTIONS
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: AMY FITZ/MTRC
 Agent Phone: 847-463-5972
 Agent Mailing Address (include City/State/Zip): 1351 E. RIVINGTON ROAD, WAUBesaun, WI 54883
 Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4, SW 1/4
 Legal Description: (Use Tax Statement) G4-0222-2-47-04-10-3
 Tax ID #: (4-5 digits)
 Section: 10, Township: Y2 N, Range: 9 W
 Town of: NEW RIVER
 Lot Size: 250 AC
 Subdivisions: _____
 Recorded Deed (i.e. # assigned by Register of Deeds): _____
 Document #: _____
 R. _____

Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Non-Shoreland

Value at Time of Completion: \$15,000
 * Include donated time & material

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction: INSTALLED ANTENNA

Length: 19'11" Width: 10'7" Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/>	with Loft	() X ()	()
<input type="checkbox"/>	with a Porch	() X ()	()
<input type="checkbox"/>	with (2 nd) Porch	() X ()	()
<input type="checkbox"/>	with a Deck	() X ()	()
<input checked="" type="checkbox"/>	Commercial Use 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 type="checkbox"/>	Addition/Alteration (specify)	() X ()	()
<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 checked="" type="checkbox"/>	Other: (explain)	() X ()	()

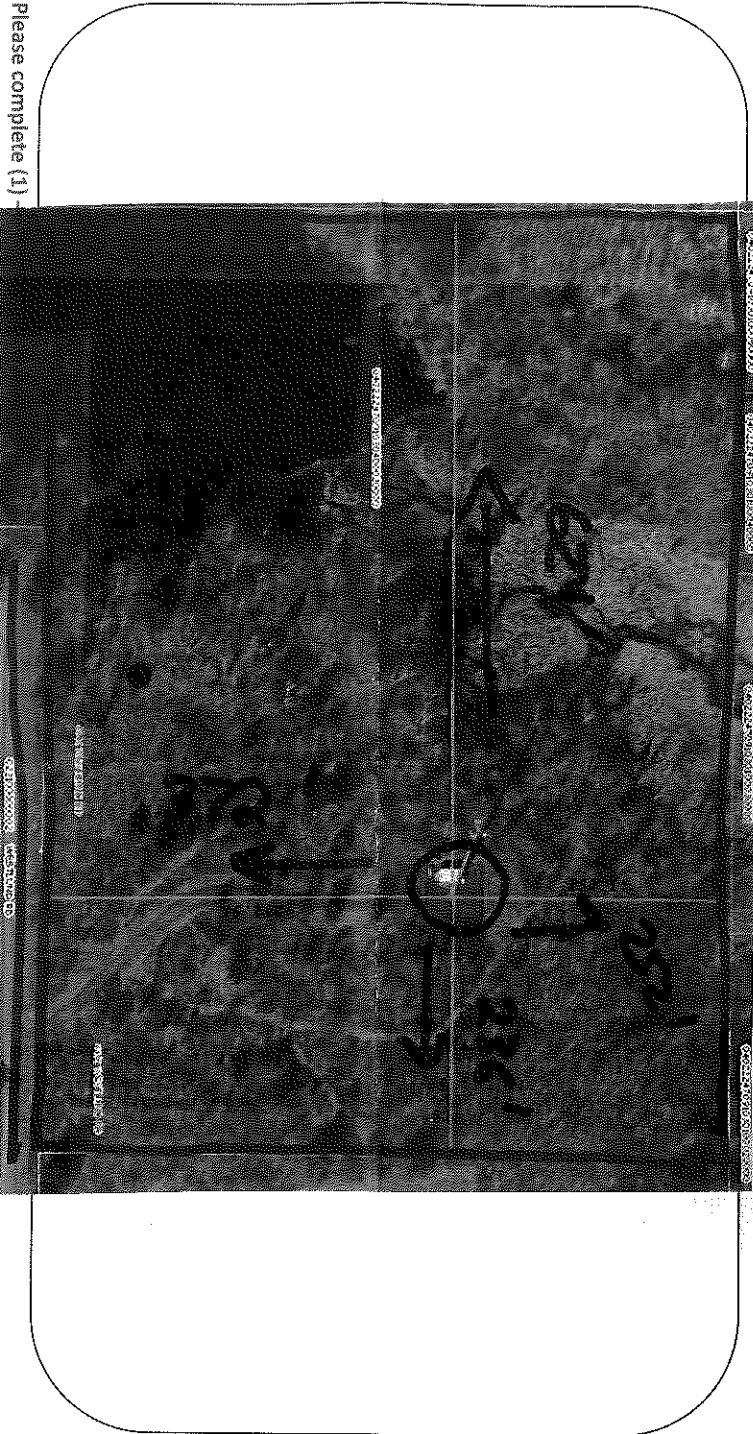
Rec'd for Issuance: FFD 08 2017
 Secretarial Stamp: _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN FINES.
 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: 2/22/17
 (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: 2/22/17
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 1351 E. RIVINGTON ROAD, WAUBESAUN, WI 54883
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

In the 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% |



(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)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	300 Feet
Setback from the North Lot Line	252.1 Feet	Setback from the Bank or Bluff	300 Feet
Setback from the South Lot Line	371.9 Feet	Setback from Wetland	Not known Feet
Setback from the West Lot Line	624.9 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	236.9 Feet	Elevation of Floodplain	Not known Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0083	Permit Date: 2-28-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation 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	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" 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 #:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:				
Date of Inspection: not inspected	Inspected by: [Signature]	Zoning District: (F-1)	Date of Re-Inspection: river	
Condition(s): Town Committee of Board Conditions Attached? Yes No - (if No they need to be attached)				
permits for antenna solution (no location) + associated equipment shelter.				
Signature of Inspector: [Signature]				
Hold for Sanitary: <input type="checkbox"/>	Hold for 19A: <input type="checkbox"/>	Hold for Affidavit: <input type="checkbox"/>	Hold for Fees: <input type="checkbox"/>	Date of Approval: 2-28-17