

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 Submitted (received)
 MAR 27 2012
 Bayfield Co. Zoning Dept.

Permit #:	120048	\$75
Date:	4/16/12	
Amount Paid:	\$75.00	ADD
Refund:	3/29/12	

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: Kevin Overturf
 Address of Property: 5015D Co Hwy Y
 Contractor: Dan Morin (218) 624-3825
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: W.I. 54873

Mailing Address: SQUARE
 City/State/Zip: BARNES, WI 54873
 Contractor Phone: Plumber:
 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: SW 1/4, SW 1/4
 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-004-2-44-09-07-3 03-000-31000
 Volume 1000 Page(s) 578

Section 7, Township 44 N, Range 9 W
 Town of: Barnes

Distance Structure is from Shoreline: _____ feet
 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 -->

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

Recorded Document: (i.e. Property Ownership) Written Authorization Attached 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
\$19,000	<input checked="" 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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>CEPIL</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (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: 10' Width: 35' Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

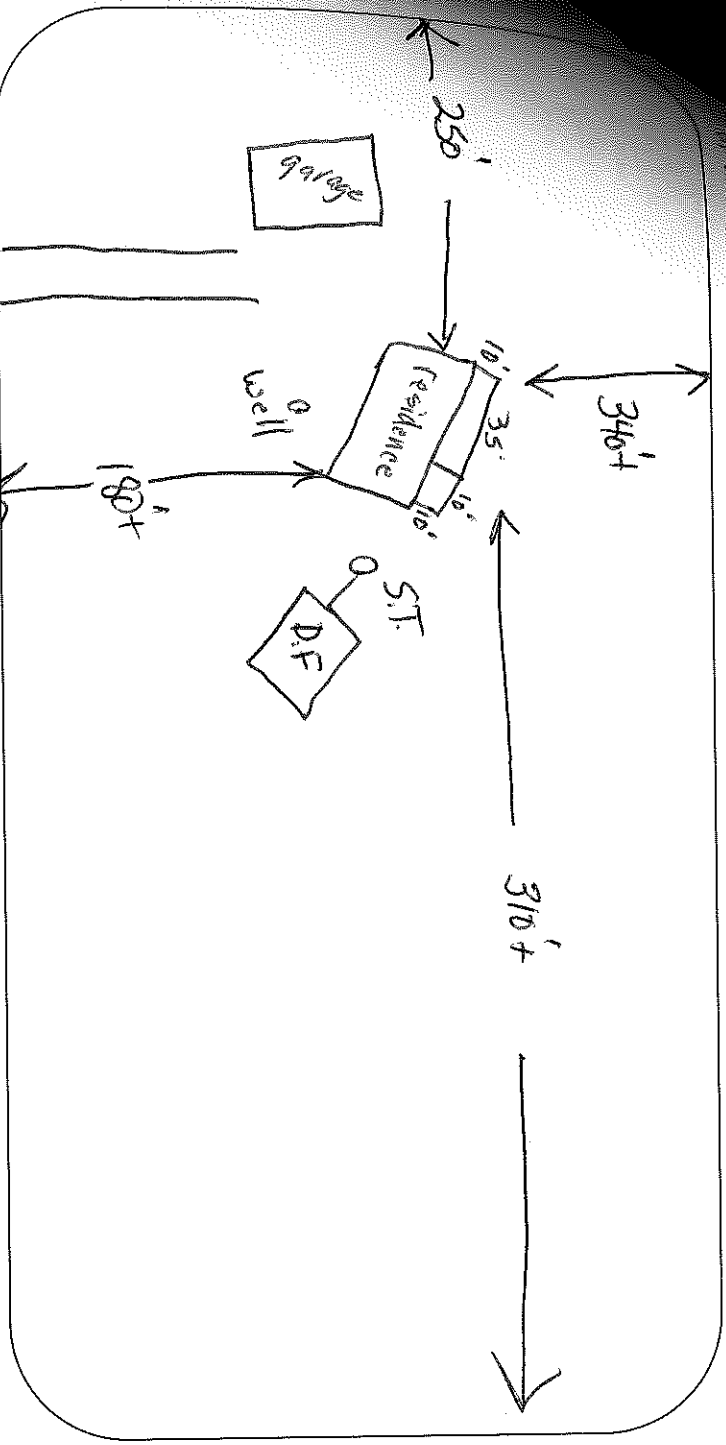
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	Bunthouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Addition/Alteration	Deck + 3 season room	(10 X 10)	100
<input type="checkbox"/> Accessory Building	deck	(10 X 35)	350
<input type="checkbox"/> Accessory Building Addition/Alteration		(X)	
<input type="checkbox"/> Special Use: (explain)		(X)	
<input type="checkbox"/> Conditional Use: (explain)		(X)	
<input type="checkbox"/> Other: (explain)		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including an 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.

Owners: Kevin Overturf Herman Overberg
 (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: 3-27-12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance _____ Attach
 Address to send permit _____ Copy of Tax Statement
 APR 12 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Secretarial Staff

of your property (regardless of what you are applying for)

Location of:
 Proposed Construction
 North (N) on Plot Plan
 Location of (*):
 All Existing Structures on your Property
 (**) Well (W); (***) Septic Tank (ST); (**) Drain Field (DF); (***) Holding Tank (HT) and/or (*) Privy (P)
 (**) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)
 (8) Setbacks: (measured to the closest point) **Co Hwy Y** Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	180' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	160' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	310 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	340' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	3' Feet
Setback to Drain Field	29' 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 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 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 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: 298123 # of bedrooms: 2 Sanitary Date: 5-1-98
 Permit Denied (Date): Reason for Denial:
 Permit #: 12-00418 Permit Date: 4/10/12

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes No (Fused/Contiguous Lots) Yes No
 Is Structure Non-Conforming Yes No
 Granted by Variance (B.O.A.) Yes No Case #: Yes No
 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: *Structure is existing. Meet all setbacks.*
Proposed meets all setbacks.
 Date of Inspection: 4-3-12 Inspected by: M. Fitchell
 Zoning District: (F-1)
 Lakes Classification: (NH)
 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 Fitchell Date of Approval: 4-3-12
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: