

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
 Date Stamp (received)
 MAR 10 2017
 Bayfield Co. Zoning Dept

ENTERED
 Permit #: 17-0047
 Date: 3-09-17
 Amount Paid: \$75 3-10-17
 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: Nedkey Hilton **Mailing Address:** 22085 Becker Rd, Mason, WI, 54856 **Telephone:** SAME

Address of Property: 22085 Becker Rd. **City/State/Zip:** Mason, WI, 54856 **Call Phone:** 715-842-2120

Contractor: MYSELF **Contractor Phone:** _____ **Plumber:** _____ **Plumber Phone:** _____

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

PROJECT LOCATION: NW 1/4, SW 1/4 **Legal Description:** (Use Tax Statement) _____ **Tax ID# (4-5 digits):** 23308 **Recorded Deed (i.e. # assigned by Register of Deeds) Document #:** 804 95

Section: 10, **Township:** Hb N, **N. Range:** 06, **W. Range:** _____ **Town of:** Mason **Lot(s) No.:** _____ **Block(s) No.:** _____ **Subdivision:** _____ **Lot Size:** _____ **Acreage:** 1.5

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage _____ **Distance Structure is from Shoreline:** _____ feet **Are Wetlands Present?** Yes No

Non-Shoreland

Value at Time of Completion *include donated time & material: \$18,000.00

Project and/or basement

New Construction **1-Story** **Seasonal** **1** **Municipal/City** **City**

Addition/Alteration **1-Story + Loft** **Year Round** **2** **(New) Sanitary** Specify Type: _____ **Well**

Conversion **2-Story** **3** **Sanitary (Exists)** Specify Type: Handing Toilet

Relocate (existing bldg) **Basement** **Privy (Prt)** or **Vaulted** (min 200 gallon)

Run a Business on Property **No Basement** **Portable** (w/service contract)

Foundation **None** **Compost Toilet** **None**

Existing Structure: (if permit being applied for is relevant to it) **Length:** 38 **ft** **Width:** 36 **ft** **Height:** 9 **ft**

Proposed Construction: **Length:** 32 **ft** **Width:** 26 **ft** **Height:** 8 **ft**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		()	()
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		()	()
<input type="checkbox"/> Mobile Home (manufactured date)		()	()
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>2 bedrooms (Addition) 20'x32'4"</u>		()	()
<input type="checkbox"/> Accessory Building (specify) _____		()	()
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		()	()
<input type="checkbox"/> Special Use: (explain) _____		()	()
<input type="checkbox"/> Conditional Use: (explain) _____		()	()
<input type="checkbox"/> 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.

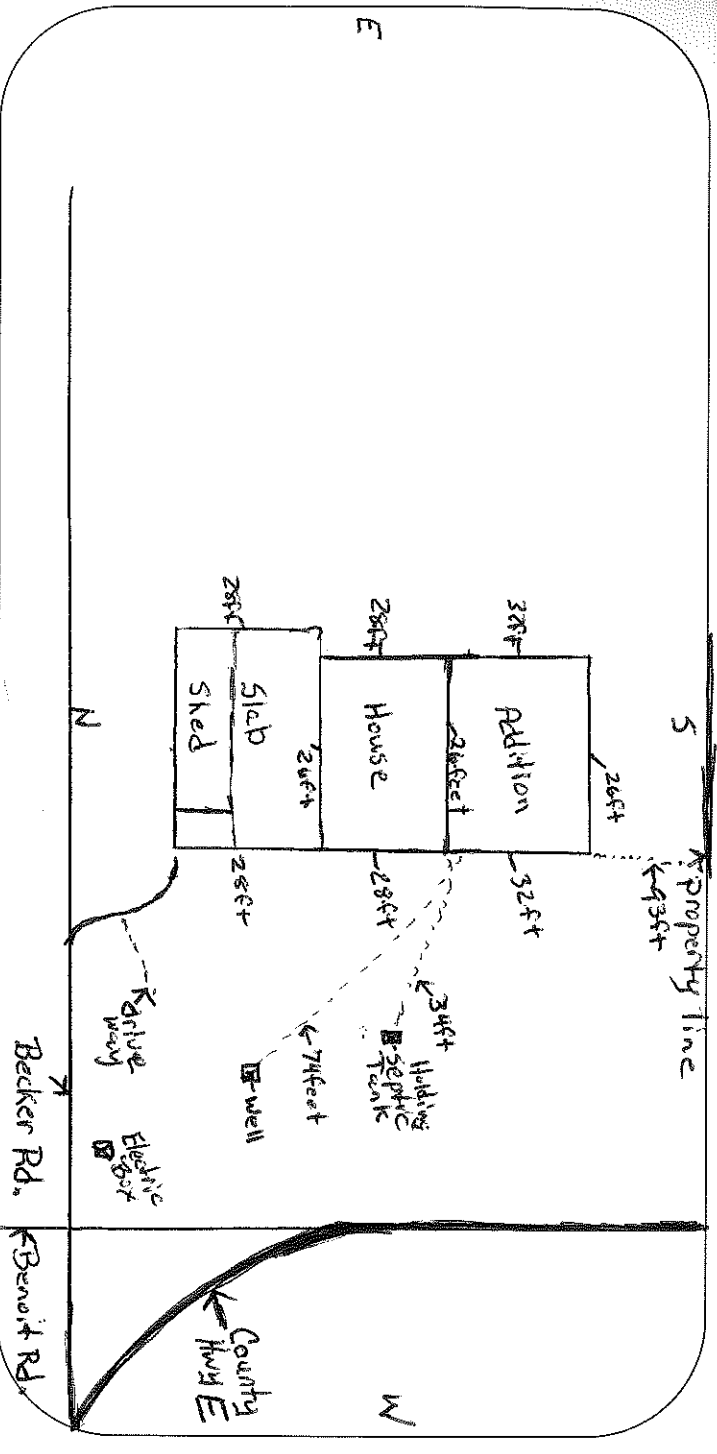
Owner(s): Nedkey Hilton **Date:** 3-10-17
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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)

See 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 (*):



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	166 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	106 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	90 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	187 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	148 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	34 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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: 4055045	# of bedrooms: _____	Sanitary Date: 9-26-03
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: 17-0047	Permit Date: 3-22-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <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
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: ok				
Date of Inspection: 3-22-17	Inspected by: [Signature]			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)				
Must get CDC TP need.				
Signature of Inspector: [Signature]				Date of Approval: 3-22-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TDA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	