

**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)  
**JAN 30 2017**  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #: **17-0037**  
 Date: **3-2-17**  
 Amount Paid: **\$300.00-17**  
 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: **Michael Hucouski** Mailing Address: **314 Empire Builders Hudson WI, 54016** Telephone: **(920) 664-1610**  
 Address of Property: **49085 Calloway Rd** City/State/Zip: **Barnes, WI 54873** Cell Phone:  
 Contractor: **Justin Christenson Construction LLC** Contractor Phone: **(715) 580-0367** Plumber: **Plumber: \_\_\_\_\_** Plumber Phone:  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **(715) 580-0367** Agent Mailing Address (include City/State/Zip): **52450 Lake Rd Barnes, WI 54873** Written Authorization Attached Yes  No

PROJECT LOCATION: **Justin Christenson** Legal Description: (Use Tax Statement) **1/327** Tax ID# (4-5 digits) **1/327** Recorded Deed (i.e. # assigned by Register of Deeds) Document #: **2017 R 566938**

Section **3**, Township **44** N, Range **9** W of **Barnes** Lot Size **1/2** Acres  
 Gov't Lot **1** Lot(s) **1** CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: **12 acres**

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

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
\$ <b>40,000.00</b>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<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"/> _____
	<input type="checkbox"/> Relocate (existing blgd)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<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"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Boat House	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/> _____
					<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: **40** Width: **20** Height: **9' walls**  
 Proposed Construction: **Ramp/level on same footprint** Length: **40** Width: **20** Height: **12' walls**

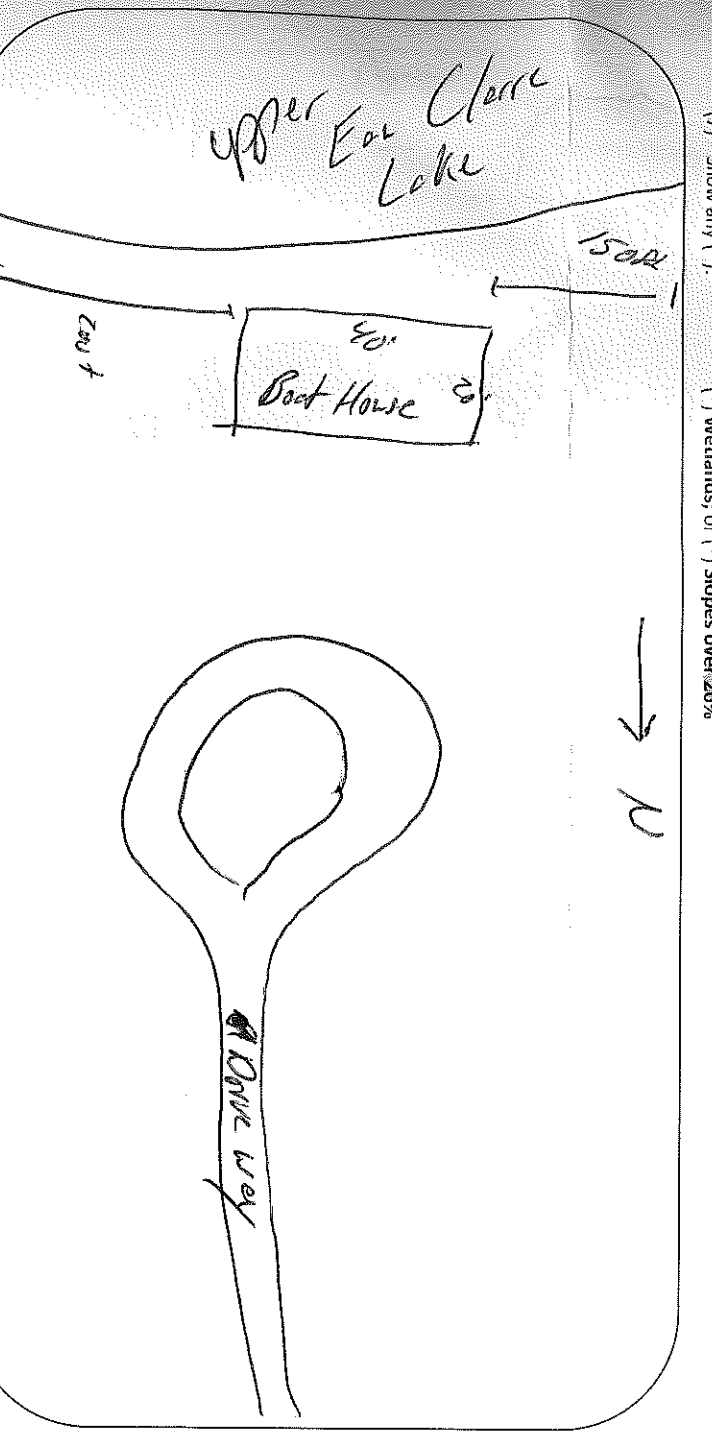
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure: (first structure on property)	( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with (2 <sup>nd</sup> ) Porch	( )	( )
	with a Deck	( )	( )
	with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	Bunthouse 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) <b>tax shed, build on footprint</b>	( <b>20</b> x <b>40</b> )	( <b>800.00</b> )
	Accessory Building (specify) _____	( )	( )
	Accessory Building Addition/Alteration (specify) _____	( )	( )
	Special Use: (explain) _____	( )	( )
	Conditional Use: (explain) _____	( )	( )
	Other: (explain) _____	( )	( )

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: **1-27-16**  
 (if there are Multiple Owners listed on the deed All Owners must sign a letter(s) of authorization must accompany this application)  
 Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address to send permit **52450 Lake Rd, Barnes, WI 54873**

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 (\*):



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	200 ft	Setback from the Lake (ordinary high-water mark)	10 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200 ft	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150 ft	Setback from Wetland	15 Feet
Setback from the West Lot Line	200 ft	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Posting)	Feet		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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: <b>17-00337</b>	Permit Date: <b>3-7-17</b>				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input checked="" type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed or Record) <input type="checkbox"/> Yes (Eased/Conjunctive Lot(s)) <input checked="" type="checkbox"/> Yes <b>Boathouse &amp; Porch</b> <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Where Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Pre existing Boat house of record. Remains for documentation only. Shore does not meet current standards. Allowed under Act 55. No human habitation. No water under pressure.		Inspected by: <b>Stollberg</b>	Zoning District: <b>(21)</b>	Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached)		Signature of Inspector: <b>J. Kelly</b>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <b>5-9-17</b>	