

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)
 JUN 12 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0140
 Date: 6-17-13
 Amount Paid: \$185
 Refund: 6-17-13
 ENTERED

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.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Riland + Wendy Downey Jr. Mailing Address: 3515 G. Hwy N Barnes, WI 54873 Telephone: 715 795-2217
 Address of Property: same as above City/State/Zip: CT/State/Zip: Cell Phone: _____
 Contractor: SELF Contractor Phone: Andy Plumber: Rasmussen & Sons Plumber Phone: 798-3355
 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: SW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
SE NW Section 33, Township 45 N, Range 9 W Town of: Barnes Lot Size _____ Acreage 10.3

PIN: (23 digits) 04 004-2-45-09-33-163-000-40000 Recorded Document: (i.e. Property Ownership) Volume 1098 Page(s) 215

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Is Property/Land within 1000 feet of Lake, Pond or Flowage

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 300+ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input 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>Con</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>24</u> X <u>54</u>)	<u>1296</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/> with Loft	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/> with a Porch	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/> with (2" Porch	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/> with a Deck	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/> with (2" Deck	(<u> </u> X <u> </u>)	<u> </u>
	<input type="checkbox"/> with Attached Garage	(<u> </u> X <u> </u>)	<u> </u>
<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)	(<u> </u> X <u> </u>)	<u> </u>
	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	<u> </u>
	Accessory Building (specify) _____	(<u> </u> X <u> </u>)	<u> </u>
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	<u> </u>
Rec'd for Issuance	Special Use: (explain) _____	(<u> </u> X <u> </u>)	<u> </u>
	Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	<u> </u>
	Other: (explain) _____	(<u> </u> X <u> </u>)	<u> </u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

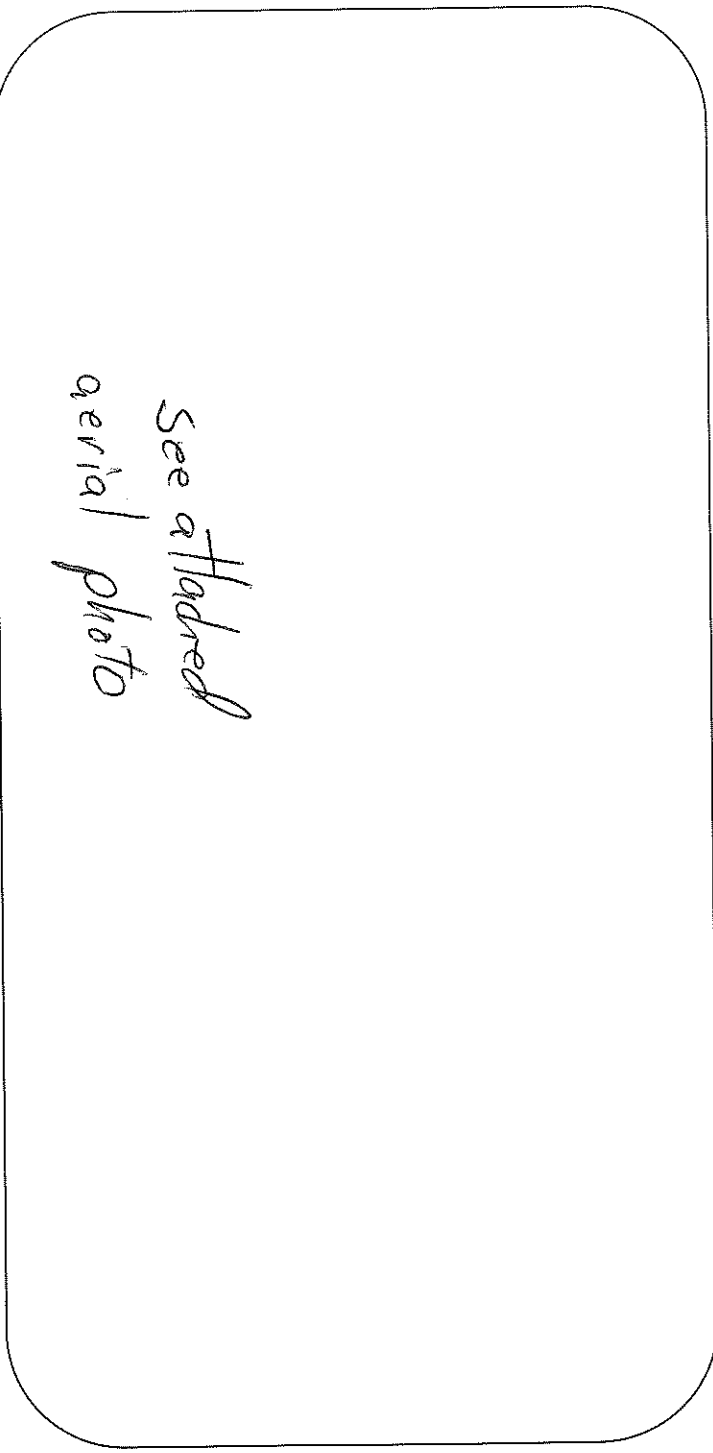
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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): X Riland + Wendy Downey Jr. Date 6-11-13
 (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 same as above Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Box Below: 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	1800+ Feet	Setback from the Lake (ordinary high-water mark)	300+ Feet
Setback from the Established Right-of-Way	1800+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	270+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	230+ Feet
Setback from the West Lot Line	125 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	230 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	15 Feet
Setback to Drain Field	45 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 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: 367550 # of bedrooms: 3 Sanitary Date: 9-25-01

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

Permit #: 13-0140 Permit Date: 6-17-13

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

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

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: above grade building destroyed Zoning District (F-1)

Structure is existing; by Joe. Rebuilding on foundation. Lakes Classification (3)

Date of Inspection: 6-11-13 Inspected by: M. Furtak Date of Re-Inspection: _____

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

Signature of Inspector: Michael Tuttle Date of Approval: 6-14-13

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

Wayfield County, WI

Downey jr. Aerial Map

