

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  
 MAY 3 0 2012  
 Bayfield Co. Zoning Dept.

Permit #: 12-0162  
 Date: 6-1-12  
 Amount Paid: \$75.00 225  
 Refund: 5/31/12  
 ENTERED

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Michael P. Barnes Mailing Address: 3415 Ellison Lake Rd City/State/Zip: Barnes WI 54873 Telephone: 715-795-3197

Address of Property: same City/State/Zip: Barnes WI 54873 Cell Phone: 715-580-0616

Contractor: Jim Johnson Construction Contractor Phone: 715-580-0432 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: NE 1/4, SW 1/4 Gov't Lot \_\_\_\_\_ Lot(s) 1486 CSM 9,44 Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume 755 Page(s) 811

Section 28, Township 44 N, Range 79 W Town of: Barnes Lot Size \_\_\_\_\_ Acreage 2.273

Shoreland →  Is Property/Land within 300 feet of River, Stream, 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: \_\_\_\_\_ feet

Non-Shoreland

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
					Sanitary (Exists) Specify Type: _____	City Well	
\$4,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 20' Width: 20' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) ( )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
	<input type="checkbox"/> with Loft	( ) ( )	( )
	<input type="checkbox"/> with a Porch	( ) ( )	( )
	<input type="checkbox"/> with {2 <sup>nd</sup> } Porch	( ) ( )	( )
	<input type="checkbox"/> with a Deck	( ) ( )	( )
	<input type="checkbox"/> with {2 <sup>nd</sup> } Deck	( ) ( )	( )
	<input type="checkbox"/> with Attached Garage	( ) ( )	( )
<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"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( ) ( )	( )
	<input type="checkbox"/> Accessory Building (specify) _____	( ) ( )	( )
	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>Storage shed</u>	(20 x 20)	400
	<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 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): Michael P. Barnes Date 5/29/12

(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)

Rec'd for Issuance same as above Copy of Tax Statement

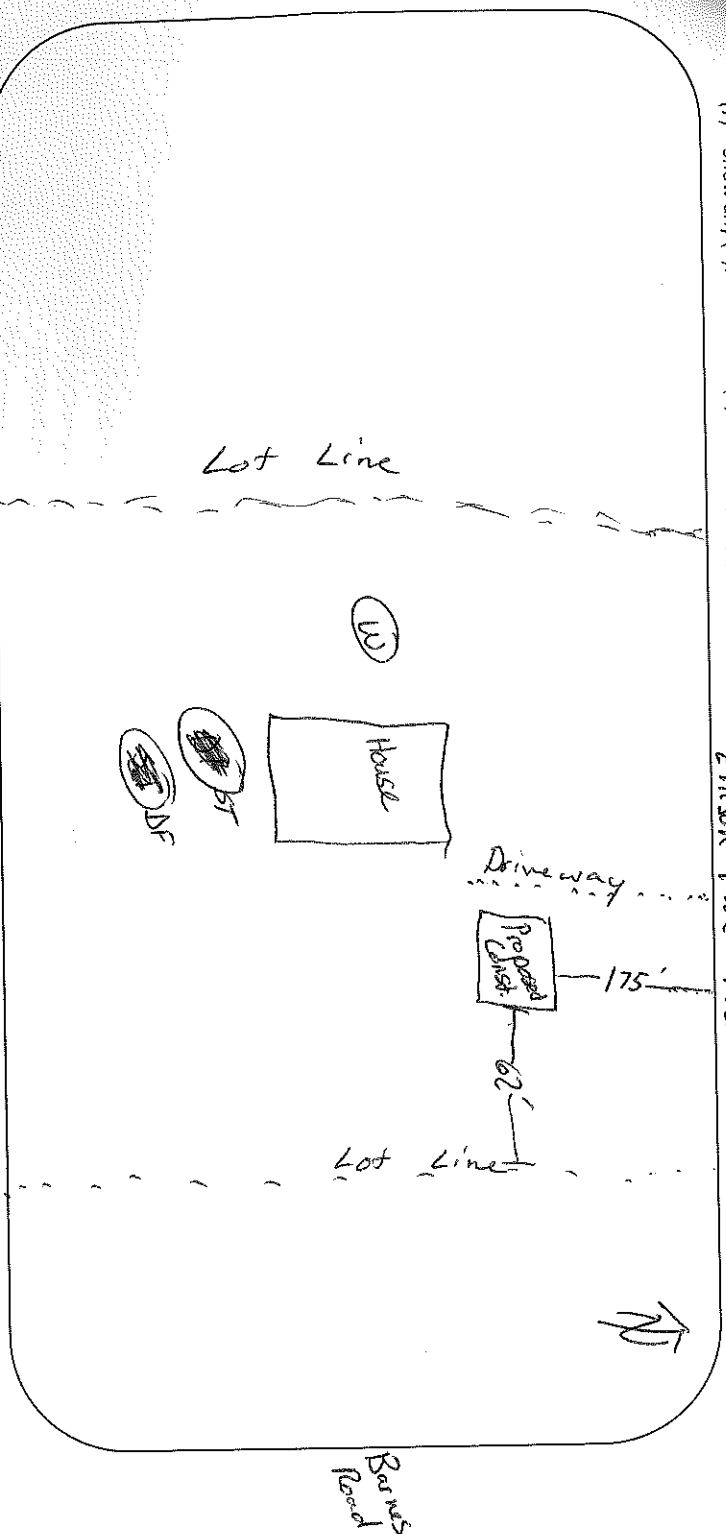
Address to send permit same as above

JUN 1 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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	175 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	62 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	175 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	62 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	100 Feet
Setback to Drain Field	125 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #:	10-0167	Permit Date:	6-1-12				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	(R-3)
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Lakes Classification	(N/A)
Inspection Record:	Date of Inspection: 5-29-12		Inspected by: M. Fustak	Date of Re-Inspection:			
<p>Will stake. Make all setbacks.</p> <p>No water under pressure in structure.</p> <p>May not be used for human habitation.</p> <p>Signature of Inspector: Michael Fustak</p>							
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>
Date of Approval:	6-1-12						