

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)
 JUL 25 2017
 Bayfield Co. Zoning Dept.



Permit #:	17-0305
Date:	8-2-17
Amount Paid:	1027.226-17
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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Matthew J + Whitney E. Kurilla
Address of Property: 29240 Kelly Road
City/State/Zip: Mason, WI 54856
Mailing Address: 29240 Kelly Road
City/State/Zip: Mason, WI 54856
Telephone: 715-765-4268
Cell Phone: 715-292-2268

Contractor: Economy Garages
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Contractor Phone: 218-729-5106
Plumber: Mason, WI 54856
Agent Mailing Address (include City/State/Zip): _____
Plumber Phone: _____
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) SW 1/4, NW 1/4
 Tax ID# (4-5 digits): 2126
 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2016 R-56211

Section 14, Township 46 N, Range 05 W
 Town of: Kelly
 Lot Size: 375 x 660
 Acreage: 5.7

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue If No---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If No---continue

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

Distance Structure is from Shoreline: _____ 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
\$ 34,000.00	<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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Hobby Tanks</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: Garage Length: 36' Width: 30' Height: 12'

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	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date) _____	()	()
	Addition/Alteration (specify) _____	()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Garage</u>	(30 x 36)	1080
	Accessory Building Addition/Alteration (specify) _____	()	()
	Special Use: (explain) _____	()	()
	Conditional Use: (explain) _____	()	()
	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): Matthew J Kurilla Whitney Kurilla
 Date 7-21-17

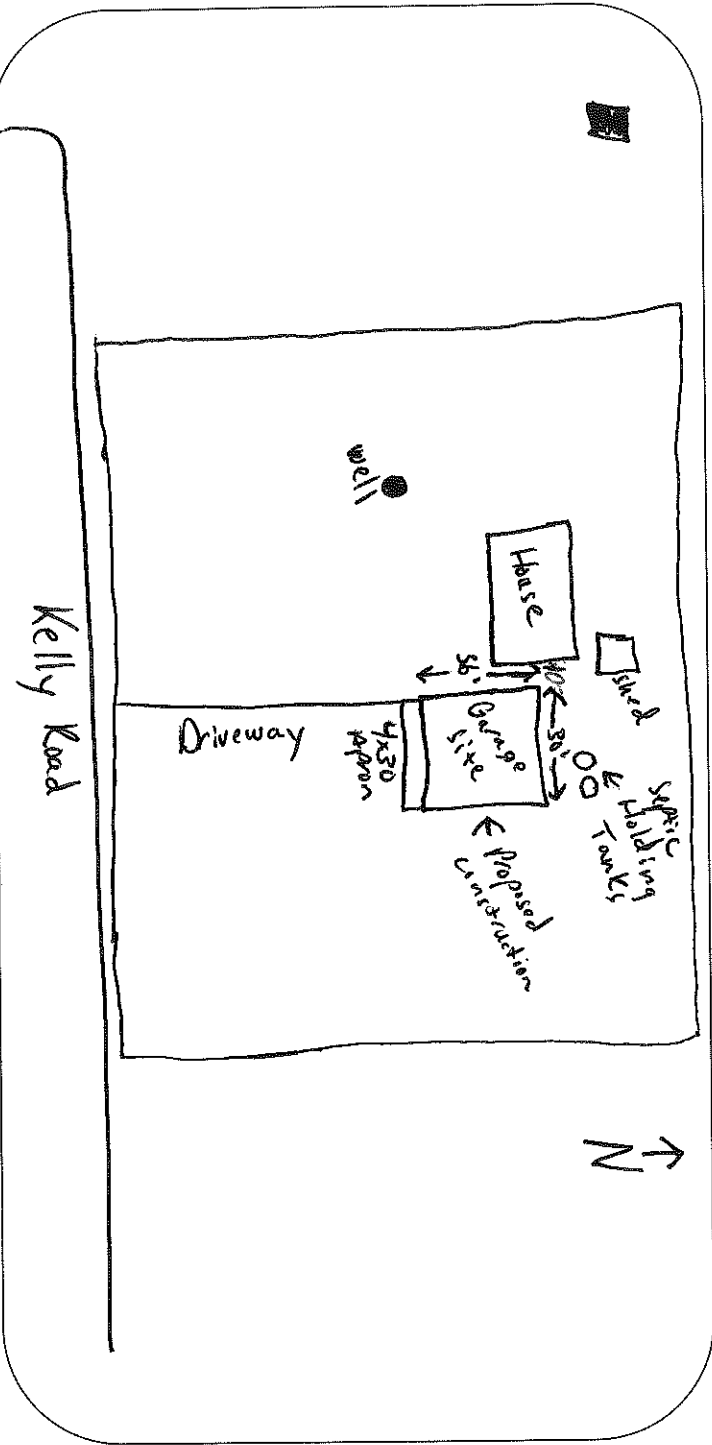
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 29240 Kelly Road Mason, WI 54856
 (If you recently purchased the property send your Recorded Deed)

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

Look 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) Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	535 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	500 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	500 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	175 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	22 Feet	Setback to Well	50 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0305	Permit Date: 8-2-12			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	Inspected by:	Zoning District	Lakes Classification	Date of Re-Inspection:
Date of inspection:	Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)	Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.		
Signature of Inspector: <i>[Signature]</i>	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
Date of Approval: 8/2/12	<i>extend an all weather drive to within 25' of septic tank</i>			

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

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

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0305** Issued To: **Matthew & Whitney Kurilla**

Par in
Location: **SW** ¼ of **NW** ¼ Section **14** Township **46** N. Range **5** W. Town of **Kelly**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (30' x 36') = 1,080 sq. ft.]**

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

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Extent an all weather drive within 25 feet of septic tank. Must meet and maintain setbacks.

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.

Tracy Pooler

Authorized Issuing Official

August 2, 2017

Date