

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
 JUL 28 2017
 Bayfield Co. Zoning Dept.



Permit #:	17-03880
Date:	8-11-17
Amount Paid:	100 7-28-17
Returned:	

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: Dale Hammel
 Address of Property: 314 W. Cedar St
 City/State/Zip: Abbotsford WI 54405
 Telephone: 715-223-0257
 Cell Phone: 507-0522
 Contractor: 22992 Viking Bay Rd
 Contractor Phone: _____
 Plumber: _____
 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 Legal Description: (Use Tax Statement)
 Tax ID# (4-5 digits) 24520
 Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 2014 R-555822

Section W, Township 43 N, Range 6 W
 Town of: Manga Kagon
 Gov't Lot 5 Lot(s) 1 CSM 322 Vol & Page 3.150 Lot(s) No. 1 Block(s) No. _____
 Subdivision: _____
 Lot Size _____ Acreage 2.1

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes--continue If Yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue If Yes--continue

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from 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
\$ 5,000.00	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</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
	<input checked="" type="checkbox"/> Tiled stairs	<input checked="" type="checkbox"/> STAIRS				

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

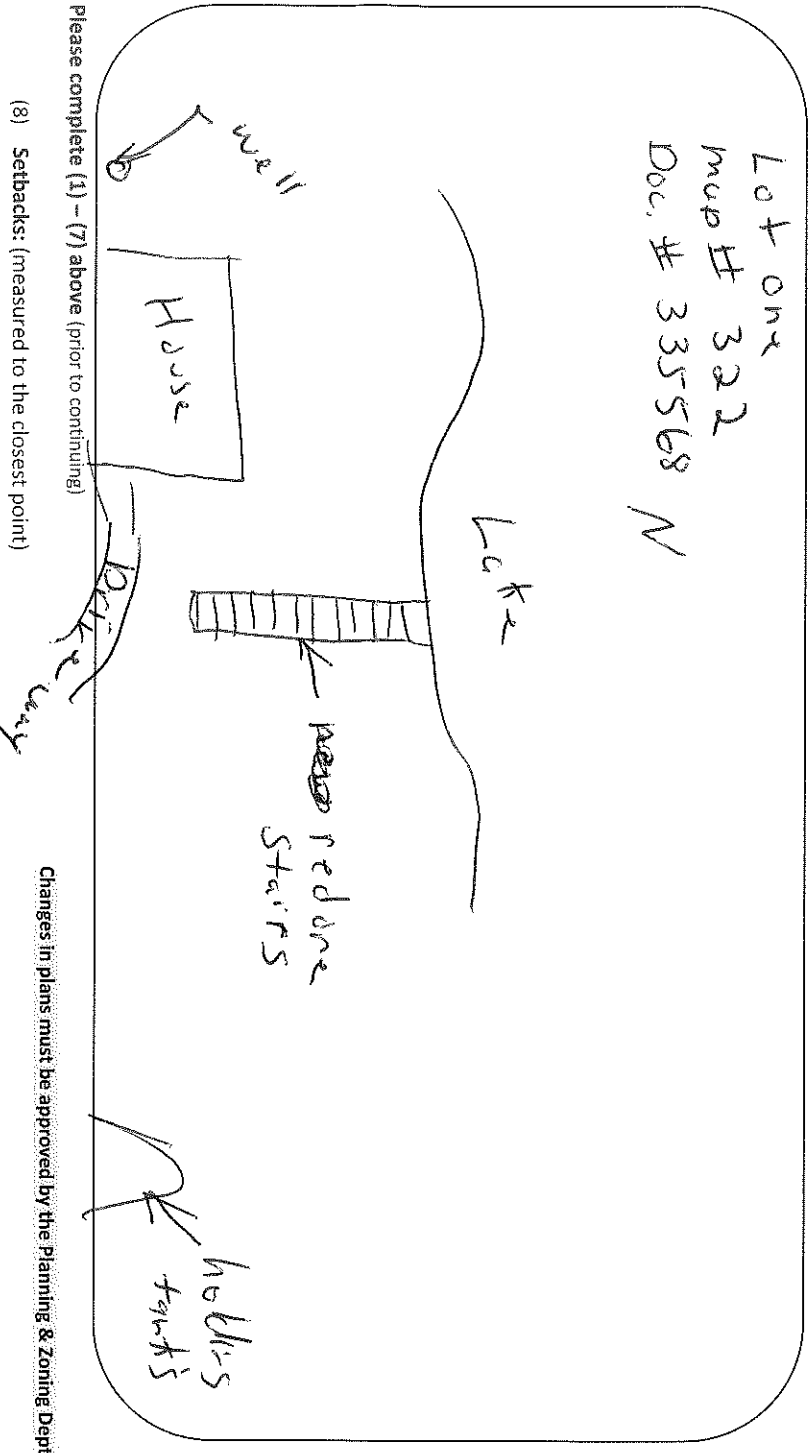
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/>	with (2 nd) Porch	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> or <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Accessory Building (specify)	(X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Special Use: (explain)	(X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input checked="" type="checkbox"/>	Other: (explain) <u>stairs to navigable water</u>	(4' x 35')	140 sq ft

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): Dale Hammel Date 7-26-17
 (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 314 W Cedar St Abbotsford WI 54405 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Stairs To Navigable Waters Here

- Show Location of:**
- (2) Show / Indicate: **Proposed Construction**
 - (3) Show Location of (*): **North (N) on Plot Plan**
 - (4) Show: **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 - (5) Show: **All Existing Structures on Your Property**
 - (6) Show any (*): **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 - (7) 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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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 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: 298114 # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 17-03322 Permit Date: 8-11-17

Is Parcel a Sub-Standard lot Yes (beed of Record) No
 Is Parcel in Common Ownership Yes (fused/contiguous lots) No
 Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: Zoning District: (RRB)
 Lakes Classification: _____

Date of Inspection: 8/7/17 Inspected by: AMK Date of Re-Inspection: _____

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
 Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. or Lake

Signature of Inspector: AMK Date of Approval: 8/11/17

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

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. **17-0322** Issued To: **Dale & Jaunita Hammel**

Location: - ¼ of - ¼ Section **10** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision CSM# **322**

For: **Residential Other: [Stairs to the Lake (4' x 35') = 140 sq. ft.]**
 (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties, wetlands, or lakes.

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 11, 2017

 Date