

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 (Received)  
 MAY 12 2017  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 17-0846  
 Date: 6-09-17  
 Amount Paid: \$75 5-17-17  
 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: Dave West, LLC Mailing Address: 2815 Mountain Dr Eau Claire WI 54603 Telephone: 715-832-8688

Address of Property: 14500 Oshkosh N City/State/Zip: Deerpond, WI 54832 US 54703 Cell Phone: 715-715-2813

Contractor: SELF Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Written Authorization Attached:  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Robert West, Member # LLC Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

PROJECT LOCATION: SR 1/4 SE 1/4 Legal Description: (Use Tax Statement) Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) PLN: (23 digits) 04-018-2-45-07-32-4 Volume: 348 Page(s): 19

Section: 32, Township 45 N, Range 7 W Town of: Deerpond Lot Size: 1138 Acreage: 1

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. Interstream) 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

Non-Shoreland

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
\$ 19200	<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 type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 40 Width: 20 Height: 8

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 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Rec'd for Issuance 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 ( )	
	Addition/Alteration (specify)	( ) X ( )	
	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) 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.

Owners: Dave West, LLC, Robert West, Member Date: 5/12/17

(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: \_\_\_\_\_

Copy of Tax Statement Attach

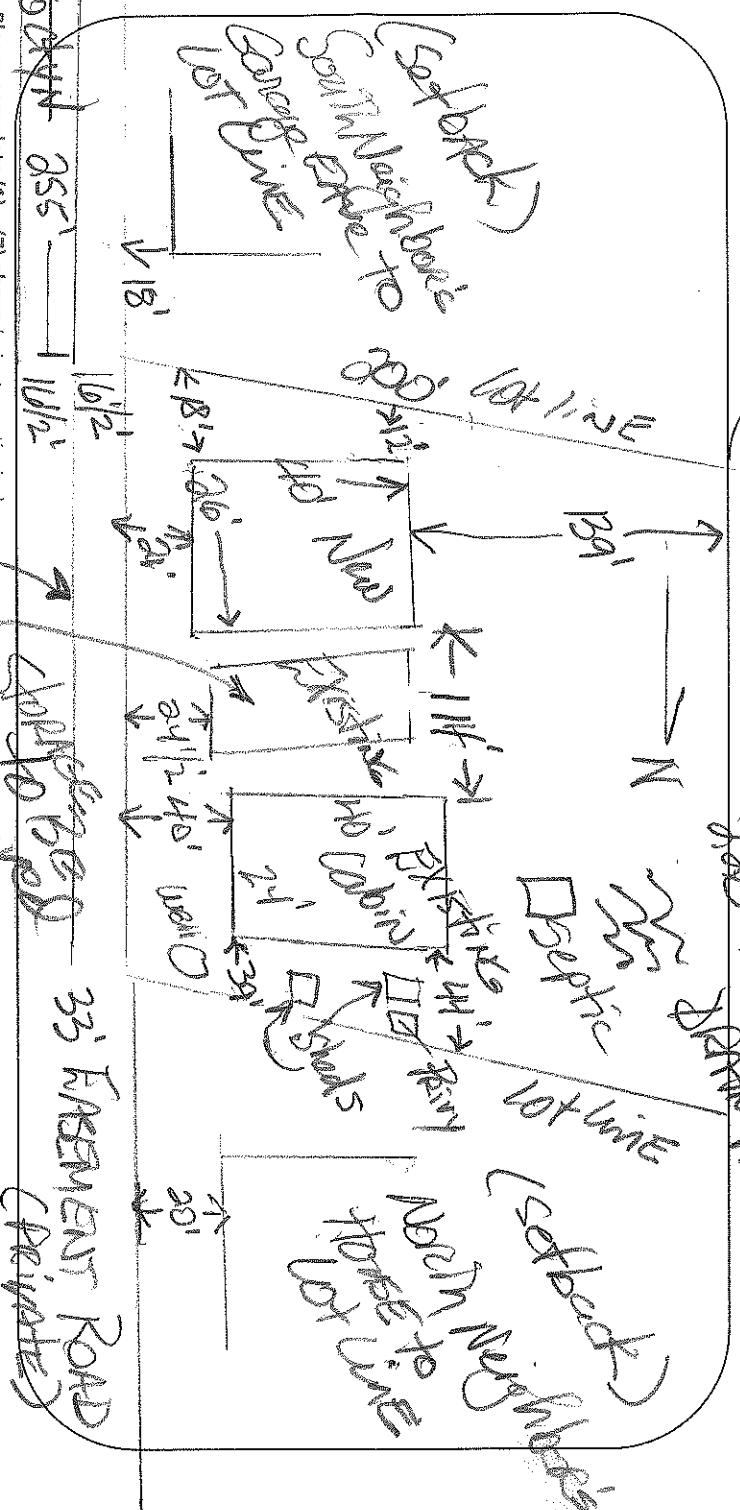
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

all bearings marked w/ iron pipe - lot surveyed

- (1) Show Location of:
- (2) Show / Indicate:
- (3) Show Location of (\*):
- (4) Show:
- (5) Show:
- (6) Show any (\*):
- (7) Show any (\*):

Proposed Construction  
 North (N) on Plot Plan  
 (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 All Existing Structures on your Property  
 (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point) *Corner line 33' EASEMENT ROAD (PRIVATE)*  
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	N/A	Setback from the Lake (Ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	37 1/2	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	182	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	12	Setback from Wetland	N/A
Setback from the West Lot Line	129	20% Slope Area on property	Elevation of Floodplain
Setback from the East Lot Line	81	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	130	Setback to Well	171
Setback to Drain Field	150		
Setback to Privy (Portable, Composting)	172		

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.

*PAVILIONS (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).*  
*ON CORNERS*  
 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 #: *17-03916* Permit Date: *6-29-12*

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <i>Property Lines identified by Neighbors Survey S. Project location classified location as represented appears to identify Code Compliant location.</i>			Case #: <i>NA</i>			Previously Granted by Variance (B.O.A.)			Case #: <i>NA</i>	
Date of Inspection: <i>5/15/2017</i>			Inspected by: <i>Robert Schieverman</i>			Date of Re-Inspection:				

Condition(s) Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
 Per Conditions of Zoning Committee Approval. Not to be used for human habitation. No water under pressure unless structure is served by a Code Compliant POTS

Signature of Inspector: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

*X Zoning Committee Approval*

City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL – Class B  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0246** Issued To: **Due West LLC / Roger West, Agent**

Par in  
Location: **SW** ¼ of **SE** ¼ Section **32** Township **45** N. Range **7** W. Town of **Drummond**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [ 1- Story; Garage (40' x 26') = 1,040 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Per conditions of Zoning Committee approval (no conditions placed). Not to be used for human habitation. No water under pressure unless structure is served by a code compliant POWTS.

**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 29, 2017**

Date