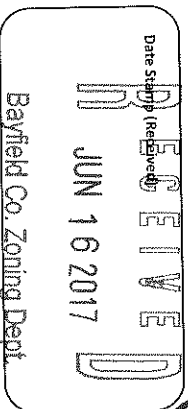


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

Complete + Send entire PKT back to zoning

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0951
Date:	7-5-17
Amount Paid:	\$300 (6-16-17)
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: Matt + Brianna Sechen Mailing Address: 6294 Moonshine Alley Rd. Mason, WI 54856 Telephone: 715-209-8407

Address of Property: Same as mailing address City/State/Zip: Mason, WI 54856 Cell Phone: 715-209-5112

Contractor: Town and Country Housing Contractor Phone: 715-834-6705 Plumber: Staveman Plumbing Plumber Phone: 715-209-5112

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: NW 1/4 NW 1/4 Gov't Lot X Lot(s) X CSM X Vol & Page _____ Lot(s) No. _____ Block(s) No. _____

Section 12, Township 4E N. Range 02E W Town of: Mason Recorded Deed (i.e. # assigned by Register of Deeds) 1164 P 667

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

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
\$0.000	<input checked="" type="checkbox"/> New Construction <input checked="" 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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Existing Sewer</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

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

Proposed Construction: Length: 36 Width: 16 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(_____) (_____) (_____) (_____) (_____) (_____) (_____)	(_____) (_____) (_____) (_____) (_____) (_____) (_____)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities <input checked="" type="checkbox"/> Mobile Home (manufactured date) <u>2018</u>	(_____) (<u>36 x 16</u>)	(_____) (<u>1165</u>)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> 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.

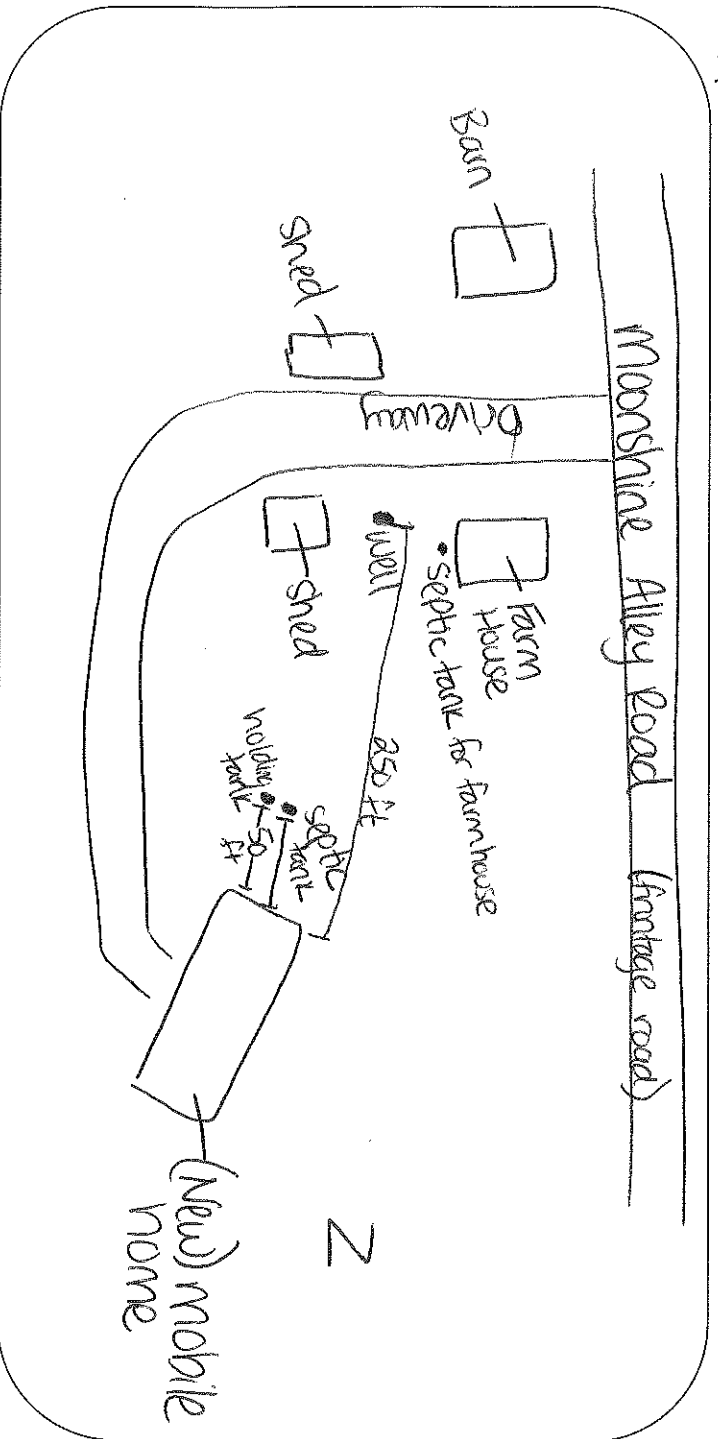
Owner(s): BRIANNA SECHEN MATT SECHEN Date 5/25/17

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.) Attach Copy of Tax Statement

Address to send permit 6294 Moonshine Alley Mason, WI 54856
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application.)
 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
North Acre Plot Plan ✓
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road) ✓
- (3) Show Location of (*): ~~Any Existing Structures on Your Property~~
- (4) Show: ~~(*) Wetland~~; (*) 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 (*):



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	982 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	950 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	865 Feet	Setback from Wetland	20% Slope Area on property Elevation of Floodplain
Setback from the West Lot Line	950 Feet		Feet
Setback from the East Lot Line	300 Feet		Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	350 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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: 207349 # of bedrooms: 3 Sanitary Date: 10/26/1993

Permit Denied (Date): Reason for Denial:

Permit #: 17-09851 Permit Date: 2-5-17

Is Parcel a Sub Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No No
 Is Structure Non-Conforming Yes No No

Granted by Variance (B.O.A.) Case #: N/A Previously Granted by Variance (B.O.A.) Case #: N/A

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Re-painting Previous Manufactured home with new (2018) Manufactured home on existing footprint. Project takes Classification: (AS1)

Date of Inspection: 6/22/2013 Inspected by: Robert Scherman Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)
 Must Contact Local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit as required by State statute.

Signature of Inspector: [Signature]

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

Date of Approval: 6/30/17

TBA see 1993 - # 2043 Sanitary needs to be activated

village, State or Federal

May Also Be Required

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

LAND USE – X
SANITARY – Reconnect (207749)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **17-0251** Issued To: **Matthew & Brianna Sechen**

Location: **NW** ¼ of **NW** ¼ Section **12** Township **46** N. Range **6** W. Town of **Mason**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use: [1- Story; Mobile Home (20' x 18') = 1,165 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency and secure UDC permit as required by State Statute. Must maintain holding tank per recorded holding tank agreement in V. 595 P.114 Bayfield County Register of Deeds

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

July 5, 2017

Date