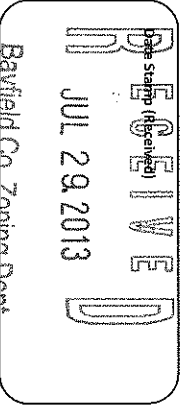


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN



Permit #:	13-0823	<b>ENTERED</b>
Date:	8-5-13	
Amount Paid:	\$75	
Refund:	7-29-13	

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: 10164 STECKRECHTSE Mailing Address: 508 W 295th City/State/Zip: WI Wausau 53149 Telephone: 262 418-5535

Address of Property: 552285 Little Island Rd, Bayfield WI 54873 City/State/Zip: WI Bayfield 54873 Cell Phone: 914 789 2906

Contractor: SELF Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

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, NW 1/4 Gov't Lot: 11, 12, 13 Lot(s): 2 CSM: 177410 261 Vol & Page: 1 Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivisions: Blackfoot Add'l to Bayfield Townshp Page(s): 851

Section: 17, Township: 45 N. Range 9 W Town of: Bayfield Lot Size: 225x200 Acreage: 1.03

Shoreland  Non-Shoreland

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: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes---continue → Distance Structure is from Shoreline: \_\_\_\_\_ 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
\$ <u>17000</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 Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<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 checked="" type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

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 checked="" type="checkbox"/> Principal Structure (first structure on property)	( _____ )	( _____ )
	Residence (i.e. cabin, hunting shack, etc.)	( _____ )	( _____ )
	with Loft	( _____ )	( _____ )
	with a Porch	( _____ )	( _____ )
	with (2 <sup>nd</sup> ) Porch	( _____ )	( _____ )
	with a Deck	( _____ )	( _____ )
	with (2 <sup>nd</sup> ) Deck	( _____ )	( _____ )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( _____ )	( _____ )
	Mobile Home (manufactured date)	( _____ )	( _____ )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( _____ )	( _____ )
	Accessory Building (specify)	( _____ )	( _____ )
	Accessory Building Addition/Alteration (specify)	( _____ )	( _____ )
	Special Use: (explain)	( _____ )	( _____ )
	Conditional Use: (explain)	( _____ )	( _____ )
	Other: (explain) <u>garage</u>	( _____ )	( _____ )
Rec'd for Issuance		<u>24 X 301</u>	<u>720</u>
AUG 05 2013			

Secretarial Staff

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 opinion on this information. I (we) am (are) providing this information for the purpose of inspection. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at or as a result of this application.

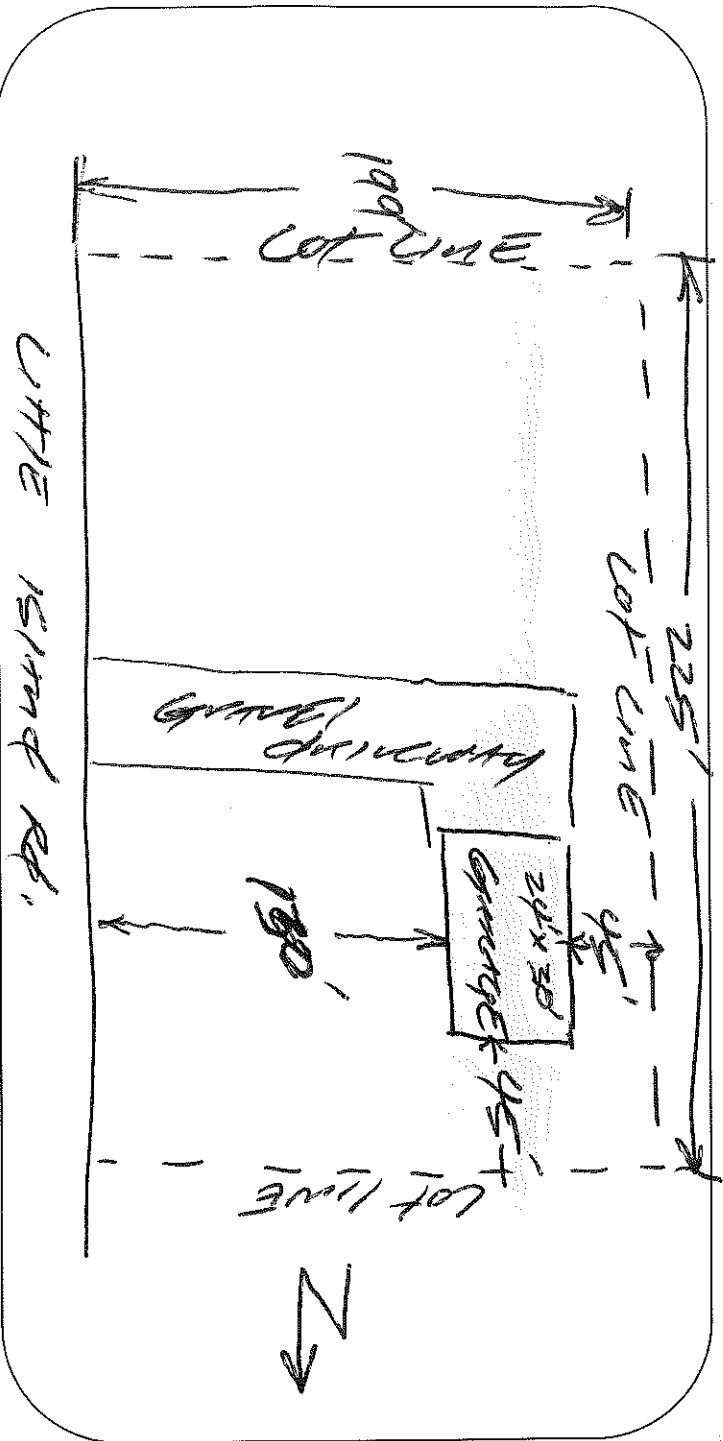
Owner(s): Steckrechtse Date: 7-24-13  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 508 W 295th Wausau WI 53149 Attach ✓  
 APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Copy of Tax Statement

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)

(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	145' Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	120' Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	45' Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	150' Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	45' Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	130' Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	— 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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:				
Permit #: <b>13-0831</b>	Permit Date: <b>8-5-18</b>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(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 checked="" type="checkbox"/> No	(Fused/Contiguous Lots)	<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 checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		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	Case #:		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Inspected by: <b>Mr. Truitt</b>		Zoning District: <b>(R-1)</b>	
Date of Inspection: <b>7-30-18</b>				Lakes Classification: <b>(NA)</b>	
Conditions (Town, Committee or Board Conditions Attached):	None				
<p><i>May not be used for human habitation</i></p> <p><i>Mr. and Mrs. Michael Smith</i></p>					
Signature of Inspector:	Date of Approval: <b>7-31-18</b>				
Hold For Sale: <input type="checkbox"/>	Hold For Rent: <input type="checkbox"/>	Hold For Auction: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> \$50		