

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

RECEIVED
 SEP 13 2017
 ENTERED

Permit #:	17-0486
Date:	10-18-12
Amount Paid:	\$185 9-13-17
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 CO. Zoning Dept.

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

Owner's Name: Kevin Aygenbight
 Address of Property: 28610 US Hwy 2 Ashland WI 54806
 City/State/Zip: Ashland WI 54806
 Contractor: Ashland WI 54806
 Contractor Phone: 715-292-3267
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: 715-292-3267
 Agent Mailing Address (Include City/State/Zip):
 Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, NE 1/4
 Legal Description: (Use Tax Statement)
 Gov't Lot: 1
 Lot(s): 1
 CSM: 2003.11/1000
 Vol & Page: 11/1000
 Lot(s) No.: 37621
 Block(s) No.:
 Subdivision:
 Section: 10, Township: 47 N, Range: 05 W, Town of: Eileen
 Lot Size: 6.08 Acres

Distance Structure Is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 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
\$ 112,000	<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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Hownd</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: 56 Width: 14 Height: 14
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Back to Tracy rd OCT 09 2017 X	with a Porch with (2 nd) Deck with (2 nd) Deck	() () (8 x 12)	() () ()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
Rec'd for Issuance Back to Tracy rd OCT 11 2017	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	Mobile Home (manufactured date) 2017	(56 x 14)	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	Addition/Alteration (specify)	()	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	Accessory Building (specify)	()	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	Accessory Building Addition/Alteration (specify)	()	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	Special Use: (explain)	()	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	Conditional Use: (explain)	()	()
Rec'd for Issuance Back to Tracy rd OCT 18 2017	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 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): Kevin Aygenbight
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 9-13-12

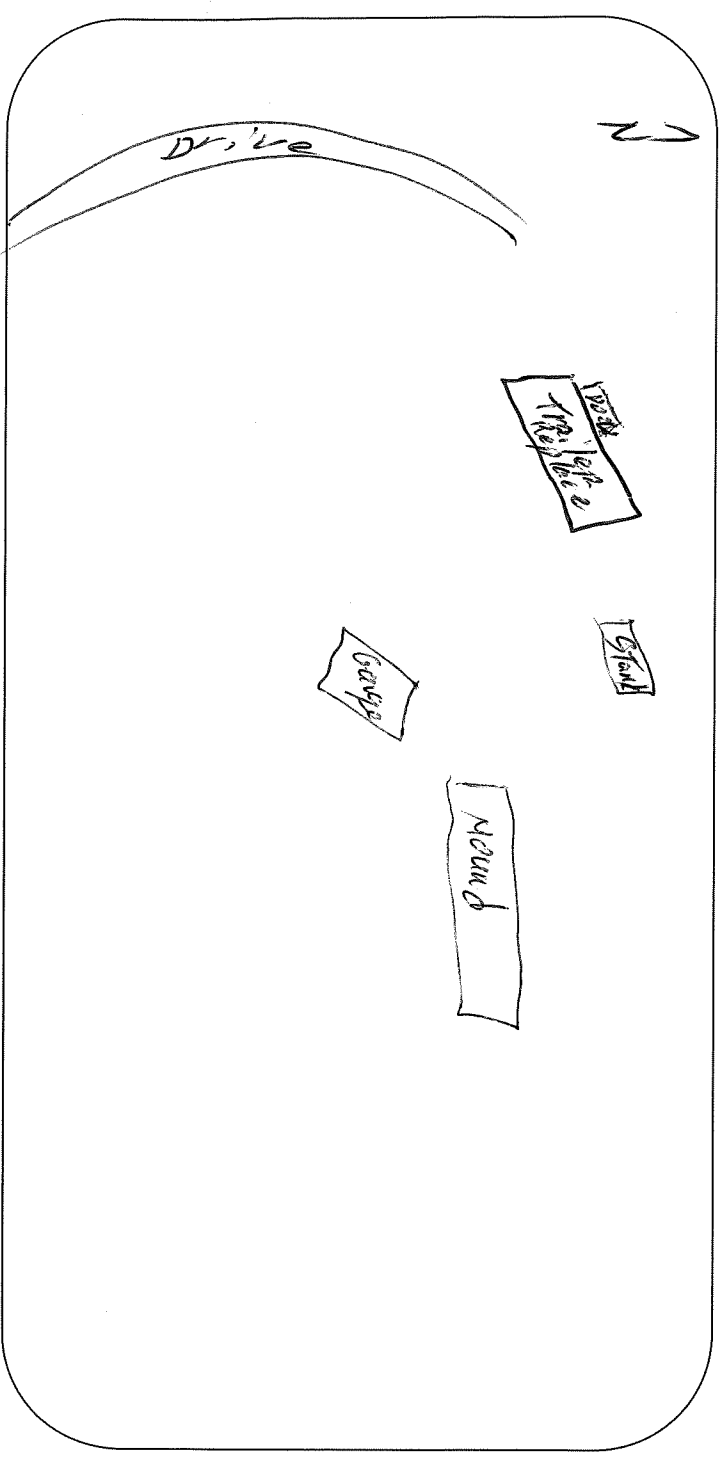
Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: _____

Address to send permit: 28610 US Hwy 2 Ashland WI 54806
 Copy of Tax Statement
 Attach

ATP? SIGNATURE ON APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 MOBILE HOME TITLE

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.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	500 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	900 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	Feet
Setback to Drain Field	60 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 connected 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: **495339** # of bedrooms: **3** Sanitary Date: **9-10-2004**

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: **17-04086** Permit Date: **10-18-17**

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

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

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Yes No

Affidavit Attached Yes No

Inspection Record: **owner was on site & further explained project**

Date of Inspection: **9/15/17** Inspected by: **MAK**

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

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.

provide this office a copy of title within 60 day of permit issuance.

Signature of Inspector: **MAK**

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

Date of Approval: **10/2/17**

Rec'd Deed

age, State or Federal
Also Be Required

— X
ARY — Reconnect (425339)

GN —
SPECIAL —
CONDITIONAL —
BOA —

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0426** Issued To: **Kevin Arganbright**

Location: - ¼ of - ¼ Section **10** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot Lot **1** Block Subdivision CSM# **2003**

For: **Residential Use: [1- Story; Mobile Home (56' x 14') = 784 sq. ft.; Deck (8' x 12') = 96 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. Provide this office a copy of title within 60 days of permit issuance. Deadline: December 17, 2017

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 18, 2017

Date