

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
 MAR 07 2017
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 17-00069
 Date: 4-10-17
 Amount Paid: \$75.00 Cash
 3/7/17 RDS
 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: KOREY LEMKE Mailing Address: 3645 WARNER ESTATES APPLETON WI Telephone: 54913

Address of Property: 20510 ST HWY 13 City/State/Zip: BAYFIELD WI 54814 Cell Phone: 920 737 4267

Contractor: MYSELF Contractor Phone: N/A Plumber: N/A Plumber Phone: N/A

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

PROJECT LOCATION: NORTH ST HWY 13 1/4 Legal Description: (Use Tax Statement) Tax ID# (4-5 digits): 5494 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1142 R. 907

Section 20, Township S1 N. Range 5 W Town of: BAYFIELD Lot Size 5.26 Acreage 5.26

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
4000 4000 9/31/14	<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 checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input checked="" type="checkbox"/> Sewer
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>IT-1</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> <u> </u>
		<input type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> <u> </u>

Existing Structure: (If permit being applied for is relevant to it) Length: 16' Width: 151' Height: 4'

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 ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>3 SEASONS DECK</u>	() X ()	()
	Accessory Building (specify) <u>DECK</u>	() X ()	()
	Accessory Building Addition/Alteration (specify) <u>DECK</u>	() X ()	()
	Special Use: (explain) <u>KIT 3/1/14</u>	() X ()	()
	Conditional Use: (explain) <u> </u>	() X ()	()
	Other: (explain) <u> </u>	() X ()	()

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 3/7/17

(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 3645 WARNER ESTATES DR APPLETON WI Attach Copy of Tax Statement

 send to Jobe Sharp 201 Jones Rd Bayfield WI 54813

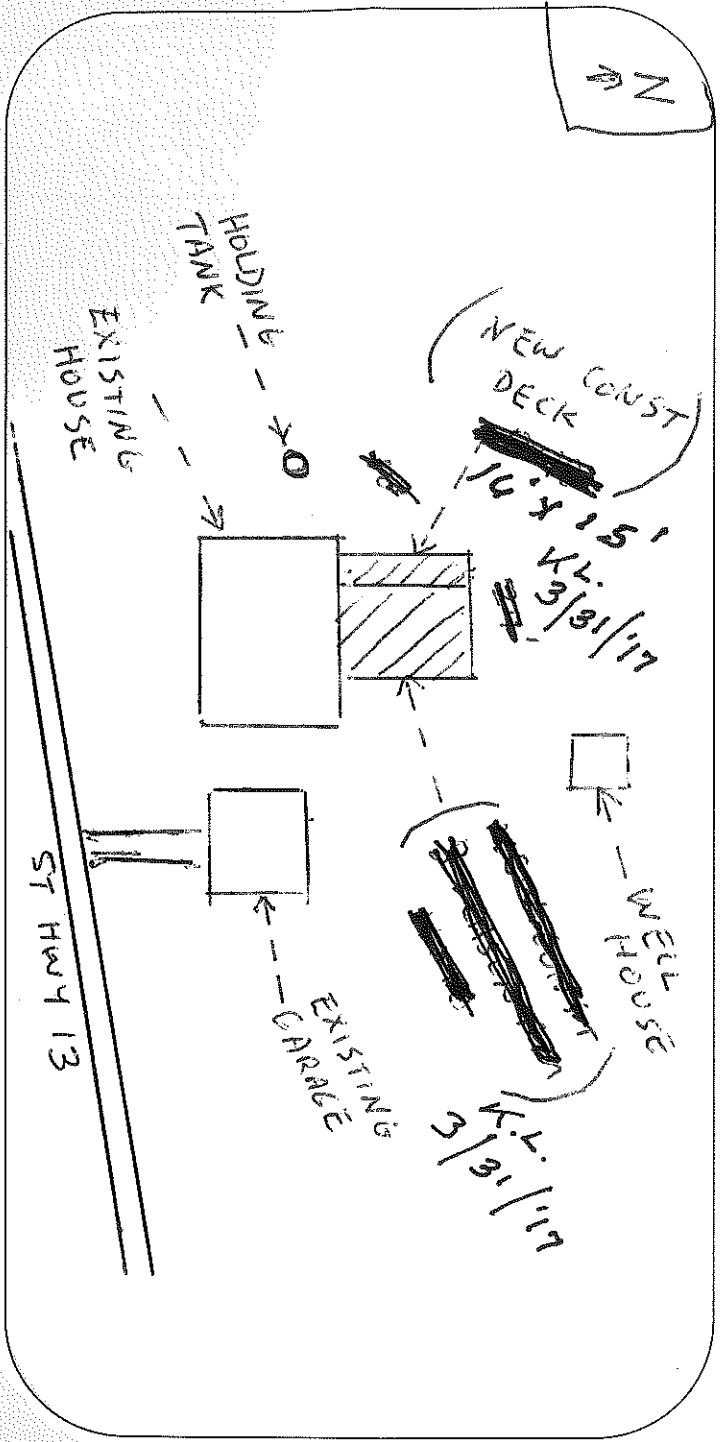
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 54913

 WASHBURN, WIS 54881

The box below: **Draw or Sketch your Property** (regardless of what you are applying for)

*Preylenne G
shegibub.net*

- 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	15'0 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	13'0 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	3'0 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	4'0 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	2'10 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	1'8 Feet	Setback to Well	6'5 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement of 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. Previous survey corners or marked by a licensed surveyor at the owner's expense.

Prior to the placement of 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 and 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.

NO SETBACK (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NO SETBACK (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. 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: B2P # of bedrooms: _____ Sanitary Date: _____

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

Permit #: 17-00069 Permit Date: 4-10-17

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No No
 *s Structure Non-Conforming Yes No
 Granted by Variance (B.O.A.) Yes No Case #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No No No No No
 Was Proposed Building Site Delineated Yes No No No No No
 Inspection Record: *re-inspection on the site of the addition because owner did not want to verify points function. Please note outside pipe.* Yes No No No No No
 Date of Inspection: 4-7-17 Inspected by: Jessamone Murphy

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
Total additions in lifetime of home shall not exceed 20 sq' w/o sanitary system renovation. 60 sq' remains.

Signature of Inspector: _____ Date of Approval: _____

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____