

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)
 MAR 20 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0033
 Date: 3/25/12
 Amount Paid: \$75
 Refund: 2/28/12 OK
 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: James RANICKY
 Address of Property: 1750 Lower Lake Rd
 Contractor: self
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) self

Mailing Address: _____ City/State/Zip: _____
 Contractor Phone: _____ Plumber: _____
 Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 05-001-10000
 Gov't Lot: _____ Lot(s): _____ CSM: 004-2-44-09-30-1 Volume: 575 Page(s): 32
 Section: 30, Township: 44 N, Range: 9 W Town of: Barnes

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone: _____ feet
 Distance Structure is from Shoreline: 77 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) _____
 Subdivision: _____
 Lot Size: _____ Acreage: 4.966

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
					Is on the property?	Is from Shoreline?	
\$20,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>C&V</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<u>Drywell</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		<input type="checkbox"/> _____
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None		<input type="checkbox"/> _____

fast expense

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 24'
 Proposed Construction: Length: 4' Width: 24' Height: 24'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2nd) Deck	()	()
	with a Deck	()	()
	with (2nd) Deck	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, () sleeping quarters, () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) <u>Roof extension addition</u>	(4 x 24)	96 #
	Accessory Building (specify) <u>Deck</u>	(8 x 16)	128 #
	Accessory Building Addition/Alteration (specify) <u>Deck</u>	(12 x 24)	288
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	()	()
	Conditional Use: (explain) _____	()	()
	Other: (explain) _____	()	()

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.

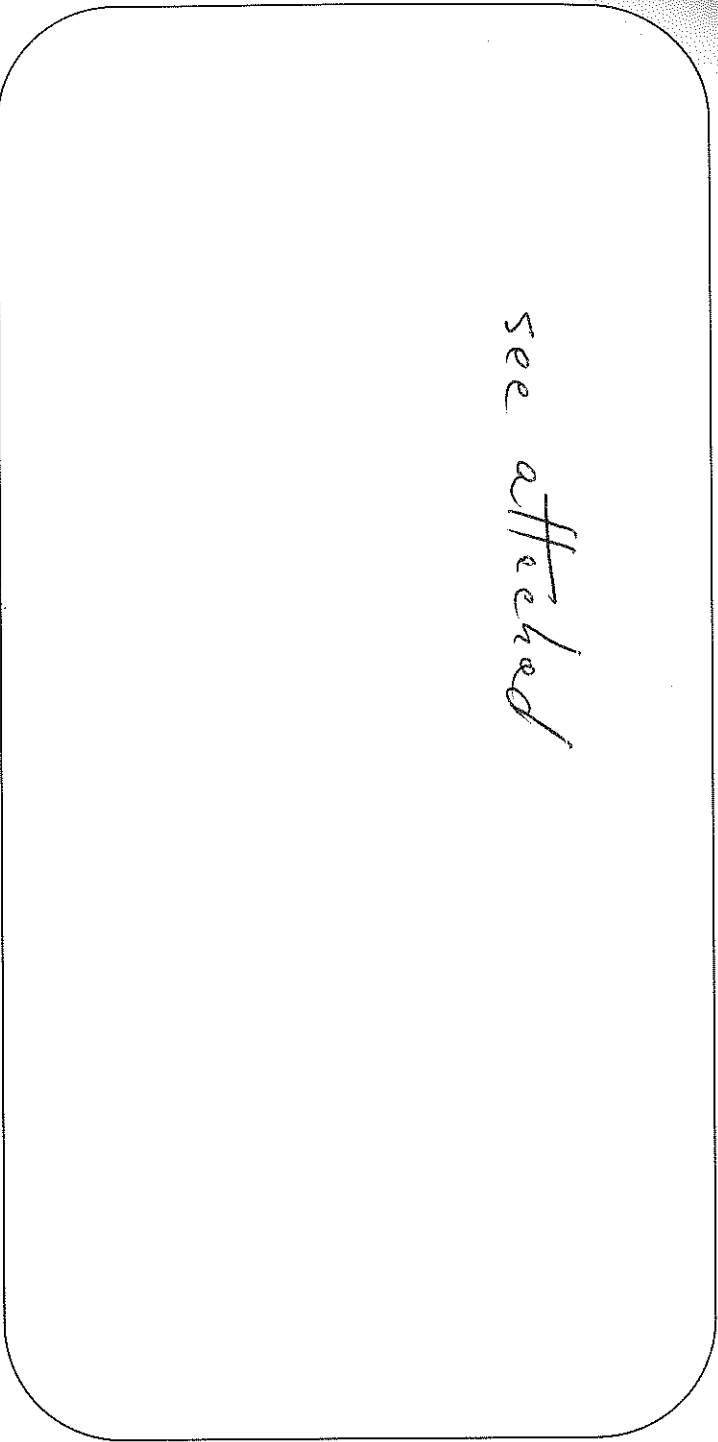
Owner(s): [Signature] Date: 3/19/2012
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Period of Resurgence: _____ Attach
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address: MAR send with same as above Copy of Tax Statement
 Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed
 Date: 3/22/12

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	350' Feet	Setback from the Lake (ordinary high-water mark)	77' Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	98' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	123' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	500' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	6' Feet	Setback to Well	47' Feet
Setback to Drain Field Dry well	10' Feet		
Setback to Privy (Portable, Composting)	N/A 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: <u>661</u>	# of bedrooms: <u>1</u>	Sanitary Date: <u>5-28-70</u>
Permit Denied (Date):	Reason for Denial: <u>App # 665</u>	Permit Date: <u>3/23/12</u>		
Permit #: <u>12-0035</u>	Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Affidavit Required
	Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Affidavit Attached
	Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<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 type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	<u>Well tested. Meets all setbacks. Tank is concrete.</u>			
Date of Inspection: <u>3-20-12</u>	Inspected by: <u>M. Fowler</u>	Zoning District: <u>R1-R3-R3</u>	Lakes Classification: <u>(1)</u>	Date of Re-Inspection:
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
<u>None</u>				
Signature of Inspector: <u>Michael Stewart</u>	Date of Approval: <u>3-20-12</u>			
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"/>

