

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

APPLICATION FOR PERMIT
 PAY HERE COUNTY WEBSERVICES
 The Stamp (Received)
 MAR 28 2012
 Bayfield Co. Zoning Dept.

Permit #:	12-0054
Date:	4-13-12
Amount Paid:	\$75.00 ROS 3/29/12
Refund:	

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: **KERRY J & MARY A SORESEN** Mailing Address: **6914 SCRY RDA SUPERIOR WI 54880** Telephone: **715-399-8675**
 Address by Property: **1565 ST. CROIX TRAIL** City/State/Zip: **BARABES WI** **54873** **218-206-3890** Cell Phone:
 Contractor: _____ 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: **1/4, _____ 1/4** Gov't Lot _____ Lot(s) **92** CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Legal Description: (Use Tax Statement) **04-004-2-45-09-07-400-277-12000** Subdivision: **SILVERADO ADD 70**
1/4, _____ 1/4 Lot Size **170x270'** Acreage **1.12**

Section **807**, Township **T45 N**, Range **R09 W** Town of: **BARABES**

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: **207** feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material \$ 25,000	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

Existing Structure: (If permit being applied for is relevant to it) Length: **36'** Width: **24'** Height: **8'8"**
 Proposed Construction: Length: **24'** Width: **24'** Height: **8'8"**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	(X X)	
	<input type="checkbox"/> with a Porch	(X X)	
	<input type="checkbox"/> with (2 nd) Porch	(X X)	
	<input type="checkbox"/> with a Deck	(X X)	
	<input type="checkbox"/> with (2 nd) Deck	(X X)	
	<input type="checkbox"/> with Attached Garage	(X X)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X X)	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) ADDITION, BATHROOM ADDITION	(24 X 24)	576'
	<input type="checkbox"/> Accessory Building (specify) _____	(X X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X X)	
	<input type="checkbox"/> Special Use: (explain) _____	(X X)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(X X)	
	<input type="checkbox"/> Other: (explain) _____	(X X)	

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): **Mary A Sorensen**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date **3-22-12**

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 **6914 S CRY RDA SUPERIOR WI 54880**

Attach Copy of Tax Statement

APR 13 2012

If you recently purchased the property send your Recorded Deed

Secretary Staff

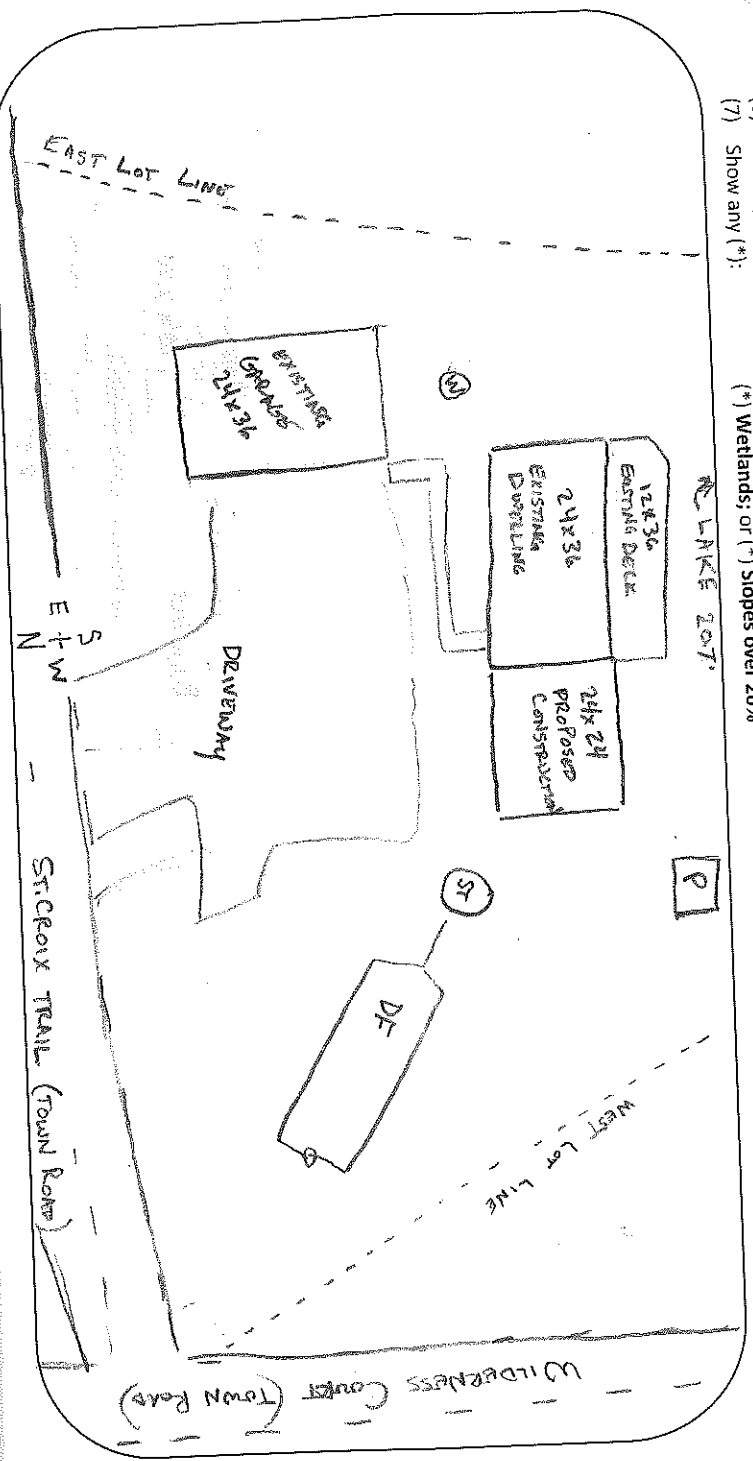
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

APR 13 2012
 18206 Bldg

ENTERED

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.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	207 Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	67 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	207 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	54 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	50 Feet
Setback to Drain Field	35 Feet		
Setback to Privy (Portable, Composting)			

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 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.

Sanitary Number: **389454** # of Bedrooms: _____ Sanitary Date: **5-2-02**

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: **12-0054** Permit Date: **4-13-12**

Is Parcel a Sub-Standard Lot? Yes (Deed of Record) No

Is Parcel in Common Ownership? Yes (Fused/Contiguous-Lot(s)) No

Is Structure Non-Conforming? Yes _____ No

Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created? Yes No

Was Proposed Building Site Delineated? Yes No

Inspection Record: **Will stake! Meet all setbacks.**

Date of Inspection: **4-3-12** Inspected by: **M. Furbach**

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: **Michael Furbach** Date of Approval: **4-5-12**

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____