

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
 APR 20 2017
 Bayfield Co. Zoning Dept



Permit #:	12-0152
Date:	5-18-17
Amount Paid:	\$1504.00-17
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: Charles McKhann
 Address of Property: 89125 E. Roman Road RA
 Mailing Address: 154 Thorne St, Washburn, WI 54891
 City/State/Zip: Washburn, WI 54891

Contractor: Steve Decker
 Contractor Phone: 715-7433914
 Plumber: Dennis Decker
 Plumber Phone: 715-7433914

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 William R Erickson
 Agent Phone: 715-688-5094
 Agent Mailing Address (include City/State/Zip): 28000 St. Hwy 131 Ashland, WI 54806

PROJECT LOCATION: SE 1/4, SE 1/4
 Legal Description: (Use Tax Statement) S E 1/4, S E 1/4
 PIN: (23 digit) 04-010-2-51-06-34-4 05-001-40000
 Recorded Document: (i.e. Property Ownership) Volume 832 Page(s) 620 4151

Section 25, Township S1 N, Range 06 W
 Town of: Bell

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet
 Distance Structure is from Shoreline: 386 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion: \$ 250K
 * include donated time & material

Project: New Construction 1-Story Seasonal 1 Municipal/City
 Addition/Alteration 1-Story + Loft Year Round 2 (New) Sanitary Specify Type: _____ Well
 Conversion 2-Story Basement Sanitary (Exists) Specify Type: _____
 Relocate (existing bldg) No Basement Privy (Pit) or Vaulted (min 200 gallon)
 Run a Business on Property Foundation None Portable (w/service contract) Compost Toilet None

Use: Seasonal 1 2 3 Municipal/City
 # of bedrooms: _____

What Type of Sewer/Sanitary System is on the property? _____

Water: City Well

Existing Structure: (if permit being applied for is relevant to it) Length: 54 Width: 30 Height: 27
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(30 x 36)	1580
	Residence (i.e. cabin, hunting shack, etc.)	(30 x 36)	1580
	with Loft	(10 x 18)	180
	with a Porch	(10 x 14)	140
	with (2 nd) Porch	(16 x 8)	256
	with a Deck	(10 x 18)	180
	with (2 nd) Deck	(10 x 18)	180
	with Attached Garage	(10 x 18)	180
<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)	(_____)	(_____)
	Mobile Home (manufactured date)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(_____)	(_____)
	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.

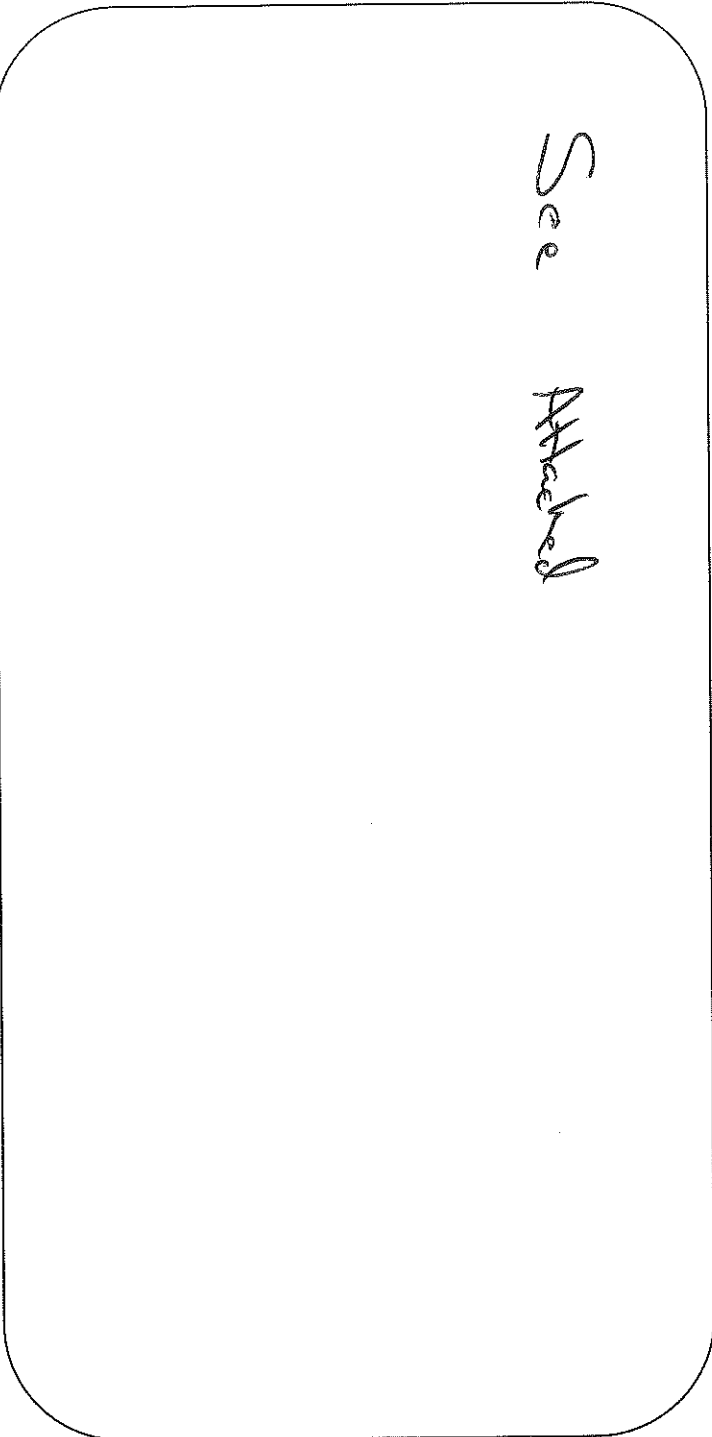
Owner(s): W R Erickson Date 4/20/17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

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%



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	160 Feet	Setback from the Lake (ordinary high-water mark)	386 Feet
Setback from the Established Right-of-Way	130 Feet	Setback from the River, Stream, Creek	376 Feet
Setback from the North Lot Line	183 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	120 Feet	Setback from Wetland	
Setback from the West Lot Line	170 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	130 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	10 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

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 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 #: 17-0150	Permit Date: 5-18-17			
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 Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposer Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record: Steve Dahlen - contractor - on site to represent project during inspection		Fronting District		
Date of Inspection: 5-2-17	Inspected by: Dr. Murphy	Lakes Classification ()		
Condition(s): VAE permit required		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector:		Date of Approval: 5-2-17		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - 17-28S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0152** Issued To: **Charles Mckhann & Patricia Schulte**

Location: - 1/4 of - 1/4 Section **29** Township **51** N. Range **6** W. Town of **Bell**

Par #4 & #5
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Use: [2- Story; Residence (30' x 36') = 1,080 sq. ft.; Porch #1 (10' x 18') = 180 sq. ft.; Porch #2 (10' x 14') = 140 sq. ft.; Deck (16' x 8') = 128 sq. ft.] Total Overall = 2,156 sq. ft.**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit required

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy
Authorized Issuing Official
May 18, 2017
Date