

STATEMENT: 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
 Bayfield Co. Zoning Dept.
 Date Stamp (Received)
 JUL 19 2017

ENTERED

Permit #:	17-00992
Date:	2-28-17
Amount Paid:	185 2-14-17
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: Grant Osman Mailing Address: 8590 Hastings St Blaine MN City/State/Zip: 55449 Telephone: 763-913 2669

Address of Property: Old Hwy 13 & Tarpaper Rd City/State/Zip: Oscanta WI

Contractor: Jason Shields Contractor Phone: 760 580 5768 Plumber: 763-913 2669 Plumber Phone: 763-913 2669

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 760 580 5768 Agent Mailing Address (include City/State/Zip): Oscanta WI Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 3 Lot(s) 1592, 9, 204 CSM 6 Vol & Page 6 Lot(s) No. 6 Block(s) No. 6 Subdivision: 347757 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 565753 R. 2016

Section 5, Township 49 N, Range 9 W Town of: Oscanta Lot Size 330' x 660' Acreage 5

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 110' feet Distance Structure is from Shoreline: 110' feet Is Property in Floodplain Zone? Yes No

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: 110' feet 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>27,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 28' Width: 24' Height: 20'

Proposed Construction: Length: 28' Width: 24' Height: 20'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>24</u> x <u>28</u>)	<u>621</u>
	Residence (i.e. cabin, hunting shack, etc.)	(<u>24</u> x <u>14</u>)	<u>310</u>
	with Loft	(<u> </u> x <u> </u>)	
	with a Porch	(<u> </u> x <u> </u>)	
	with (2 nd) Porch	(<u> </u> x <u> </u>)	
	with a Deck	(<u> </u> x <u> </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> </u> x <u> </u>)	
	Mobile Home (manufactured date) _____	(<u> </u> x <u> </u>)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(<u> </u> x <u> </u>)	
	Accessory Building (specify) _____	(<u> </u> x <u> </u>)	
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> x <u> </u>)	
	Special Use: (explain) _____	(<u> </u> x <u> </u>)	
	Conditional Use: (explain) _____	(<u> </u> x <u> </u>)	
	Other: (explain) _____	(<u> </u> x <u> </u>)	

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 acting 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): Grant Osman Date 7/6/17
 (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 8590 Hastings St Blaine MN 55449 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

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

No. **17-0292** Issued To: **Grant Osman**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **5** Township **49** N. Range **9** W. Town of **Oriente**

Gov't Lot Lot **6** Block Subdivision CSM# **1592**

For: **Residential Use: [1.5- Story; Residence (24' x 28') = 672 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspections required. No plumbing fixtures with connection to pressurized water allowed unless approved POWTS installed and connected.

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 28, 2017

Date