

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

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 RECEIVED
 JUN 02 2017
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 17-00855
 Date: 2-6-17
 Amount Paid: 450 6-6-17
 Return:

175 +

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Kevin ZAK
 Address of Property: 27205 Engoe Rd
 City/State/Zip: Washburn WI 54891
 Contractor: Washburn WI 54891
 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: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____
 Section: 16, Township: 48 N, Range: 05 W, Town of: Washburn

Legal Description: (Use Tax Statement) Tax ID# (4-5 digits): 30797
 Recorded Deed (i.e. # assigned by Register of Deeds): _____ Document #: _____ R: _____

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion: \$20,000
 * include donated time & material

Project: _____ # of Stories and/or basement: _____ Use: _____ # of bedrooms: _____
 What Type of Sewer/Sanitary System is on the property? _____

New Construction 1-Story Seasonal Municipal/City
 Addition/Alteration 1-Story + Loft Year Round (New) Sanitary Specify Type: _____
 Conversion 2-Story _____ Sanitary (Exists) Specify Type: _____
 Relocate (existing bldg) Basement _____ Privy (Pit) or Vaulted (min 200 gallon)
 Run a Business on Property No Basement Portable (w/service contract)
 Foundation None Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 24' Width: 24' Height: 14'

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	(24' x 24')	452
<input checked="" type="checkbox"/> Residential Use	with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(30' x 36')	1080
<input type="checkbox"/> Special Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/> Special Use	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Addition/Alteration	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Accessory Building	Accessory Building (specify)	()	()
<input type="checkbox"/> Accessory Building Addition/Alteration	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Special Use	Special Use: (explain)	()	()
<input type="checkbox"/> Conditional Use	Conditional Use: (explain)	()	()
<input type="checkbox"/> Other	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): _____ Date: 1 June 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)

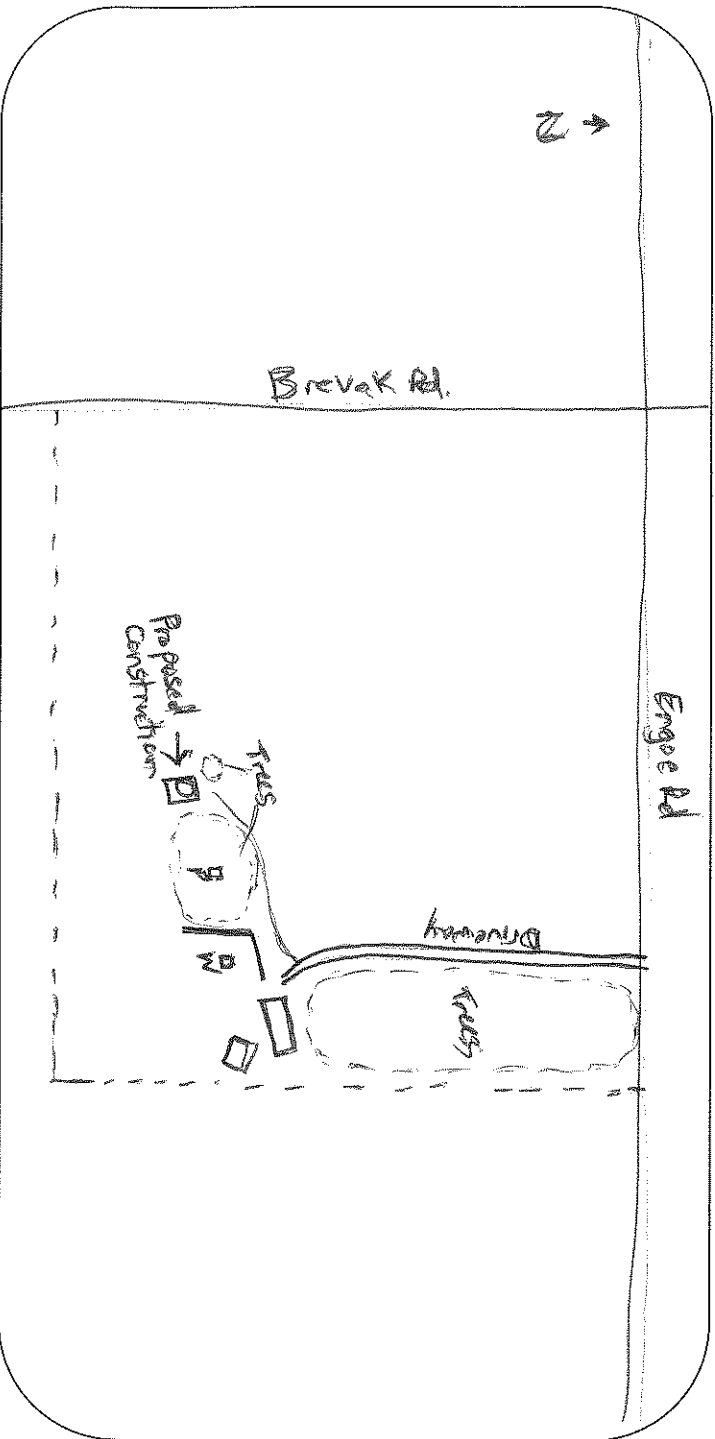
Address to send permit: 1332 East 8th St, Duluth, MN 55805
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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

- (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	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1000 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	300 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	210 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	500 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	380 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	235 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 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)

Permit Denied (Date): _____ Sanitary Number: new privy # of bedrooms: _____ Sanitary Date: _____

Permit # 17-0855 Permit Date: 2-16-17

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) No Yes

Is Parcel in Common Ownership Yes (Fused/contiguous lots) No Yes

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____

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: cant inspect - locked gate, worked some 3rd time in a chain, suspected water problem

Date of Inspection: 6-6-17 Inspected by: JC MURPHY Zoning District: Res 1

Conditions(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

XXXXXX W/C permit & inspections required.

Signature of Inspector: _____ Date of Approval: 6-27-17

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

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

LAND USE – X
SANITARY – Vault Privy
SIGN –
SPECIAL – X
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0255** Issued To: **Kevin & Jamie Zak**

Location: **NW** ¼ of **NW** ¼ Section **16** Township **48** N. Range **5** W. Town of **Washburn**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Yurt (24' x 24') = 576 sq. ft.; Deck (30' x 36') = 1,080 sq. ft.]**
Total Overall = 1,532 sq. ft.

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

Condition(s): UDC permit & inspections required. Vault shall be a minimum of 200 gallons and shall be water tight.

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

July 6, 2017
Date