

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)
 AUG 31 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-03278
Date:	9-18-17
Amount Paid:	75 8-31-17
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: **Karen M. Johnson** Mailing Address: **79300 Howell Rd Washburn WI 54891** Telephone: **715-373-2393**

Address of Property: **79300 Howell Rd** City/State/Zip: **79300 Howell Rd Washburn WI 54891** Cell Phone: **715-292-0264**

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: 1/4, _____ 1/4 Gov't Lot: 2 Lot(s) CSM: 1720 Vol & Page: 10 140 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 16, Township 49 N, Range 4 W Town of: Bayview Lot Size _____ Acreage 1.05 (Lot 2)

Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) _____ Recorded Deed (i.e. # assigned by Registrar of Deeds) Document # V1049 \$ 193

Shoreland → Non-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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: 210 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>12,000</u>	<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"/> No 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"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</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: _____ Width: _____ Height: _____

Proposed Construction: Length: 20' Width: 18' 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) Deck with a Deck with (2 nd) Deck with Attached Garage	() X () () X () () X () () X () () X () () X () () X () () X ()	
<input type="checkbox"/> Commercial/Industrial	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X () () X () () X ()	
<input type="checkbox"/> Recreational	Mobile Home (manufactured date)	() X () () X ()	
<input type="checkbox"/> Other	Addition/Alteration (specify) Accessory Building (specify) <u>garage</u> Accessory Building Addition/Alteration (specify)	() X () (<u>20' X 18'</u>) () X ()	<u>360</u>
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain)	() X () () X ()	
<input type="checkbox"/> Conditional Use: (explain)	Conditional Use: (explain)	() X () () X ()	
<input type="checkbox"/> Other: (explain)	Other: (explain)	() X () () 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): Karen M Johnson Date 8-21-17

(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)

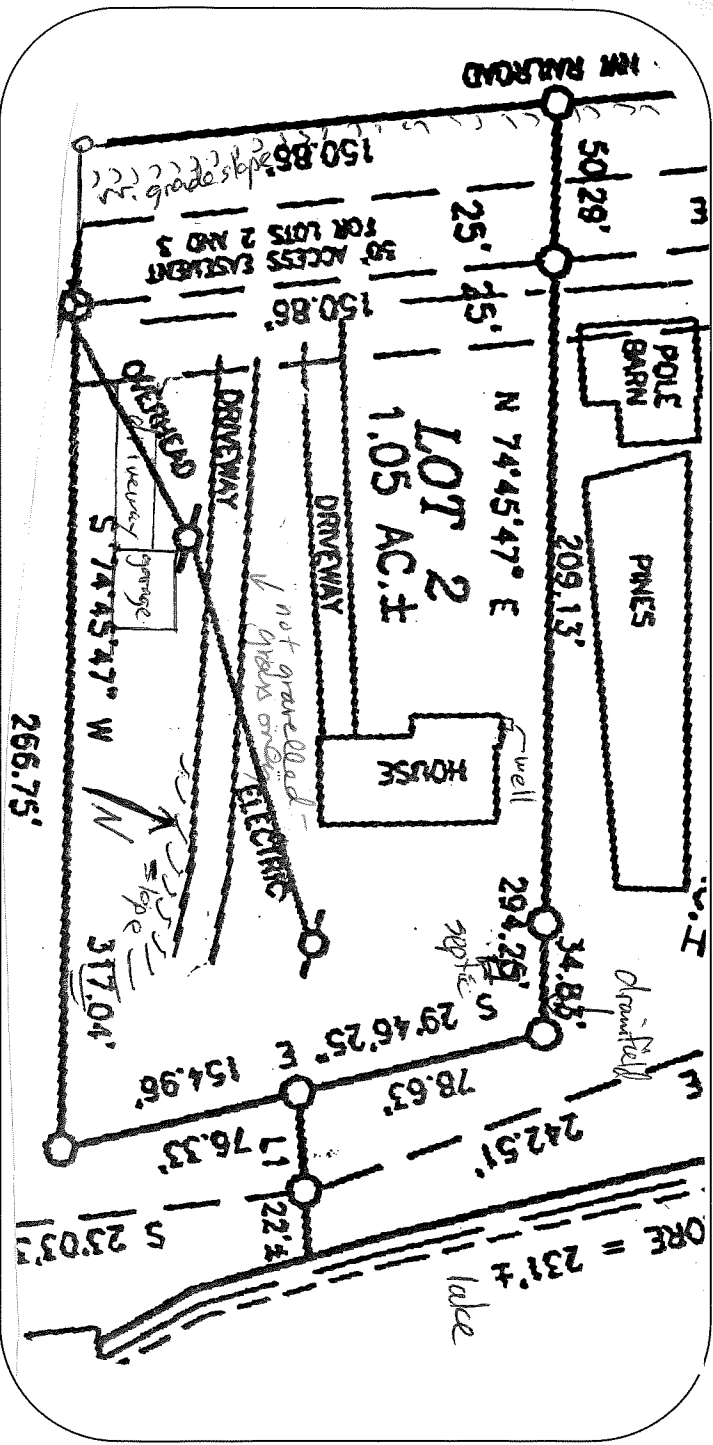
Address to send permit _____ Attach _____

Copy of Tax Statement _____

If you recently purchased the property send your Recorded Deed _____

Plan or Sketch your Property (regardless of what you are applying for)

- Show Location of:
- (1) Show / Indicate: 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)

(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	70 Feet	Setback from the Lake (ordinary high-water mark)	210 Feet
Setback from the Established Right-of-Way	50 Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	108 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	11 Feet	Setback from Wetland	
Setback from the West Lot Line	56 Feet	20% Slope Area on property	20% Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	210 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	220 Feet	Setback to Well	110 Feet
Setback to Drain Field	230 Feet		
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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 17-0378 Permit Date: 9-18-17 *you less than 15%? ICS on*

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Yes No No

Is Structure Non-Conforming Yes No No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No CSM Were Property Lines Represented by Owner Yes No No

Was Proposed Building Site Delineated Yes No yes-stake Was Property Surveyed Yes No No

Inspection Record: site well staked

Date of Inspection: 9-14-17 Inspected by: TC concepts Zoning District: _____ Lakes Classification: (R2B) Date of Re-Inspection: _____

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)

Building shall not BE USED FOR human habitation OR SEWAGE PURPOSES.

Signature of Inspector: _____ Date of Approval: 9-15-17

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

City, Village, State or Federal
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. **17-0378** Issued To: **Karen Johnson**

Location: - 1/4 of - 1/4 Section **16** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot **2** Block Subdivision CSM# **1720**

For: **Residential Accessory Structure: [1- Story; Garage (20' x 18') = 360 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes.

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 18, 2017
Date