

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

RECEIVED
 FEB 09 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0039
 Date: 3-7-17
 Amount Paid: \$855 29.19
 Refund: \$100 3-7-17

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.

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

Owner's Name: Raymond H & Michele K Lee Mailing Address: 727 Martin Ave. Hudson, WI 54016 Telephone: 715-262-2303 (w)
 Address of Property: 23985 Midigan Bay Rd City/State/Zip: Cable, WI 54821 715-794-2931 (m)
 Contractor: Scott Byrd Contractor Phone: 715-492-4184 Plumber: Rasmussen & Sons Plumber Phone: 715-798-3355
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-492-4184 Agent Mailing Address (include City/State/Zip): Rasmussen & Sons Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 4 Lot(s) 1 CSM #10316 Vol & Page 6 349 Lot(s) No. 6 Block(s) No. 6 Subdivision: 6 Recorded Document: (i.e. Property Ownership) 6 Page(s) 319

Section 14, Township 43 N, Range 6 W Town of: Nome/Kagon Lot Size irregular Acreage 0.700

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: 75 feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Shoreland Distance Structure is from Shoreline: 75 feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material \$ 850.00

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input 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 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>Mound</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 Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Detached Garage - 1 story	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 40 ft Width: 32 ft Height: 22 ft
 Proposed Construction: Length: 40 ft Width: 32 ft Height: 22 ft

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 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() ()	()
	Accessory Building (specify) <u>Detached Garage</u>	(<u>40x32</u>)	<u>1,280</u>
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

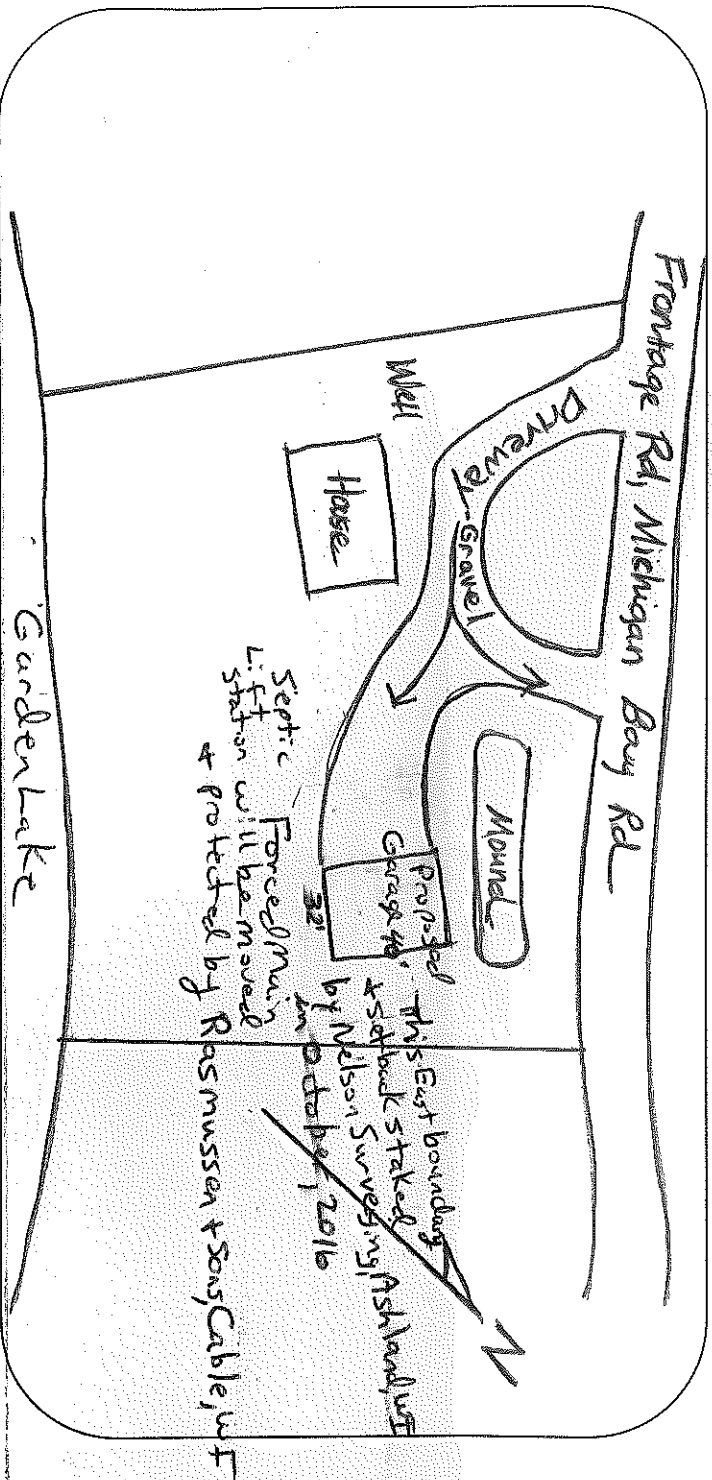
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 in any reasonable time for the purpose of inspection.

Owner(s): Raymond H Lee Michele K Lee Date 2/6/17
 (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 _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit _____ Attach _____
 Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____

WEST TO LEGAL - CHECK SUMMERS FOR ADDITIONAL CONDITIONS 3-7-17
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

See below: Draw or Sketch your Proposed Construction 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%



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	55 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	49 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	10 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	111 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	49 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	17 Feet	Setback to Well	93 Feet
Setback to Drain Field	11 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 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 #: 17-0039		Permit Date: 3-7-17			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel a Sub-Standard lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Granted by Variance (B.O.A.) Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.) Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning District (R2B) Lakes Classification ()	
Inspection Record: Surveyed, corner stakes set by Surveyor		Inspected by: AKC		Date of Re-Inspection:	
Date of Inspection: 2-23-17		Inspected by:		Date of Approval: 3/27/17	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)					
<i>Not to human habitation no water under permit</i>					
Signature of Inspector: Jack Warkley		Hold For TBA:		Date of Approval:	
Hold For Sanitary:		Hold For Fees:		Hold For Affidavit:	