

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**  
 Date Stamp/Received: **MAY 03 2017**  
 Bayfield Co. Zoning Dept.

Permit #: **17-0901**  
 Date: **16-5-17**  
 Amount Paid: **\$755-5-17**  
 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: **Timothy J. & Cynthia B. Warren** Mailing Address: **33102 Firstman Rd. Washburn, WI 54891** Telephone: **715-373-5304**

Address of Property: **33102 Firstman Rd.** City/State/Zip: **Washburn, Wisconsin 54891** Cell Phone: **715-212-3323**

Contractor: **Self** 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:** Legal Description: (Use Tax Statement) **S&W 1/4, NE 1/4** Tax ID# (4-5 digits) **0541** Recorded Deed (i.e. # assigned by Registrar of Deeds) Document # **857** R **270**

Gov't Lot: Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage

Section **21**, Township **49** N, Range **24** W Town of: **Bayview**

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue

Distance Structure is from Shoreline: **300** feet  Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: **300** feet  Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* 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>1200</b>   | <input checked="" type="checkbox"/> New Construction<br><input checked="" type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing Bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement<br><input type="checkbox"/> No Basement<br><input type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal<br><input type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input checked="" type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3 <b>1 1/2</b> | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>ADULT</b><br><input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |

*IF NO WORK STRUCTURE OR CURRENT DECK REBUILT*

*Deck - handicap ramp project*

Existing Structure: (if permit being applied for is relevant to it) Length: **43'** Width: **25'** Height: **7'**

Proposed Construction: Length: **43'** Width: **25'** Height: **7'**

| 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> ) Deck  | ( ) ( ) ( ) | ( )            |
|   | with a Deck   | ( ) ( ) ( ) | ( )            |
|   | with (2 <sup>nd</sup> ) Deck  | ( ) ( ) ( ) | ( )            |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | ( ) ( ) ( ) | ( )            |
|   | Mobile Home (manufactured date)   | ( ) ( ) ( ) | ( )            |
|   | Addition/Alteration (specify)   | ( ) ( ) ( ) | ( )            |
|   | Accessory Building (specify)  | ( ) ( ) ( ) | ( )            |
|   | Accessory Building Addition/Alteration (specify)  | ( ) ( ) ( ) | ( )            |
| <input checked="" type="checkbox"/> Municipal Use   | Special Use: (explain) <b>repair - mobile existing handicap ramp</b>                        | ( ) ( ) ( ) | ( )            |
|   | 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): **Timothy J. Warren** **Cynthia B. Warren** Date: **5-2-2017**

(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 **Timothy J. Warren** **33102 Firstman Rd. Washburn, WI 54891** Attach **Copy of Tax Statement**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 31786  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0201** Issued To: **Timothy & Cindy Warren**

Par in  
Location: **SW** ¼ of **NE** ¼ Section **21** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Replacing Deck (14' x 14') = 196 sq. ft.; Handicap Ramp (26' x 5') (26' x 5'') = 260 sq. ft. ] Total Overall = 456 sq. ft.**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Additions shall be 75 feet from OHWM or greater as marked during site inspection.**

**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

**June 5, 2017**

Date