

SUBMITTER'S 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
 DEPT. OF PUBLIC WORKS
 JUN 14 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0228
Date:	10-19-17
Amount Paid:	\$800
Return:	

ATF 250.00 LU 250.00

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: Troy & Kami Amode Mailing Address: 6608 S Oldymn South Range WI Telephone: _____
 Address of Property: 65653 Evergreen City/State/Zip: Inon River WI 54874 Cell Phone: 218-522-0642
 Contractor: Troy Amode Contractor Phone: 218-522-0642 Plumber: Young Plumbing 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: S 1/4 NE 1/4 Gov't Lot: _____ Lot(s): _____ CSM: 13396 Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section 4, Township 46 N, Range 8 W Town of: Delia Lot Size: _____ Acreage: 3.92

Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) _____ Recorded Deed (i.e. # assigned by Register of Deeds) Document # 2017 R-567051

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: 80 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
\$ <u>80,000</u>	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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: <u>ST</u> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Crawl Spc			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 41 Height: 20
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <u>Rec'd for Issuance JUN 19 2017</u>	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>41</u> X <u>32</u>) (<u>X</u> X) (<u>X</u> X) (<u>X</u> X) (<u>X</u> X) (<u>X</u> X) (<u>X</u> X)	<u>1312</u>
<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)	(<u>X</u> X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	(<u>X</u> X)	
	Addition/Alteration (specify) _____	(<u>X</u> X)	
	Accessory Building (specify) _____	(<u>X</u> X)	
	Accessory Building Addition/Alteration (specify) _____	(<u>X</u> X)	
	Special Use: (explain) _____	(<u>X</u> X)	
	Conditional Use: (explain) _____	(<u>X</u> X)	
	Other: (explain) _____	(<u>X</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.

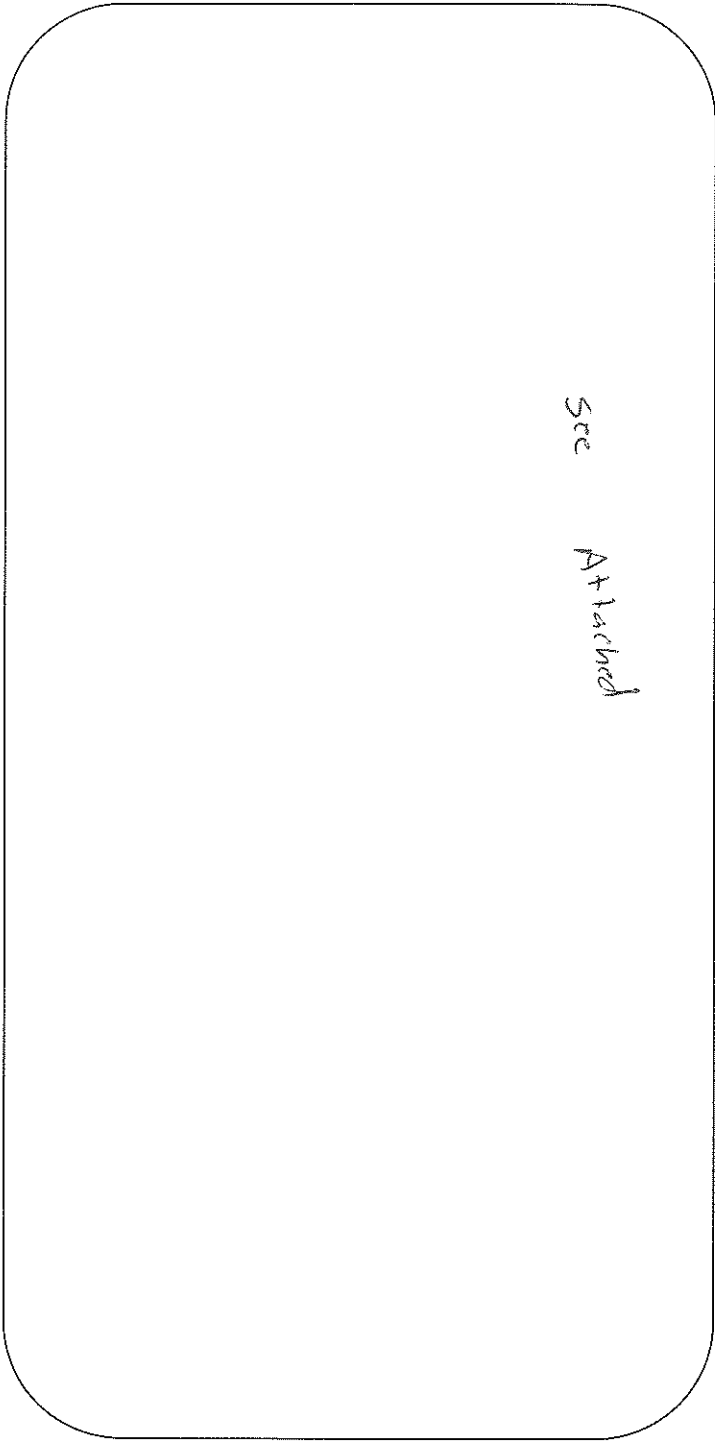
Owner(s): R W CW Date 6-14-2017
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____ Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Proposed Construction**
- (1) Show Location of: **North-Wagon 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 (*):

See Attached



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	268 Feet	Setback from the Lake (ordinary high water mark)	80 Feet
Setback from the Established Right-of-Way	235 Feet	Setback from the River, Stream, Creek	- Feet
Setback from the North Lot Line	44 Feet	Setback from the Bank or Bluff	- Feet
Setback from the South Lot Line	63 Feet	Setback from Wetland	- Feet
Setback from the West Lot Line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	850 Feet	Elevation of Floodplain	- Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	70 Feet
Setback to Drain Field	10 Feet		
Setback to Privy (portable, Composting)	10 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 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: 17-295	# of bedrooms: 2	Sanitary Date: 5-23-2017
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0880	Permit Date: 6-19-17		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input 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"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: N/A
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Existing Cabin being replaced on existing footprint. Project started prior to securing LU permit. Existing location is code compliant. OK to issue LU permit.	Inspected by: Robert Schirman	Zoning District (R1)	Lakes Classification (2)
Date of Inspection: 6/14/2017		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.) Must Contact Local Uniform Dwelling Code Inspector & Secure UDC permit.	Signature of Inspector:	Date of Approval: 6/19/2017	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

(1)
(2)
(3)
(4)
(5)
(6)

field County, WI

Below: D



City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – X
SANITARY – 17-29S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0220** Issued To: **Troy & Kari Amorde**

Par in S ½ of
Location: - ¼ of **NE** ¼ Section **4** Township **46** N. Range **8** W. Town of **Delta**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Residence (41' x 32') = 1,312 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspector and secure UDC permit.

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.

Rob Schierman
Authorized Issuing Official

June 19, 2017
Date