

Send Complete Pkt back to zoning
 SUBMIT: COMPLETED APPLICATION FAX
 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)
 OCT 16 2017



Permit #:	17-8461
Date:	11-15-17
Amount Paid:	\$81 11-15-17
Refund:	

Bayfield Co. Zoning Dept

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 → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Marr Bastin		Mailing Address: 26715 Star Rt		City/State/Zip: Bayfield WI 54814		Telephone: 715-779-3955							
Address of Property: 26715 Star Route		City/State/Zip: Bayfield WI 54814		Contractor Phone: 715-209-0209		Plumber Phone: 715-682-6050							
Contractor: Seth Vasser		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: 715-209-0209		Plumber: B Akeman		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 5266		Recorded Document: (i.e. Property Ownership) 2013R-54789		Subdivision: 1100-1					
Section 20 , Township 5D , N, Range 05 , W		Town of: See Attached		Lot Size		Acreage 10							

Value at Time of Completion * Include donated time & material	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$ 27,029	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Spaced Use <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: **24** Width: **24** Height: **20**
 Proposed Construction: **Bathrooms Covered walkway** Length: **16** Width: **8** Height: **20**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> for ISS/la	Principal Structure (first structure on property)	()	()
<input type="checkbox"/> Nov 15 2017	Residence (i.e. cabin, hunting shack, etc.) with Loft	()	()
<input checked="" type="checkbox"/> Residential Use	with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) Bathroom Addition	(8 X 8)	64
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Special Use: (explain)	()	()
	Special Use: (explain)	()	()

TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 ing 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
 n) (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
 m (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
 n.

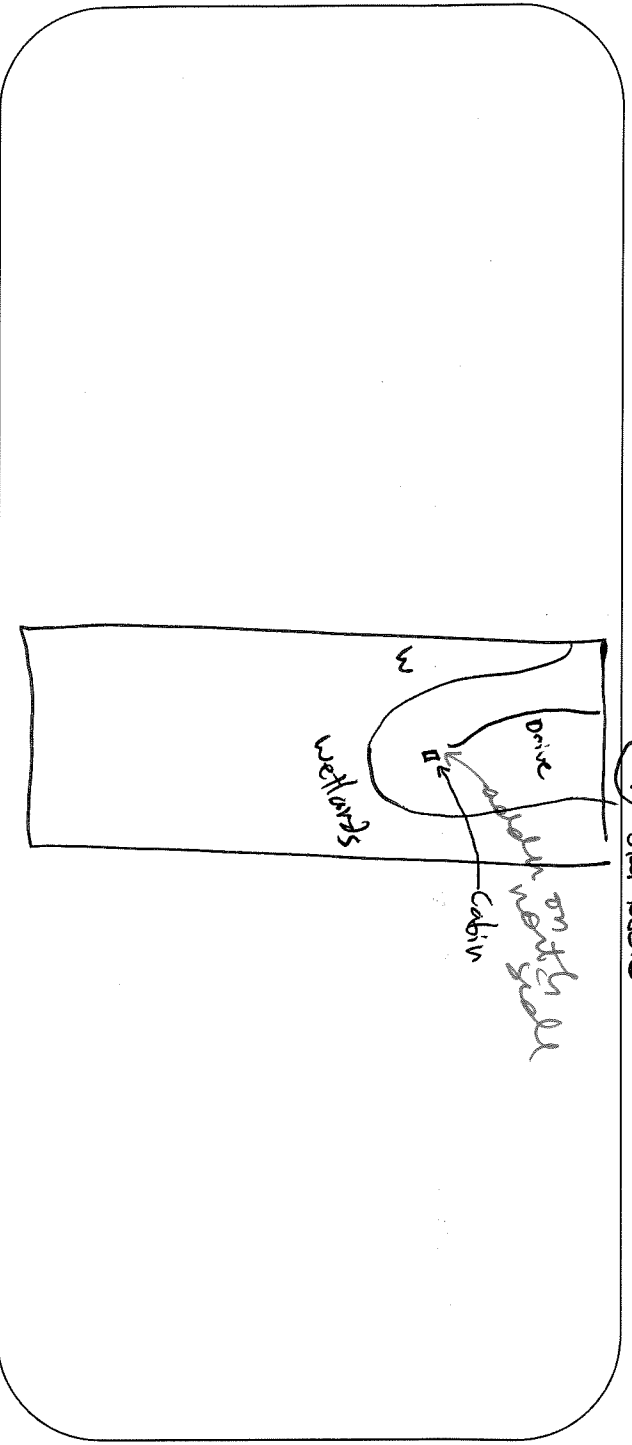
All Owners must sign or letter(s) of authorization must accompany this application

Agent: **Seth Vasser** Date: **10/6/17**

Address to send permit: **76175 Paulson Rd Washburn WI 54881**
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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

- Proposed Construction**
- (1) Show Location of: 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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*): Star Rate



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	280 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	275 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1100 Feet	Setback from Wetland	50 Feet
Setback from the West Lot Line	225 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	60 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	75 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: 17-1405	# of bedrooms: up to 4	Sanitary Date: 10.30.17
Permit Denied (Date):	Reason for Denial:	Permit Date: 11-15-17	Sanitary Date: 10.30.17
Permit #: 17-0461			
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
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input 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	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: _____	Previously Granted by Variance (B.O.A.)	Case #: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:			
Date of Inspection: 11-2-17	Inspected by: J. Campbell	Zoning District (F-1)	Date of Re-Inspection:
Conditional Land Use Commission or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)		Lakes Classification (W.A.)	
<p>No Building or Alteration, shall occur w/in 25' of mapped wetland boundary. No Filling or grading shall occur in any wetland.</p>			
Signature of Inspector:		Date of Approval: 11-6-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For FBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-140S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0461** Issued To: **Marc Bastin / Seth Vasser, Agent**

E 1/2 of E 1/2 of
Location: **NW 1/4 of NE 1/4** Section **20** Township **50** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Addition / Alteration: [1- Story; Bathroom (8' x 8') = 64 sq. ft.; Covered Entry (8' x 8') = 64 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No building or addition / alteration shall occur within 25 feet of mapped wetland boundary. No filling or grading shall occur in any wetland.

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 15, 2017
Date