

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

deb: Utility Structure - no permit (22,200 sq. ft.) may be used commercial?

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 AUG 31 2017
 Bayfield Co. Zoning Dept.



Permit #:	170414
Date:	10-10-17
Amount Paid:	\$880 10-10-17
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: Dillon Wilkins Mailing Address: PO Box 277 Cornucopia, WI 54827 Telephone: _____
 Address of Property: 2305D State Hwy 13 City/State/Zip: _____ Cell Phone: 715-502-0740
 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: W5, SW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 7758 Tax ID# (4-5 digits) 7758 Document #: 2010 R. 503109
 Section 210, Township 51 N, Range 10 W Town of: Bell Lot Size _____ Acreage 18.890

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: _____ 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
\$1500	<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"/> Seasonal <input checked="" 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 Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>1 foot privy</u> <input type="checkbox"/> Privy (Pri) or 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: <u>31</u>	Width: <u>24</u>	Height: _____	Height: <u>26</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <u>metal storage bldg</u>	<u>24 x 31</u>	<u>744</u>
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Residential Use	with Loft	()	()
<input type="checkbox"/> Residential Use	with a Porch	()	()
<input type="checkbox"/> Residential Use	with (2 nd) Porch	()	()
<input type="checkbox"/> Residential Use	with a Deck	()	()
<input checked="" type="checkbox"/> Commercial Use	with (2 nd) Deck with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Commercial Use	Accessory Building (specify) <u>METAL STORAGE BUILDING</u>	(<u>24</u> x <u>31</u>)	<u>744</u>
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Commercial Use	Special Use: (explain)	()	()
<input type="checkbox"/> Commercial Use	Conditional Use: (explain)	()	()
<input type="checkbox"/> Commercial Use	Other: (explain)	()	()

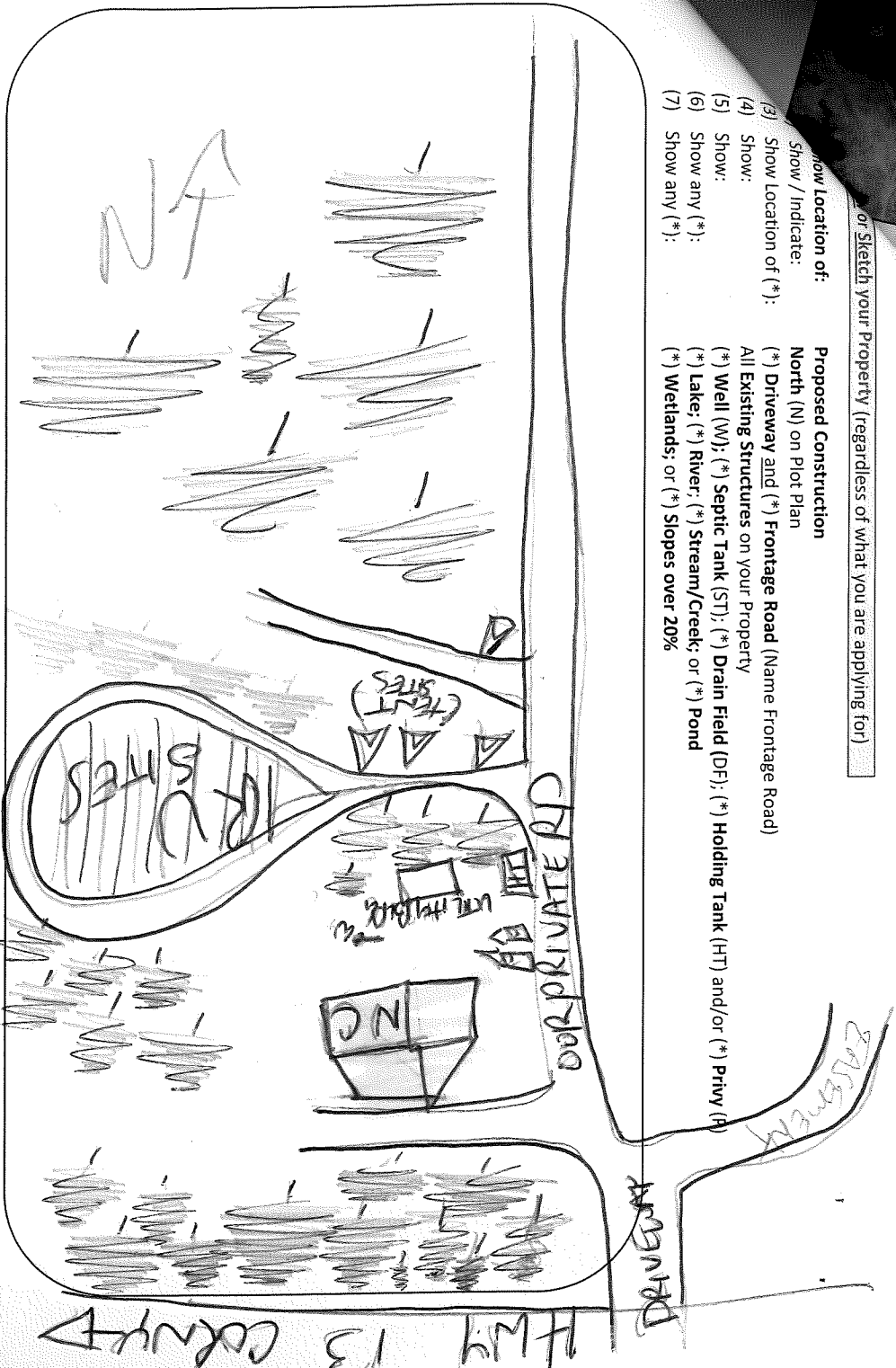
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing 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): [Signature] Date 8/15/17
 (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 PO Box 277, Cornucopia, WI 54827 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- or Sketch your Property (regardless of what you are applying for)
- Proposed Construction
 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 (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	173 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	156 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	115 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	450 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	106 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	65 Feet	Setback to Well	33 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	46 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: _____ Sanitary Date: _____
 Permit Denied (Date): _____ Reason for Denial: *HT on site # of bedrooms: for compground use.*

Permit #: *17-0414* Permit Date: *10-10-17*

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots(s)) No
 Is Structure Non-Conforming Yes No
 Mitigation Required Yes No
 Mitigation Attached Yes No
 Affidavit Required Yes No
 Affidavit Attached 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
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: *Spoke w/ owner, 9-14 about accu/privilege fees not staked upon 1st inspection - staked and X.*

Date of Inspection: *9-25-17* (if previously inspected by: *J. MURPHY*)
 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. On sleeping purposes. Spill will have interior plumbing tanks installed to purinized water unless connection to privy is approved.

Signature of Inspector: _____ Date of Approval: *10-18-17*

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

City, State or Federal
Also Be Required

USE - X
TARY -
GN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0414** Issued To: **Dillon & Britney Wilkins**

W 1/2 of
Location: **SW 1/4 of SE 1/4** Section **26** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot Lot Block Subdivision CSM#

For: **Commercial Principal Structure: [1- Story; Metal Storage Building (24' x 31') = 744 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. Shall not have interior plumbing fixtures connected to pressurized water unless connection to POWTS is approved.

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

October 10, 2017

Date