

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUN 26 2017
 Bayfield Co. Zoning Dept.



Permit #:	17-08976
Date:	7-25-17
Amount Paid:	150 600.00
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: Leonard E LaPointe III
 Address of Property: 27240 Star Route Bayfield, WI 54814
 City/State/Zip: Bayfield, WI 54814
 Telephone: 715-779-0207
 Cell Phone: 715-779-0207

Contractor: Russell Klieger, Ezra Klieger
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: 715-779-5385
 Plumber: _____
 Agent Mailing Address (include City/State/Zip): _____
 Plumber Phone: _____
 Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4, SW 1/4
 Legal Description: (Use Tax Statement) SW 1/4, SW 1/4
 Tax ID# (4-5 digits): 35751
 Vol & Page: 1025 P280
 Lot(s): 1025 P280
 Block(s) No.: _____
 Subdivision: 310259000
 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2009 R52879

Section: 16 Township: 50 N. Range: 5 W
 Town of: Bayfield
 Lot Size: _____
 Acreage: 5

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue No

Distance Structure is from Shoreline: _____ feet
 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
\$50,000	<input 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 type="checkbox"/> 1-Story <input checked="" 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HOURLY</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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 24 ft Width: 30 ft Height: 20 ft
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> Residential Use	with Loft	() X ()	()
<input type="checkbox"/> Residential Use	with a Porch	() X ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Porch	() X ()	()
<input type="checkbox"/> Residential Use	with a Deck	() X ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	()
<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)	() X ()	720 (1st)
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	() X ()	360 (2nd)
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>1st-Story 24x30/2nd 12x30</u>	(24 x 30)	1080 (6th)
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory B	() X ()	()
<input type="checkbox"/> Municipal Use	Rec'd for Issuance	() X ()	()
<input type="checkbox"/> Municipal Use	Special Use	() X ()	()
<input type="checkbox"/> Municipal Use	Conditional	() X ()	()
<input type="checkbox"/> Municipal Use	Other: (exp)	() X ()	()

Secretarial Staff

I (we) declare that this application (including any accompanying plan and/or map) is true and correct and that I (we) acknowledge that I (we) are responsible for the detail and accuracy of all information provided. I (we) further accept liability which may be a result of Bayfield County relying on this information. 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): Leonard E LaPointe III
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

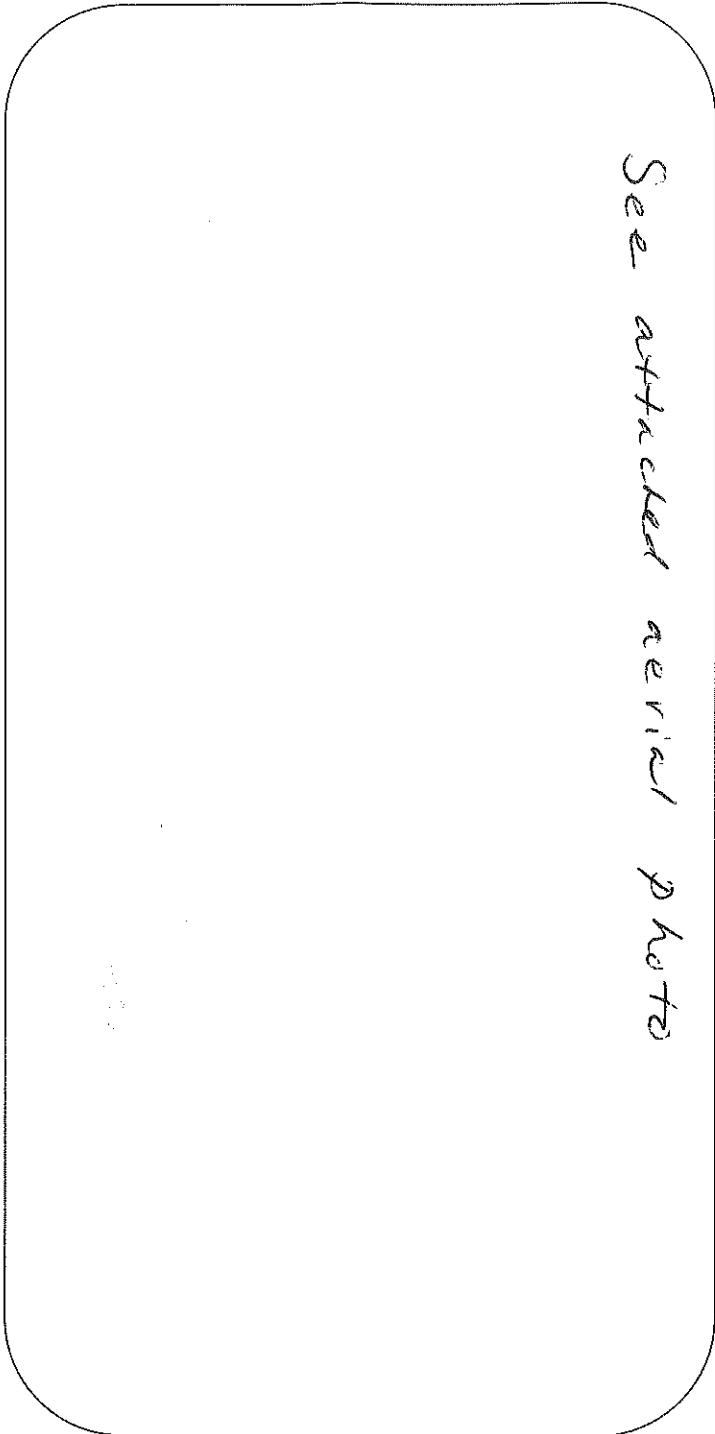
Address to send permit: 27240 Star Route, Bayfield WI 54814
 Date: 6/25/17

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

093
 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%**

See attached aerial photo



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	175 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	142 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	290 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	360 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	204 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	175 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	Feet
Setback to Drain Field	80 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 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: 10-985-	# of bedrooms: 3	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	Permit Date: 7-25-17		
Permit #: 17-0876	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Case #:	Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) Case #:	Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: <i>site staked - owner present during inspection</i>	Date of Inspection: 7-6-17	Inspected by: <i>J. Conroy</i>	Zoning District: (R-1)	Lakes Classification: (NA)
Date of Inspection: 7-6-17 Inspected by: <i>J. Conroy</i>				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
<i>number of bedrooms shall remain 3 due to the size and daily water use rates for design. I would system any necessary but permit for modifications should be</i>				
Signature of Inspector: <i>[Signature]</i> Date of Approval: 7-12-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Completed with

(5)
(4)
(2)
(1)

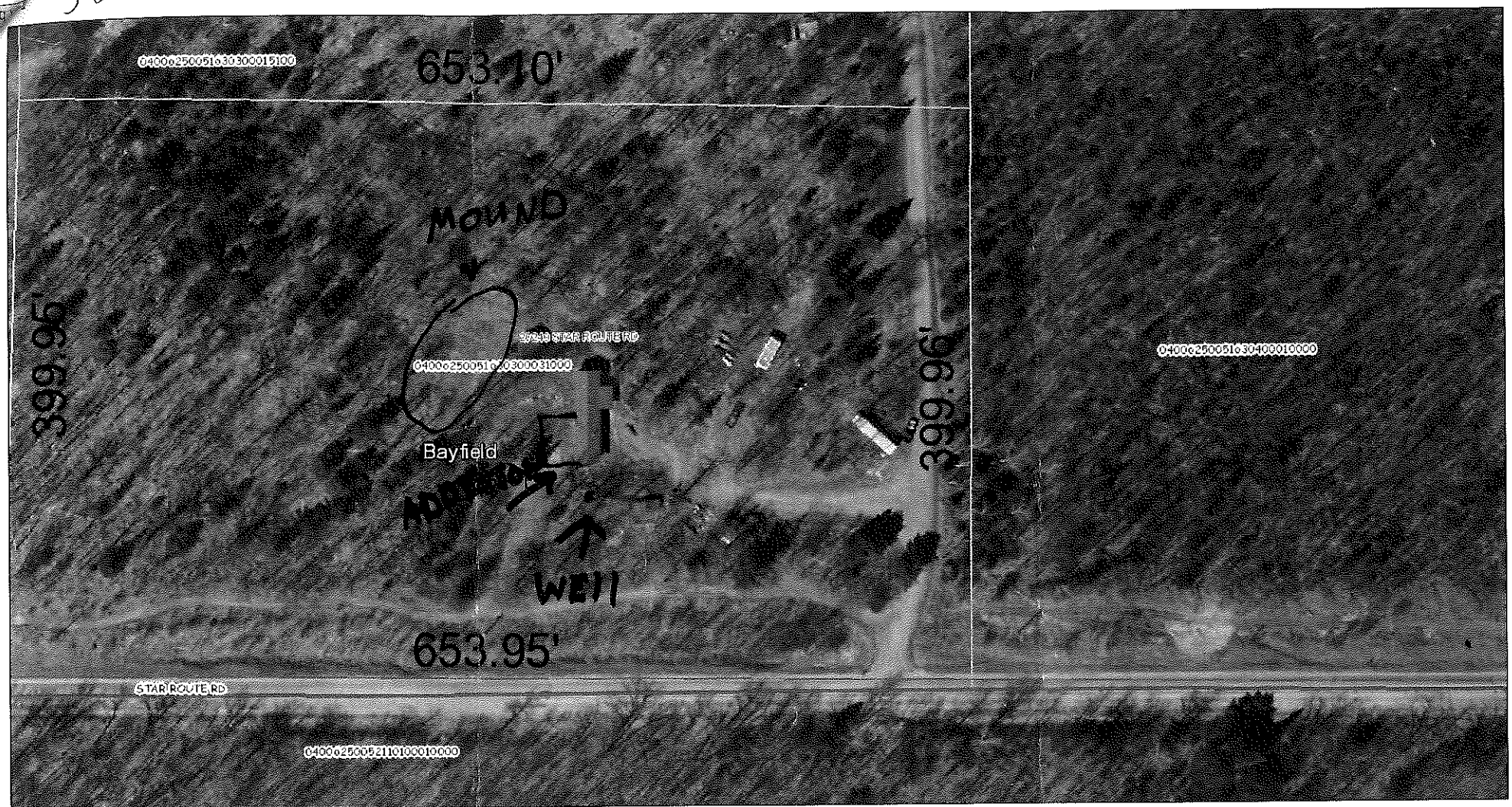
360

204

175 290

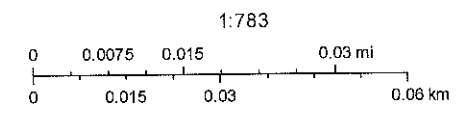
Bayfield County Web App Builder

Leonard LaPointe



April 17, 2017

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> ⊕ Building Corner Tie Sheets <ul style="list-style-type: none"> ⊙ Section Corner Monument on File ⊙ Section Corner Monument Referenced on Survey Survey Maps <ul style="list-style-type: none"> ⊙ UnRecorded Map | <ul style="list-style-type: none"> ⊙ Recorded Map Road Type <ul style="list-style-type: none"> CFR County Federal Private | <ul style="list-style-type: none"> --- State --- Town --- Municipal Boundary --- Section Lines --- Approximate Parcel Boundary --- Meander Line | <ul style="list-style-type: none"> --- Tie Line --- Rivers --- Wetlands --- Douglas Co Parcels --- Ashland Co Parcel |
|---|--|---|---|



Bayfield County
Bayfield

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

LAND USE – X
SANITARY – 10-985
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0276** Issued To: **Leonard LaPointe**

Par in
Location: **SW** ¼ of **SW** ¼ Section **16** Township **50** N. Range **5** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [2- Story; 1st Story (24' x 30') = 720 sq. ft.; 2nd Story (12' x 30') = 360 sq. ft.]**
Total Overall = 1,080 sq. ft.

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

Condition(s): Number of bedrooms shall remain 3 due to the size and daily wastewater flow rates for design of mound system. Any necessary UDC permit and/or inspections for UDC shall be complied with.

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 25, 2017

Date