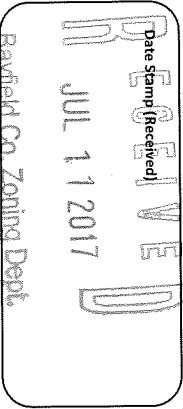


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0352
Date:	9-8-17
Amount Paid:	75.00 - 50-881-17
Refund:	Imp. S. 100 - 7-11-17 dick

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: Ronald & Grace Hurnhissow Mailing Address: 650 S. Lincoln City/State/Zip: Augsusta, WI 49012 Telephone: 269-781-4960

Address of Property: 70210 Silders Rd. City/State/Zip: MASHBURN WI, 54891 Call Phone: _____

Contractor: FRITZ WILDEBOUSH Contractor Phone: 715-209-1094 Plumber: _____ Plumber Phone: _____

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: Part of Tax ID# (4-5 digits): 04-008-7-49-04-21-3-05-001 Document #: 759 R-21-210

Gov't Lot # 1 Lot(s) 1 CSM 121.220 Vol. & Page 969 Lot(s) No. 0800 Block(s) No. _____ Subdivision: add K 510975

Section 22, Township 49 N, Range 04 W Town of: BAY VILLES Lot Size _____ Acreage 2.54

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 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 750 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>2000</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input checked="" 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 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>EXIST</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
	<input checked="" type="checkbox"/> ENCLOSURE	<u>1</u>				

Existing Structure: (if permit being applied for is relevant to it) Length: 28 Width: 24 Height: 12

Proposed Construction: PRIVY POCKET ENCLOSURE Length: 14 Width: 7 Height: 8

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <u>Converted</u> <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <u>sunrooms</u> <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	<u>28 x 24</u> <u>sunrooms</u> <u>14 x 7</u> <u>15 x 7</u> <u>15 x 7</u> <u>15 x 7</u>	<u>672</u> <u>98</u> <u>105</u> <u>105</u> <u>105</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date) <input checked="" type="checkbox"/> Addition/Alteration (specify) <u>PRIVY POCKET ENCLOSURE 14 x 7</u> <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<u>14 x 7</u> <u>15 x 7</u> <u>15 x 7</u>	<u>98</u> <u>105</u> <u>105</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input checked="" type="checkbox"/> Other: (explain) <u>Conversion of Deck House to Privy</u>	<u>15 x 7</u> <u>15 x 7</u> <u>15 x 7</u>	<u>105</u> <u>105</u> <u>105</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 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.

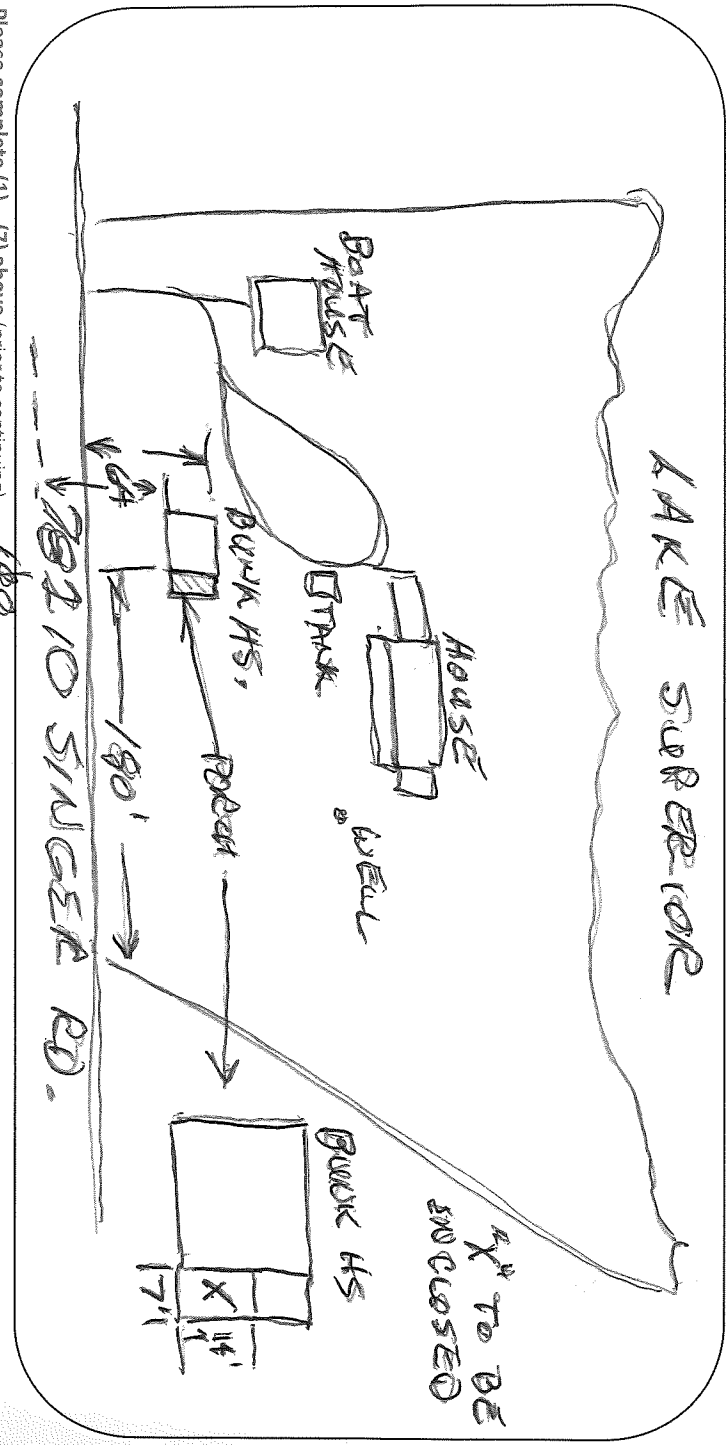
Owner(s): Ronald & Grace Hurnhissow Date 7-9-17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit _____ Attach _____
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

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) 100'
 (8) Setbacks: (measured to the closest point) S. LOT LN.
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	64' Feet	Setback from the Lake (ordinary high-water mark)	150 Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	200 Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	100 Feet	Setback from Wetland	
Setback from the West Lot Line	200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	28 Feet	Setback to Well	108 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

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: _____ # of bedrooms: _____ Sanitary Date: _____

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

Permit #: 17-0357 Permit Date: 9-8-17

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) 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: day - a current 48 sq' covered driveway space convert + addition on application

Date of Inspection: 7-27-17 Inspected by: JENNIFER H. Zoning District: RES-P Lakes Classification: 1 Supervisor: 1

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
issued at the direction of Director R. Scherman.

Signature of Inspector: _____ Date of Approval: _____

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

illage, State or Federal
Also Be Required

SE - X
TARY -
N -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0357** Issued To: **Ronald & Grace Hutchinson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **22** Township **49** N. Range **4** W. Town of **Bayview**

Part in

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

For: **Residential Accessory Structure Addition / Alteration: [1- Story; Enclose Part of Porch (14' x 7') = 98 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Issued at the direction of Director R. Schierman.

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

September 8, 2017

Date