

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
RECEIVED
 Date Stamp: **MAR 27 2012**
 Bayfield Co. Zoning Dept
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/ssp)

Permit #:	12-0049	ENTERED
Date:	4/12/12	
Amount Paid:	\$75.00	POS
Refund:	5/12/12	

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

Owner's Name: Russell Scott
Mailing Address: 8713 Black Oaks Lane, Maple Grove, MN
City/State/Zip: Barnes WI 54873
Telephone: 705.482.3345
Address of Property: 50300 Outlet Bay Rd.
Contractor Phone: _____
Contractor: _____
Plumber: _____
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached: Yes No

PROJECT LOCATION: N100ft 1/4, 1/4
Legal Description: (Use Tax Statement) Gov't Lot 9, Lot(s) 9, CSM Vol & Page _____, Lot(s) No. _____, Block(s) No. _____, Subdivision: _____
Section: 9, **Township:** 44 N, **Range:** 9 W, **Town of:** Barnes
Recorded Document: (i.e. Property Ownership) PIN: (23 digits) 04-0049-2-44-09-09-3_05-009-0900 Volume 840 Page(s) 865

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If Yes---continue If No---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue If No---continue

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 540 ft 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
\$ 6,000.00	<input checked="" type="checkbox"/> New Construction <input 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 type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Ceaw?</u> <input type="checkbox"/> Privy (Pit) or 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: 40 Width: 36 Height: _____

Proposed Construction: Length: 40 Width: 36 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/>	with Loft	() ()	()
<input checked="" type="checkbox"/>	Residential Use with a Porch	() ()	()
<input type="checkbox"/>	with a Deck	() ()	()
<input type="checkbox"/>	with (2 nd) Deck	() ()	()
<input type="checkbox"/>	with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Addition/Alteration (specify)	() ()	()
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Dele Bldg</u>	(36 x 40)	1040 ft
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/>	Special Use: (explain)	() ()	()
<input type="checkbox"/>	Conditional Use: (explain)	() ()	()
<input type="checkbox"/>	Other: (explain)	() ()	()

FAILURE TO OBTAIN A PERMIT OF 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.

Owners: _____ Date: 3.27.12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

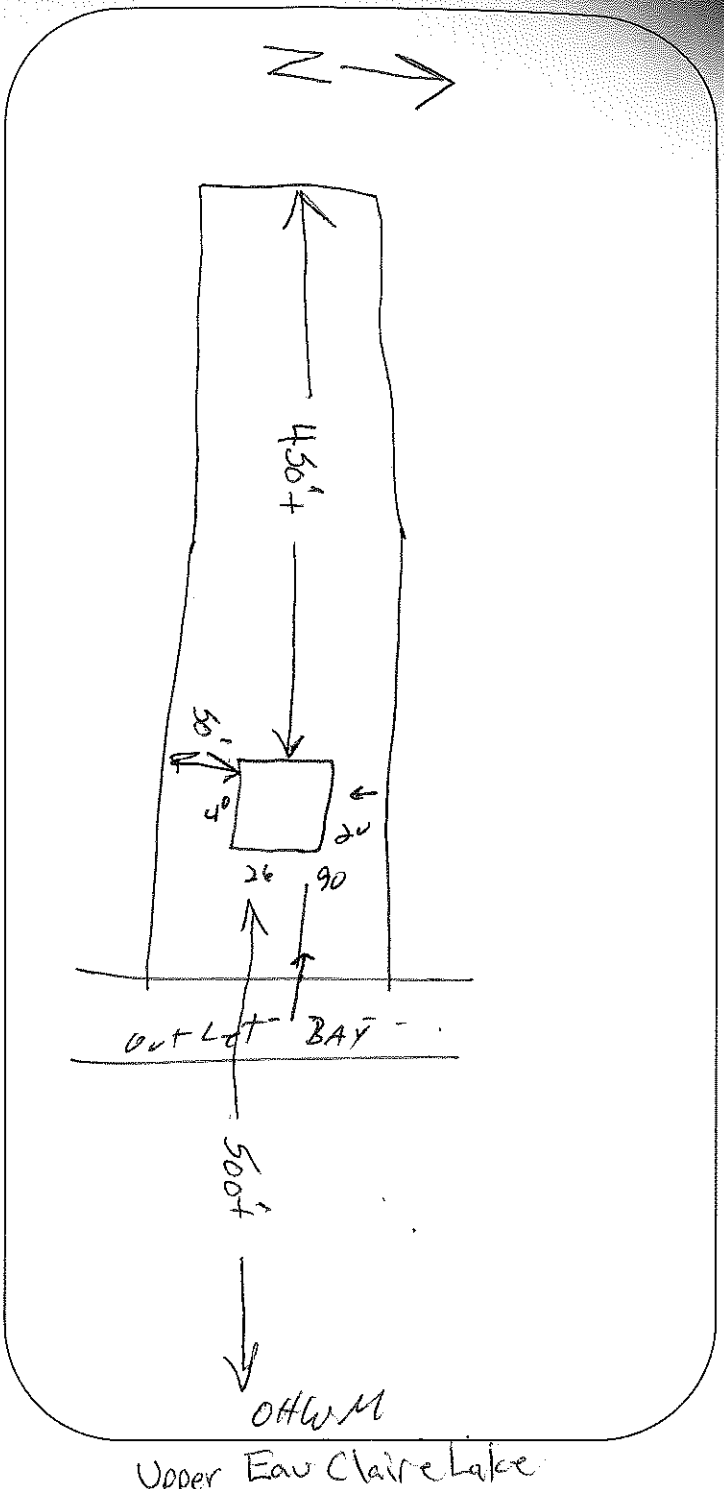
Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

ADDP for Permit: 16422 775 Side N Maple Grove Wn 55311
 Attach Copy of Tax Statement

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 4/5/12

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 any (*): (*) 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)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90' Feet	Setback from the Lake (ordinary high water mark)	540' Feet
Setback from the Established Right-of-Way	60' Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	20' Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	50' Feet	Setback from Wetland	N/A
Setback from the West Lot Line	550' Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	400' Feet	Setback to Well	400' 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.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 12-0049	Permit Date: 4/18/12			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel a Sub-Standard Lot
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming
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	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	Mistake all setbacks. Property lines per owner's representations.			
Date of Inspection: 4-3-12	Inspected by: M. Fustala	Zoning District	R-1, R-3	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)	Structural must be a minimum of 20' from property lines. Not to be used for human habitation. No water under pressure in structure.			
Signature of Inspector: Michael Fustala	Date of Approval: 4/23/12			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	