

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)
RECEIVED
 OCT 19 2011

ENTERED

Permit #:	17-0454
Date:	11-9-17
Amount Paid:	75 10-23-17
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.
 Bayfield Co. Zoning Dept.

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

Owner's Name: Stephan W. Billa Mailing Address: 64735 CTR HWY E City/State/Zip: WASHBURN, WI 54856 Telephone: 715-746-2942

Address of Property: 64735 CTR HWY E City/State/Zip: WASHBURN, WI 54856 Contractor Phone: 715-413-0764 Cell Phone: 715-413-0764

Contractor: Plumber: WASHBURN, WI 54856 Plumber: Plumber: WASHBURN, WI 54856 Plumber Phone: Plumber: WASHBURN, WI 54856

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Phone: WASHBURN, WI 54856 Agent Mailing Address (Include City/State/Zip): Agent Mailing Address (Include City/State/Zip): WASHBURN, WI 54856 Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, NE 1/4 Gov't Lot: Gov't Lot: SE 1/4, NE 1/4 Lot(s): Lot(s): SE 1/4, NE 1/4 CSM: CSM: SE 1/4, NE 1/4 Vol & Page: Vol & Page: SE 1/4, NE 1/4 Lot(s) No.: Lot(s) No.: SE 1/4, NE 1/4 Block(s) No.: Block(s) No.: SE 1/4, NE 1/4 Subdivision: Subdivision: SE 1/4, NE 1/4

Section 36, Township 47 N, Range 7 W Town of: Keystone Lot Size 1.320' x 1320' Acreage 40

Recorded Deed (i.e. # assigned by Register of Deeds) Document #: Doc # 04-038-2-47-07-07-36-1-01-000-3000 R- 3000

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes---continue

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes---continue

Distance Structure is from Shoreline: Distance Structure is from Shoreline: 1320' feet

Distance Structure is from Shoreline: Distance Structure is from Shoreline: 1320' 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>19,000.00</u>	<input checked="" 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 type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Adding</u>	<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 type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 54 Width: 30 Height: 12

Proposed Construction: Length: 54 Width: 30 Height: 12

Proposed Use	Proposed Structure	Dimensions
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>X</u>)
	Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)
	with Loft	(<u>X</u>)
	with a Porch	(<u>X</u>)
	with (2 nd) Porch	(<u>X</u>)
	with a Deck	(<u>X</u>)
	with (2 nd) Deck	(<u>X</u>)
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)
	Mobile Home (manufactured date)	(<u>X</u>)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(<u>X</u>)
	Accessory Building (specify) <u>Pole Shed</u>	(<u>30 X 54</u>)
	Accessory Building Addition/Alteration (specify)	(<u>X</u>)
	Special Use: (explain)	(<u>X</u>)
	Conditional Use: (explain)	(<u>X</u>)
	Other: (explain)	(<u>X</u>)

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.

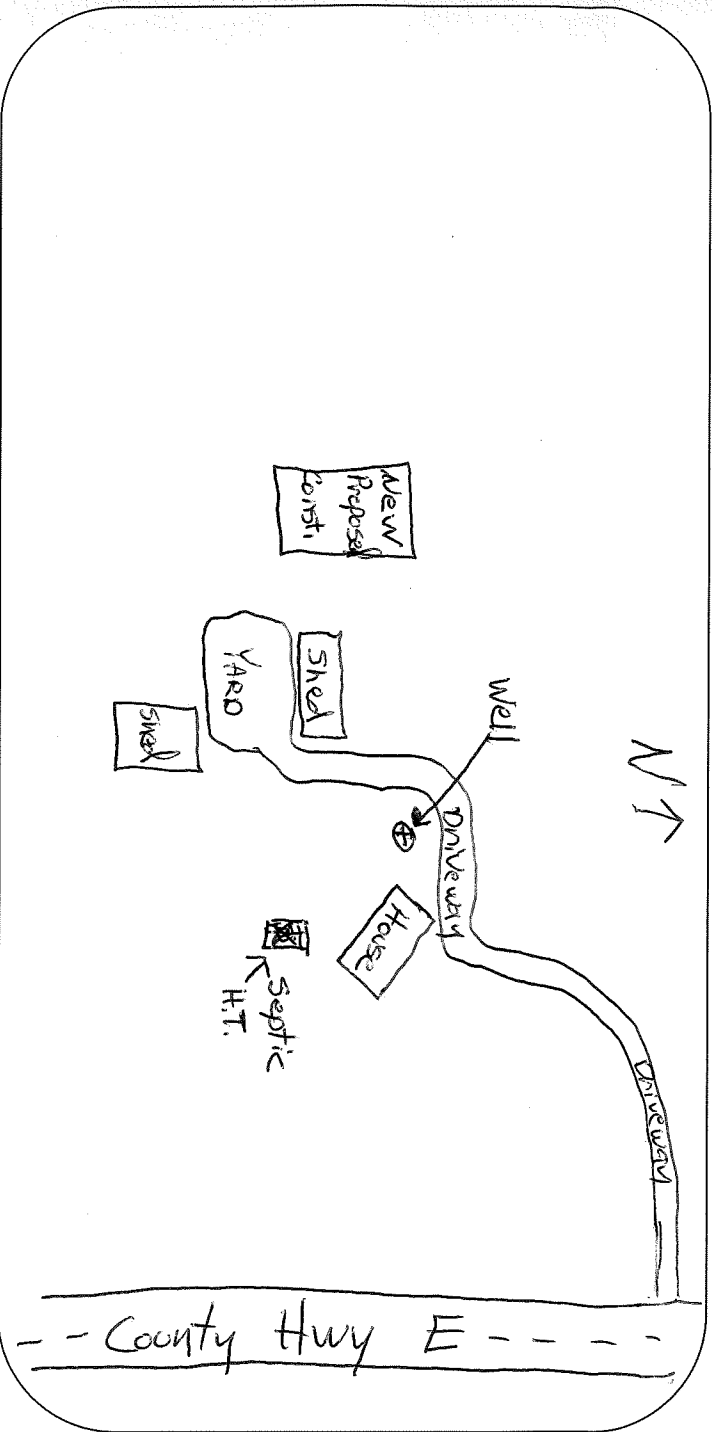
Owner(s): Stephan W. Billa Patricia Billa Date 10-18-17

Authorized Agent: Patricia Billa Date 10-18-17

Address to send permit 64735 CTR HWY E WASHBURN, WI 54856 Attach Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:
 - Proposed Construction
 - North (N) on Plot Plan
- (2) Show / Indicate:
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*):
 - All Existing Structures on your Property
- (4) Show:
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show:
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*):
 - (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



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	680 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	650 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	1016 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	600 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	670 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	175 Feet	Setback to Well	300 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 #: 17-0454		Permit Date: 11-9-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	Zoning District: (M.A.1)				
	Lakes Classification: (M.A.)				
Date of Inspection: 10-25-17	Inspected by: J. Smedley	Date of Re-Inspection:			

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

Building should not be used for human habitation
 for sleeping purposes.

Signature of Inspector:

[Handwritten Signature]

Date of Approval:

10-27-17

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

wn, City, Village, State or Federal
Permits 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. **17-0454** Issued To: **Stephen & Patsy Brilla**

Location: **SE** ¼ of **NE** ¼ Section **36** Township **47** N. Range **7** W. Town of **Keystone**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Pole Building (30' x 54') = 1,620 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/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

November 9, 2017

Date