

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY ENGINEERING  
 Date Stamp (Received)  
 MAR 13 2012  
 Bayfield Co. Zoning Dept.

Permit #: 10-0036  
 Date: 3/20/12  
 Amount Paid: \$75.00 PDS  
 Refund: 3/14/12  
**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: Frederick & Jill Steinhaus Mailing Address: 17493 Decfield Dr. Prior Lake, MN 55372 Telephone: (612) 418-8293

Address of Property: 55570 George Lake Rd Ctn/State/Zip: Barnes, WI 54873 Cell Phone: 715-785-3479

Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Written Authorization Attached  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 5 Lot(s) 5 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Rotenburg Estates

Section 18, Township 45 N, Range 9 W Town of: Barnes Lot Size \_\_\_\_\_ Acreage .589

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

Recorded Document: (i.e. Property Ownership) Volume 825 Page(s) 562

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
\$5000	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Slab	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CAN</u> <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 10' Width: 22' Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
	with Loft	( ) X ( )	( )
	with a Porch	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
	with a Deck	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
	Addition/Alteration (specify) <u>3 season porch</u>	( <u>10' X 22'</u> )	( <u>220</u> )
	Accessory Building (specify) _____	( ( ) X ( ) )	( ( ) )
	Accessory Building Addition/Alteration (specify) _____	( ( ) X ( ) )	( ( ) )
	Special Use: (explain) _____	( ( ) X ( ) )	( ( ) )
	Conditional Use: (explain) _____	( ( ) X ( ) )	( ( ) )
	Other: (explain) _____	( ( ) X ( ) )	( ( ) )
<input type="checkbox"/> Municipal Use			

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 for any reason and for the purpose of inspection.

Owner(s):  Frederick & Jill Steinhaus Jill S. Steinhaus Date 3/19/12

(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 \_\_\_\_\_

Rec'd for Issuance: \_\_\_\_\_ Attach \_\_\_\_\_

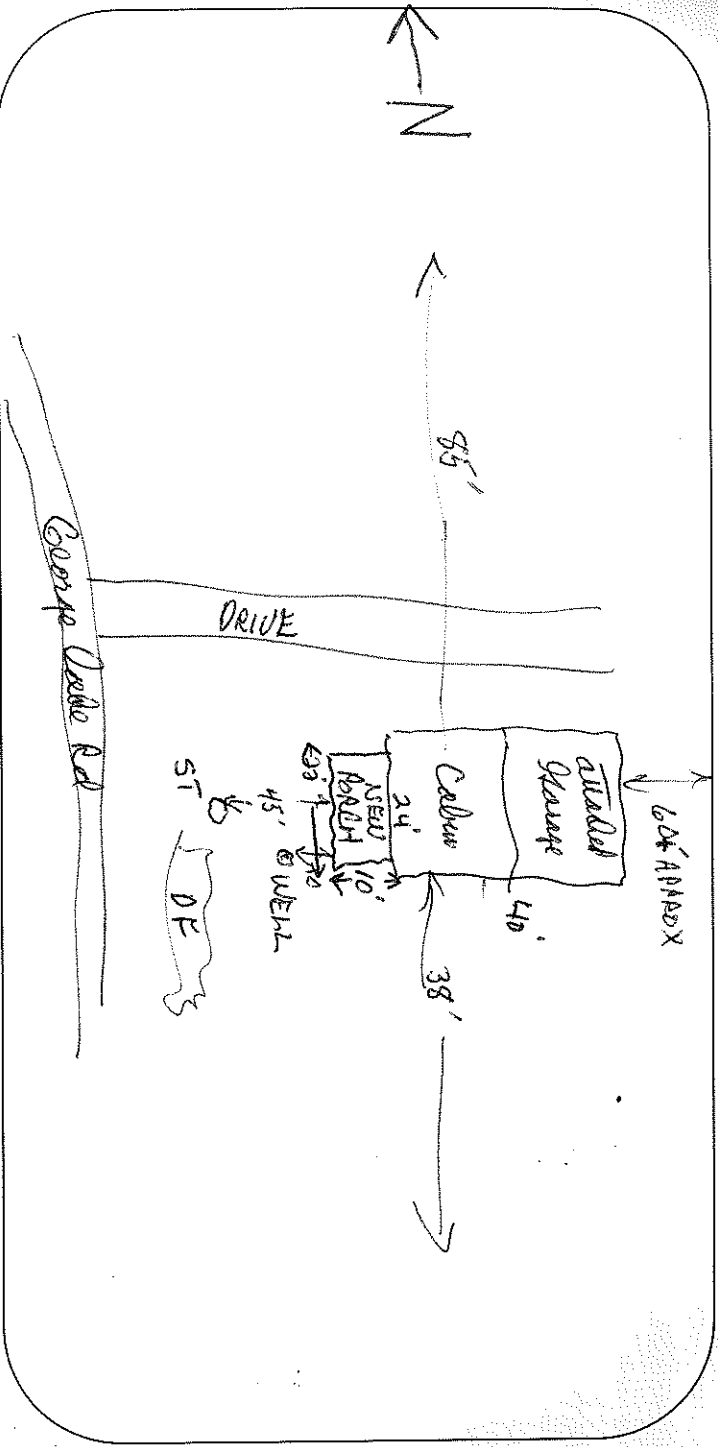
Address: same as above - MN address Copy of Tax Statement: \_\_\_\_\_

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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 (\*): (\*\*) 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	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	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 Dwellings: 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>19-0030</b>	Permit Date: <b>3/22/12</b>				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <i>Well staked. Wells all staked.</i>	Zoning District: <b>(R-1)</b> Lakes Classification: <b>(NA)</b>		Date of Re-Inspection:		
Date of Inspection: <b>3-15-12</b>	Inspected by: <b>Mr. Fuchs</b>		Date of Approval: <b>3-15-12</b>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector: <i>Michael Fuchs</i>	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"/>