

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
 Date Submitted: APR 17 2012
 Bayfield Co. Zoning Dept

Permit #:	12-0088
Date:	4-26-12
Amount Paid:	\$510.00
Refund:	4/18/12

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.I.O.A. OTHER

Owner's Name: David & Ellen Gordon
 Address of Property: 5389 Kelly Lake Road
 Contractor: Greg Drabek
 Authorized Agent: Greg Drabek
 Mailing Address: 21 White Heron Lane, Richmond Hill, GA
 City/State/Zip: Barnes, WI 54873
 Contractor Phone: 558-3158
 Agent Phone: 558-3158
 Agent Mailing Address: see below
 City/State/Zip: 31324
 Cell Phone: (902) 607-7364
 Plumber Phone:
 Pinned (23 digits): 04-004-2-45-09-26-205-002-4000
 Recorded Document: (i.e. Property Ownership) Volume 948 Page(s) 605
 Project Location: Legal Description: (Use Tax Statement)
 Section 26, Township 45 N, Range 9 W, Town of Barnes
 Lot Size: _____ Acreage: 3.448
 Subdivision: _____
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ 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
					Is on the property?	City Well	
\$170,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> Specify Type: _____	<input checked="" type="checkbox"/> City Well
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>COMB</u>	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 38 Height: 27
 Proposed Construction: Length: _____ Width: _____ Height: _____

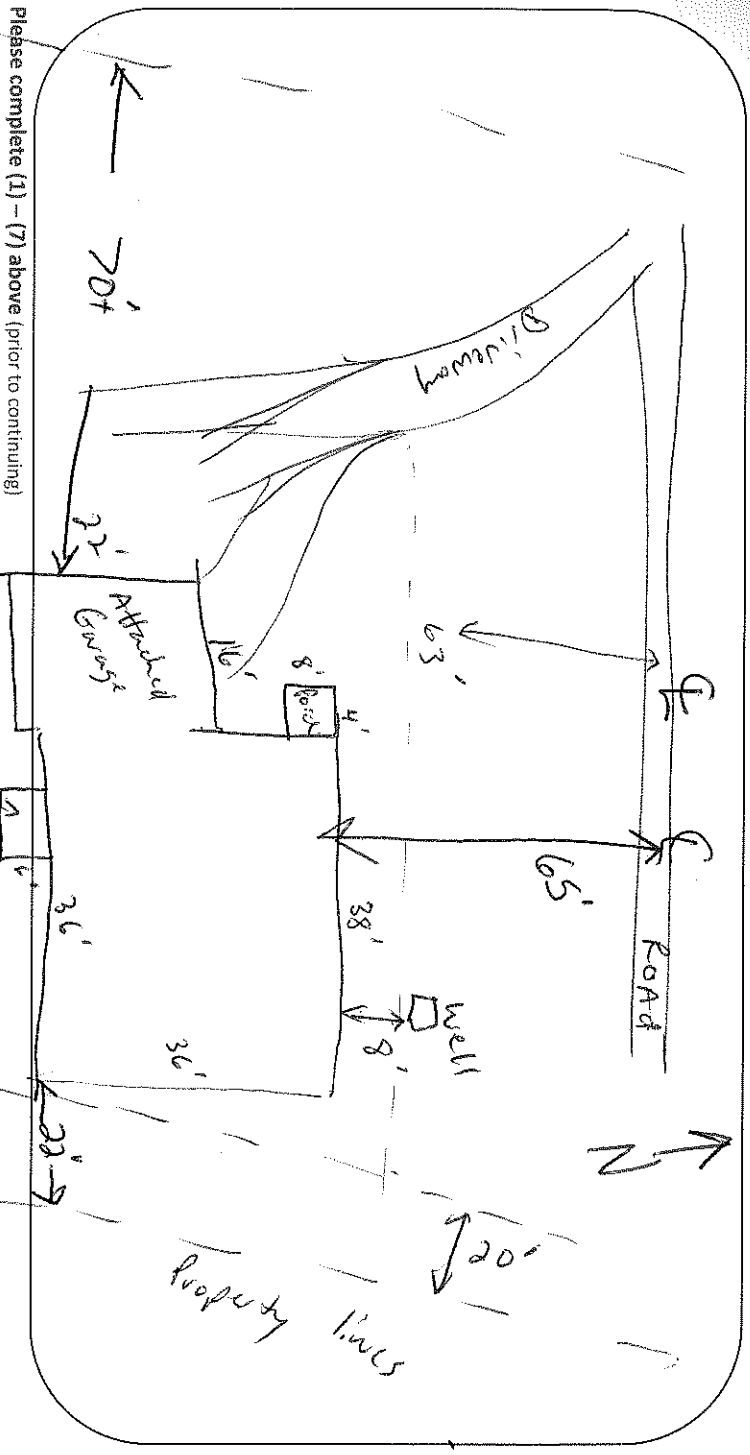
Proposed Use	Proposed Structure	Dimensions		Square Footage
		Length	Width	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(36 X 38)	(38 X 38)	1,368
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(23 X 38)	(38 X 38)	874
	<input type="checkbox"/> with Loft	(8 X 6)	(8 X 4)	48
	<input type="checkbox"/> with a Porch	(8 X 4)	(8 X 4)	32
	<input type="checkbox"/> with (2 nd) Deck	(8 X 4)	(8 X 4)	32
	<input type="checkbox"/> with (2 nd) Deck with Attached Garage	(16 X 22)	(22 X 22)	352
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()	()
	<input type="checkbox"/> Mobile Home (manufactured date)	()	()	()
	<input type="checkbox"/> Addition/Alteration (specify)	()	()	()
	<input type="checkbox"/> Accessory Building (specify)	()	()	()
	<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 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): _____ Date: 4/17/12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Greg Drabek Date: 4/17/12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: W3370 Bass Lake Rd Springbrook, WI 54875
 Copy of Tax Statement Attached
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70' Feet	Setback from the Lake (ordinary high-water mark)	200' Feet
Setback from the Established Right-of-Way	40' Feet	Setback from the River, Stream, Creek	NA' Feet
Setback from the North Lot Line	NA' Feet	Setback from the Bank or Bluff	NA' Feet
Setback from the South Lot Line	70'± Feet	Setback from Wetland	NA' Feet
Setback from the West Lot Line	20' Feet	Setback from 20% Slope Area	NA' Feet
Setback from the East Lot Line	20' Feet	Elevation of Floodplain	NA' Feet
Setback to Septic Tank or Holding Tank	30'± Feet	Setback to Well	8' Feet
Setback to Drain Field	35'± Feet		
Setback to Privy (Portable, Composting)	NA' 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)

Permit Denied (Date): _____ Sanitary Number: **08-975** # of bedrooms: **3** Sanitary Date: **7-17-08**

Permit #: **12-0082** Permit Date: **4-26-12**

<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
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Granted by Variance (B.O.A.) Yes No Case #: _____

Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: *Well staked. Metcalf setbacks. Property lines per agents representations.*

Date of Inspection: **4-17-12** Inspected by: **W. Fuchs**

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

Signature of Inspector: **Michael Fuchs**

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

Date of Approval: **4-18-12**