

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
 Date Stamp (Received)
 JUN 18 2018
 Bayfield Co. Zoning Dept.



Permit #:	18-0218
Date:	6-28-18
Amount Paid:	\$175 6-18-18
Refund:	175

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.

SHORELAND GRADING

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input checked="" type="checkbox"/> OTHER		
Owner's Name: <u>MARGORIE OGREN</u> <u>TOWN OF PORT WING</u>	Mailing Address: <u>83030 GRAND AVE</u> City/State/Zip: <u>PORT WING, WI 54865</u>	Telephone: <u>(715) 774-3624</u>
Address of Property: <u>NA</u>	City/State/Zip: <u>NA</u>	Cell Phone:
Contractor: <u>STANTEC CONSULTING FIRM</u> <u>- JON GRANTOW</u>	Contractor Phone: <u>(920) 592-8400</u>	Plumber: <u>NA</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>NA</u>	Agent Phone: <u>NA</u>	Agent Mailing Address (include City/State/Zip): <u>NA</u>
PROJECT LOCATION: <u>NW 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement)	Tax ID# <u>28467</u>
Gov't Lot: <u>NA</u>	Lot(s): <u>NA</u>	CSM: <u>NA</u>
Vol & Page: <u>NA</u>	Lot(s) No.: <u>NA</u>	Block(s) No.: <u>NA</u>
Section <u>29</u> , Township <u>50</u> N, Range <u>08</u> W	Town of: <u>PORT WING</u>	Subdivision: <u>NA</u>
	Lot Size: <u>45.8</u>	Acreage: <u>45.8</u>
	Recorded Document: (i.e. Property Ownership)	<u>NA</u> <u>NA</u>

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> 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: <u>≈ 105</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>≈ 210</u> feet		
<input type="checkbox"/> Non-Shoreland				

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?	Water
\$ <u>NA</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<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 type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> <u>NA</u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> <u>NA</u>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> <u>Observation Area & Trail</u>		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> <u>NA</u>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>NA</u>	Width: <u>NA</u>	Height: _____
Proposed Construction: <u>11,375 SF</u>	Length: <u>≈ 270'</u>	Width: <u>≈ 138'</u>	Height: <u>6.0'</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/>	with Loft	(X)	
	<input type="checkbox"/>	with a Porch	(X)	
	<input type="checkbox"/>	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with a Deck	(X)	
	<input type="checkbox"/>	with (2nd) Deck	(X)	
<input checked="" type="checkbox"/> Municipal Use	<input type="checkbox"/>	with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Other: (explain) <u>OBSERVATION AREA & TRAIL</u>	<u>(270 x 138)</u>	<u>11,375</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): TOWN OF PORT WING - MARGORIE OGREN, CLERK
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 05/18/2018

Authorized Agent: Reek P. Jankowski
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 06/15/2018

Address to send permit _____

Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Town of Port Wing

(Stamp Here)

How: 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%**

- SEE ATTACHED DESIGN PLAN SET

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	NA Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	NA Feet		
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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 Dwelling: 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 #: 18-0018		Permit Date: 6-28-18		
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	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Plot plan</i>	Was Property Surveyed	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	
Inspection Record: <i>walked proposed access route to wetland restoration site. Site is a large wetland complex with prior access road and sewage ponds disturbance.</i>		Zoning District	(F1)	
Date of Inspection: 6/26/18		Lakes Classification	(2)	
Inspected by: Todd Norwood		Date of Re-Inspection:	_____	
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) <i>Must use best management practices to limit sedimentation in wetlands. must secure necessary WDNR permits.</i>				
Signature of Inspector: Todd Norwood			Date of Approval: 6/27/18	
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

City, Village, State or Federal
May Also Be Required

USE - X
SANITARY -
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0218** Issued To: **Town of Port Wing / Marjorie Ogren, Clerk**

Part in N 1/2 of
Location: - 1/4 of **SW** 1/4 Section **29** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

For: **Municipal Other: [Shoreland Grading (Pond Restoration)]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must use best management practices to limit sedimentation in wetlands. Must secure necessary WDNR permits.

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.

Todd Norwood

Authorized Issuing Official

June 28, 2018

Date

Secondary Building Addition/Alteration (specify)