

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
 NOV 2 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-03992
Date:	9-26-17
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: Linda Coleman + David Doering Mailing Address: 314 W. Pine St. City/State/Zip: Washburn, WI 54891 Telephone: _____
 Address of Property: 32425 Siskiwit Lake Road City/State/Zip: _____ Cell Phone: (715) 292-7357
 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: Section 22, Township 50 N, Range 6 W Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Legal Description: (Use Tax Statement) PL 1/4, NW 1/4 PIN: (23 digits) 04-016-2-50-06-22-2 01-000 30000 Volume: 2014R-575873
 Town of: Bell Lot Size: _____ Acreage: Approx. 5 acres

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: 275 feet Yes No No

Non-Shoreland

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>\$121,500</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 20 ft. Width: 8ft+ Height: 4-12ft

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>20 x 8</u>)	<u>160</u>
<input checked="" type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(<u>20 x 8</u>)	<u>160</u>
<input checked="" type="checkbox"/> Residential Use	with Loft	(<u>X X</u>)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	(<u>X X</u>)	
<input checked="" type="checkbox"/> Residential Use	with (2 nd) Porch	(<u>X X</u>)	
<input checked="" type="checkbox"/> Residential Use	with a Deck	(<u>X X</u>)	
<input checked="" type="checkbox"/> Residential Use	with (2 nd) Deck	(<u>X X</u>)	
<input checked="" type="checkbox"/> Residential Use	with Attached Garage	(<u>20 x 8</u>)	<u>160</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input checked="" type="checkbox"/> Sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Accessory Building (specify)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Special Use: (explain)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Conditional Use: (explain)	(<u>X X</u>)	
<input type="checkbox"/> Commercial Use	Other: (explain)	(<u>X X</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 support of 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): [Signature] Date: 11/2/2016
 (If there are Multiple Owners, list all on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] 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. Pine St. Washburn, WI 54891
 If you recently purchased the property send your Recorded Deed
 Attach Copy of Tax Statement

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%**

See attached plot submitted by applicant's, she would have filed in the necessary info.

crystal -
i'm not billing
in the setback info
for the applicant.
Since it's our corp
I would imagine
she would have filed
in the necessary info.

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	> 75 (86) 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0398	Permit Date: 9-26-12	composting privy	for less than 180 IS		
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	Affidavit Required
Is Parcel In Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
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	Case #:
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	present upon inspection			
Inspection Record: principal structure present - nonconforming to lakes setback.					
Date of inspection: 11/9/2012	Inspected by: J.C. Muepfling				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)					
Bunkhouse must continue in conformance w/ definition of bunkhouse: temporary, sleeping quarters + no cooking or food preparation facilities. VOC permit +/or inspections may be required. Contact VOC inspector for town of...					
Signature of Inspector:					Date of Approval: 9-26-12
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

City, Village, State or Federal
May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

USE - X
SANITARY - Composting Toilet
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0392** Issued To: **Linda Coleman & David Doering**

3 Par in

Location: **NE** ¼ of **NW** ¼ Section **22** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Bunkhouse (20' x 8') = 160 sq. ft.]**

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

Condition(s): Bunkhouse must continue in conformance with definitions of bunkhouse. Temporary sleeping quarters and no cooking or food preparation facilities. UDC permit and/or inspections may be required. Contact UDC inspector for the Town of Bell. Composting toilet must be NSF approved. Must be installed per manufacturers specifications.

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 26, 2017

Date