

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

Date Stamp (Received)
RECEIVED
 JUL 18 2017

Permit #:	17-0358
Date:	9-8-17
Amount Paid:	USD 98-17
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 BY BAYFIELD CO. ZONING DEPT.

Conversion After the fact

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Ann Reitz Mailing Address: PO Box 175 City/State/Zip: Port Wing WI 54885 Telephone: 715 3229

Address of Property: 81545 Kinney Valley Rd City/State/Zip: Port Wing WI 54885 Telephone: 774-3229

Contractor: _____ Contractor Phone: _____ 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: SE NE 1/4 W11000 of P. 0400 Tax ID# (4-5 digits): 27933 Document #: _____ R: _____

Section: 06, Township: 49 N, Range: 08 W Town of: Port Wing Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Lot Size: _____ Acreage: 40.000

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → 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
\$ <u>10,000</u>	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding Tank</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: 28' Width: 12' Height: 10'

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input 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) Deck	() X ()	
<input type="checkbox"/> Residential Use	with (2 nd) Deck with Attached Garage	() X ()	
<input checked="" type="checkbox"/> Residential Use	Bunkhouse w/ <input checked="" type="checkbox"/> Sanitary, or <input checked="" type="checkbox"/> Sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>12</u>) X (<u>28</u>)	<u>336</u>
<input type="checkbox"/> Residential Use	Mobile Home (manufactured date) _____	() X ()	
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/> Commercial Use	Accessory Building (specify) _____	() X ()	
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	() X ()	
<input type="checkbox"/> Municipal Use	Conditional Use: (explain) _____	() X ()	
<input type="checkbox"/> Municipal Use	Other: (explain) _____	() X ()	

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.

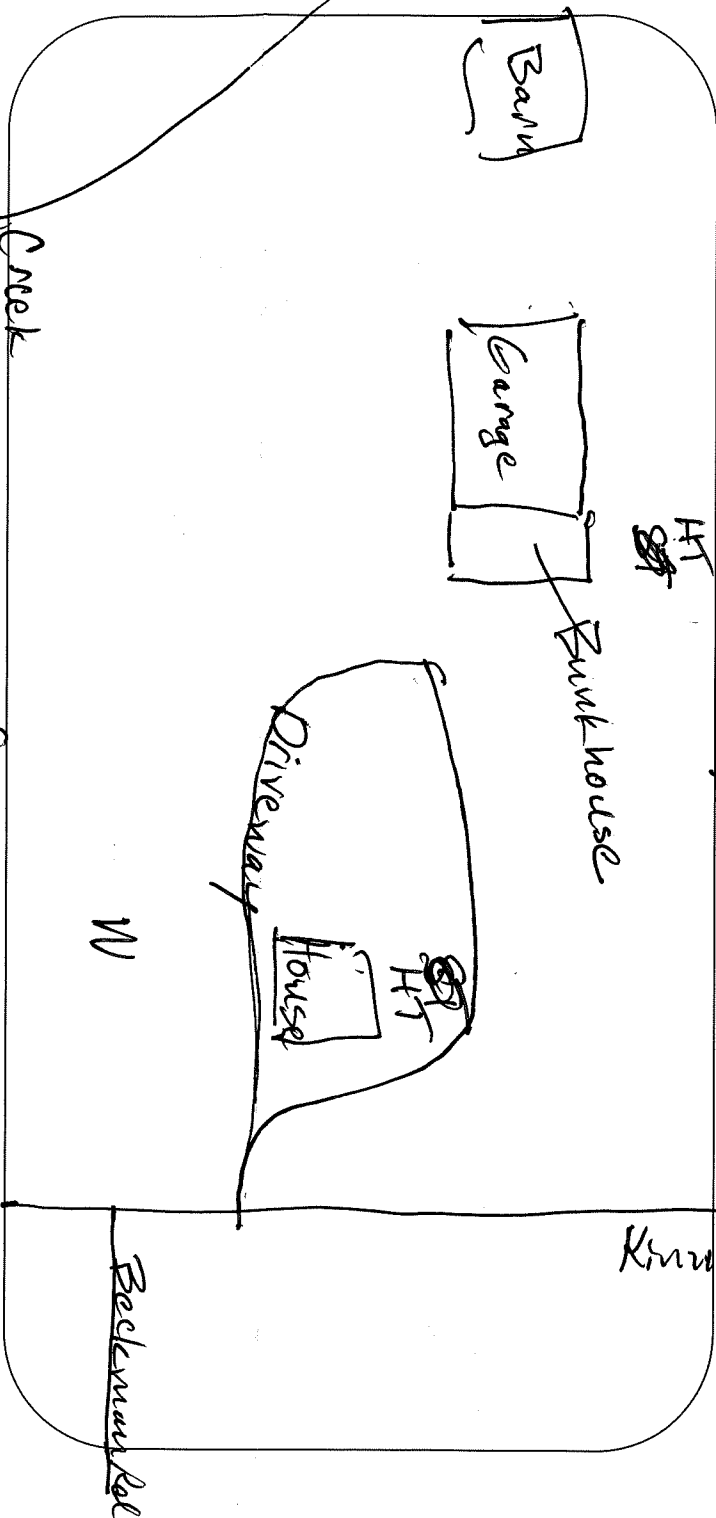
Owner(s): Ann Reitz Date: 7/11/17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

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 (*): **All Existing Structures on your Property**
- (4) Show: **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (5) Show: **(*) Well (W/); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) (17) 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 <u>475</u>	475 <u>465</u> Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way <u>465</u>	465 <u>465</u> Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	<u>984</u> Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	<u>336</u> Feet	Setback from Wetland	Feet
Setback from the West Lot Line	<u>315</u> Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	<u>465</u> Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	<u>20</u> Feet	Setback to Well	<u>140 ft</u> Feet
Setback to Drain Field	Feet		20 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: <u>09-1185</u>	# of bedrooms: <u>4</u>	Sanitary Date: <u>2500</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>17-0358</u>	Permit Date: <u>9-8-17</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (AZ-1)	Lakes Classification (N/A)
Date of inspection: <u>9-27-17</u>	Inspected by: <u>Jennifer</u>	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)			
Bunkhouse shall not be used or rented by occupants renting house short term. A conditional use permit is required to rent (2) units on one property.			
Signature of Inspector:		Date of Approval: <u>8-28-17</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> \$ <u>2817</u> <input type="checkbox"/>

City, Village, State or Federal
Units May Also Be Required
After-the-Fact

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

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0358** Issued To: **Ann Reitz**

Location: **SE** ¼ of **NE** ¼ Section **6** Township **49** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Bunkhouse (12' x 28') = 336 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Bunkhouse shall not be used or rented by occupants renting house short term. A conditional use permit is required to rent (2) units on one property.

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