

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (received)
 AUG 28 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0401
 Date: 10-4-17
 Amount Paid: 185 8-28-17
 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: Lyle & Maria Anderson Mailing Address: 60085 Deer Creek Rd Ashland WI 54806 Telephone: 715-413-0247
 Address of Property: 30765 Deer Creek Rd City/State/Zip: Ashland WI 54806 Cell Phone:
 Contractor: _____ Contractor Phone: _____ Plumber: Blakeman Plumbing 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: W/2 NE 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
W/2 NE 1/4, NE 1/4 Section 13, Township 44p N, Range 5 W Town of: Kelly Lot Size _____ Acreage 40 Acres

Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 21091 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R-588526

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 in Floodplain Zone? Yes No
 Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure Is from Shoreline: _____ 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
\$ 5,000.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input 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 checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>CONV</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> <u>Prolyer house</u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it) Length: 70 Width: 16 Height: 12
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>16</u> X <u>70</u>)	<u>1120</u>
	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	<u> </u>
	with Loft	(<u> </u> X <u> </u>)	<u> </u>
	with a Porch	(<u>8</u> X <u>8</u>)	<u>64</u>
	with (2 nd) Deck	(<u> </u> X <u> </u>)	<u> </u>
	with a Deck	(<u> </u> X <u> </u>)	<u> </u>
	with (2 nd) Deck with Attached Garage	(<u> </u> X <u> </u>)	<u> </u>
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	<u> </u>
	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Rec'd for Issuance Commercial Use	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	<u> </u>
	Accessory Building (specify) _____	(<u> </u> X <u> </u>)	<u> </u>
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	<u> </u>
	Special Use: (explain) _____	(<u> </u> X <u> </u>)	<u> </u>
	Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	<u> </u>
	Other: (explain) _____	(<u> </u> X <u> </u>)	<u> </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): Lyle & Maria Anderson Date 8-23-17
 (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 8-23-17
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 60085 Deer Creek Rd. Ashland WI 54806 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

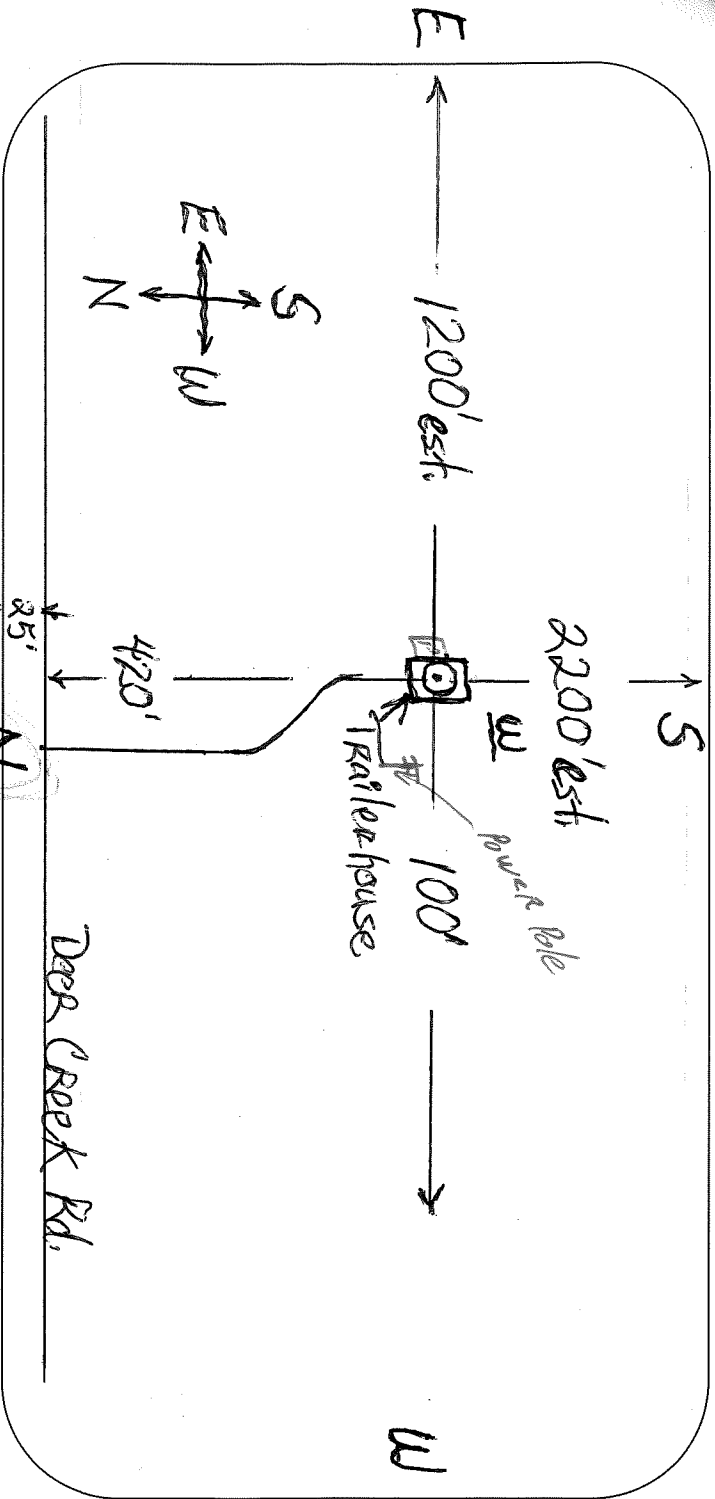
Needs TBA Fee 985-17

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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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)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	450 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	420 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	2500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	30 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)

Permit Denied (Date): _____ Sanitary Number: 17-1005 # of bedrooms: 6 Sanitary Date: 9/7/17

Permit # 17-0401 Permit Date: 10-4-17

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

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

Is Structure Non-Conforming Yes No

Mitigation Required Yes No

Affidavit Required Yes No

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

Previously Granted by Variance (B.O.A.) Yes No 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:

Date of Inspection: 9/5/17 Inspected by: *Stable*

Zoning District (A-1)

Lakes Classification ()

Date of Re-Inspection: 9/14/17

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

Signature of Inspector: *Stable*

Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

Date of Approval: 9/21/17

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 - 17-100S
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0401** Issued To: **Lyle & Marie Anderson**

W 1/2 of the
Location: **NE 1/4 of NE 1/4 Section 13 Township 46 N. Range 5 W. Town of Kelly**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use: [1- Story; Mobile Home (16' x 70') = 1,120 sq. ft.; Porch (8' x 8') = 64 sq. ft.]**
Total Overall = 1,184 sq. ft.

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

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

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

October 4, 2017

Date