

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 (Required)
 MAY 15 2017
 Bayfield Co. Zoning Dept

Permit #: 17-02205
 Date: 6-6-17
 Amount Paid: \$75 515-17
 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: Chris Sewders Mailing Address: PO Box 125 City/State/Zip: Port Wing WI 54855 Telephone: _____
 Address of Property: Vacant land 83265 Pennsylvania Ave City/State/Zip: Port Wing WI 54855 Cell Phone: 218 591 4290
 Contractor: ME 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 Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 28754, 28755, 28756 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R- _____
 _____ 1/4, _____ 1/4 Gov't Lot _____ Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Port Wing Proper
 Section 29 Township 50 N. Range 08 W Town of: Port Wing Lot Size 0.15 Acres: 0.08

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
\$ 500	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
	<input checked="" type="checkbox"/> Special Use					

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 16' Height: 8'
 Proposed Construction: _____

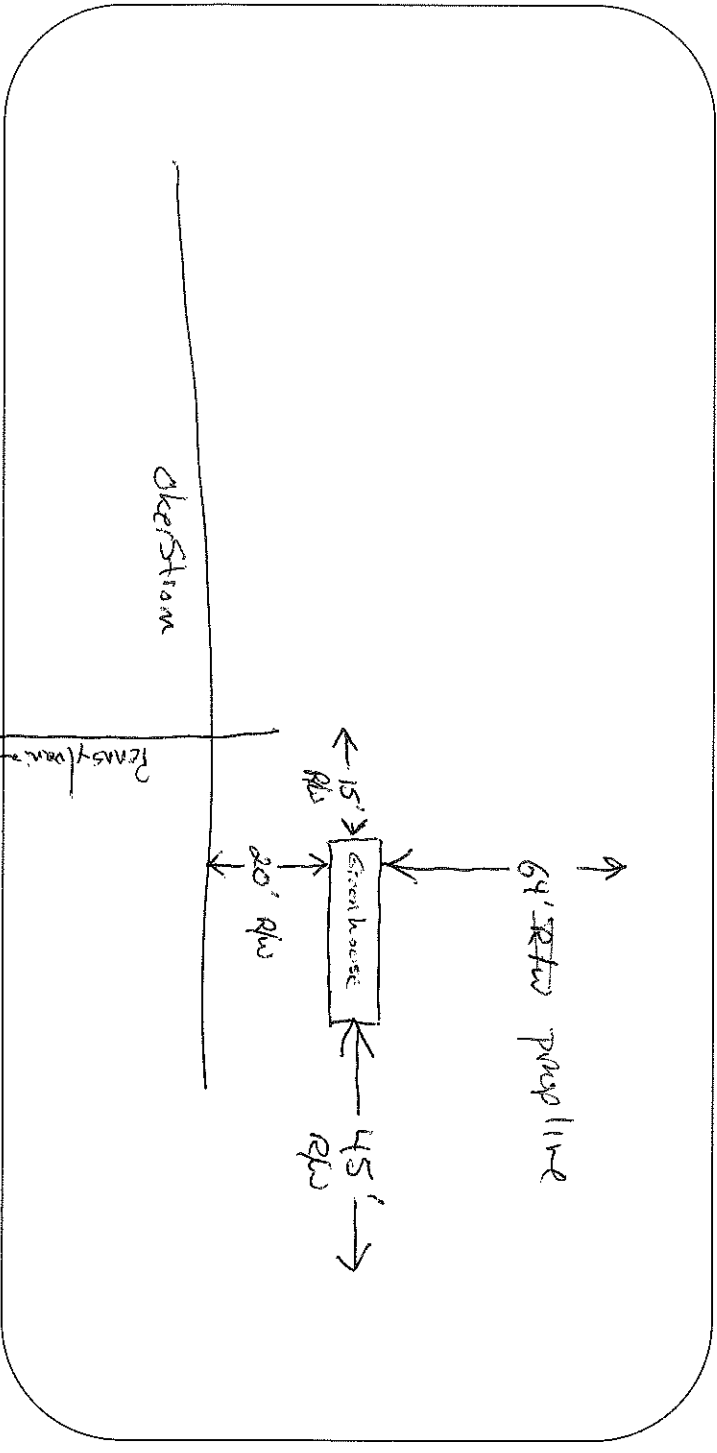
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Rec'd for Expense	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> or <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) <u>Green house Metal frame</u> Accessory Building Addition/Alteration (specify) _____	(X) (X) (X) (16 X 40) (X)	 <u>640</u>
<input type="checkbox"/> Secretarial Staff		(X) (X) (X) (X)	
<u>JUN 06 2017</u>			

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): [Signature] Date 5-15-17
 (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 83265 Pennsylvania Ave Port Wing WI 54855 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Below:
- (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)

(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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	20' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	64' per property line	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	20' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	15' ROW Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	45' ROW Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	all per VA	Setback to Well	Feet
Setback to Drain Field	all per VA		
Setback to Privy (Portable, Composting)	all per VA		

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 Dwelling: 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: <u>W/A</u>	# of bedrooms: <u>multiple - not plumbed</u>	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>17-0205</u>	Permit Date: <u>6-16-17</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/contiguous Lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District: <u>(R-4)</u>	
Date of Inspection: <u>6-1-17</u>	Inspected by: <u>[Signature]</u>	Lakes Classification: <u>W/A</u>	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)			
<u>per house must not set all setbacks to platted right of ways. steel not be used for human habitation or sleeping purposes.</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6-16-17</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For DBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

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

LAND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0205** Issued To: **Christopher & Natalie Sanders**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **29** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot **13-16** Block **14** Subdivision **Port Wing Proper** CSM#

For: **Residential Accessory Structure: [1- Story; Greenhouse (16' x 40') = 640 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Greenhouse must meet all setbacks to platted right of ways. Shall not be used for human habitation or sleeping purposes.

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 6, 2017

Date