

SUBMIT: COMPLETED APPLICATION, TAX AFFIDAVIT 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
 MAY 02 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0115
 Date: 5-9-12
 Amount Paid: \$75.00
\$205
5/2/12
 Refund:

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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.

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

Owner's Name: Donald Scher Mailing Address: same City/State/Zip: Baynes, WI 54873 Telephone: (715) 795-2529

Address of Property: 3855 Twin Bay Rd. City/State/Zip: Baynes, WI 54873 Contractor Phone: Plumber: Plumber Phone: Plumber: Cell Phone: 795-2529

Contractor: Site # 5 Agent Phone: 921-6041 Agent Mailing Address (include City/State/Zip): Plumber: Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Steve P. Phillips (219) 921-6041 R. BARNES Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 3 Lot(s) 3 CSM 04-0042-44-04-16-1-05-003-10660 Lot(s) No. 04-0042-44-04-16-1-05-003-10660 Block(s) No. 04-0042-44-04-16-1-05-003-10660 Subdivisions: 778 Recorded Document: (i.e. Property Ownership) Volume 778 Page(s) 35

Section 16, Township 44 N, Range 9 W Town of: Baynes Lot Size 16.006 Acreage 16.006

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: 890' feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → Distance Structure is from Shoreline: feet 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
\$ <u>2,000</u>	<input 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 type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input 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 Specify Type: <u> </u> <input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u> <input type="checkbox"/> Privy (Pit) or <input checked="" 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: Width: Height:

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	with Loft	(<u> </u>)	(<u> </u>)
<input checked="" type="checkbox"/>	Residential Use	with a Porch	(<u> </u>)
		with (2 nd) Porch	(<u> </u>)
		with a Deck	(<u> </u>)
		with (2 nd) Deck	(<u> </u>)
<input type="checkbox"/>	Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)
		Mobile Home (manufactured date)	(<u> </u>)
<input checked="" type="checkbox"/>	Addition/Alteration (specify)	<u>deck + screen porch</u>	(<u>10' x 20'</u>) <u>200^{sq}</u>
<input type="checkbox"/>	Accessory Building (specify)	<u>deck</u>	(<u>18' x 25'</u>) <u>300^{sq}</u>
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)		(<u> </u>)
<input type="checkbox"/>	Special Use: (explain)		(<u> </u>)
<input type="checkbox"/>	Conditional Use: (explain)		(<u> </u>)
<input type="checkbox"/>	Other: (explain)		(<u> </u>)

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 date 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): Donald Scher Jean M. Scher
 (If there are Multiple Owners listed on the Deed All Owners must sign or offer(s) of authorization must accompany this application)

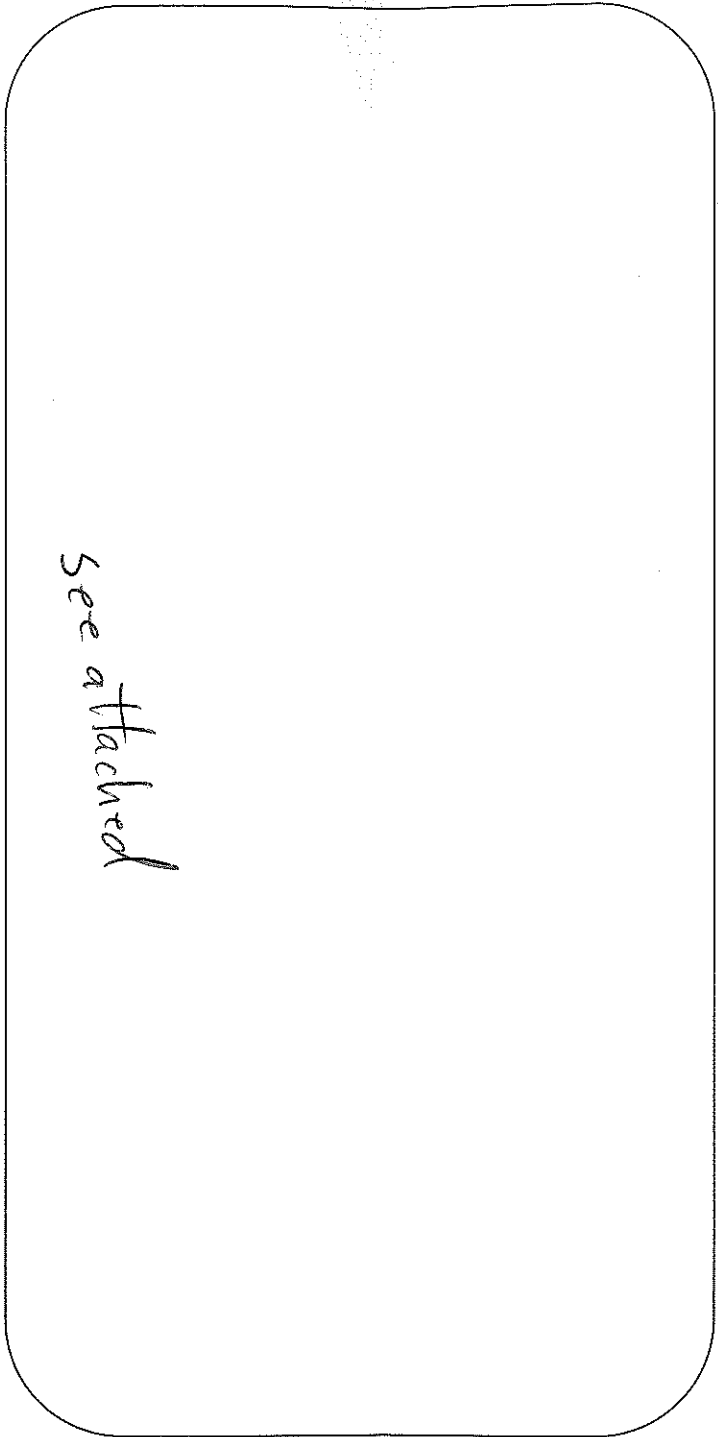
Authorized Agent: Steve P. Phillips Date 5-1-12
 Record for Issuance: you are signing on behalf of the owner(s) a letter of authorization must accompany this application

Address to send permit: same as above Attach
 Applicable to send permit: same as above Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 MAP NUMBER + LOCATION OF STRUCTURE

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)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	156'	Setback from the Lake (ordinary high-water mark)	390 Feet
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	220	Setback from Wetland - <i>mapped</i>	110 Feet
Setback from the West Lot Line	540'	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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 #: 12015	Permit Date: 5-9-12			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>Meets all setbacks.</i>				
Date of inspection: 5-1-12	Inspected by: <i>MM. Furbak</i>	Zoning District: <i>RRB</i>	Lakes Classification: <i>1</i>	Date of Re-Inspection:
Condition(s) I own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.)				
Signature of Inspector: <i>Michael Furbak</i>	Date of Approval: 5-2-12			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Mad County, WI

Site #5 Aerial Map



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Site #5