

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
 Date Rec'd (Received)
JUN 13 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0189
 Date: 6-14-12
 Amount Paid: \$75.00
 Refund: 0/13/12
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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Thomas & Mary Tang Larson Mailing Address: 6890 Kelly Lake Rd City/State/Zip: Barnes, WI 54873 Telephone: 715 795-2402

Address of Property: 6890 Kelly Lake Road City/State/Zip: Same Contractor Phone: Plumber: Plumber Phone: Plumber:

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: SE 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04-004-2-45-09-24-4 04-000-60000 PIN: (23 digits) 04-004-2-45-09-24-4 04-000-60000 Recorded Document: (i.e. Property Ownership) 235 Volume 288 Page(s) 288

SE 1/4, SE 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision 476

Section 24 Township 49 N. Range 9 W Town of: Barnes Lot Size Acreage 8.60

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue

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
\$8,000	<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"/> 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 checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 40 Height: 10

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u> </u>)	(<u> </u>)
	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
	with Loft	(<u> </u>)	(<u> </u>)
	with a Porch	(<u> </u>)	(<u> </u>)
	with (2 nd) Porch	(<u> </u>)	(<u> </u>)
	with a Deck	(<u> </u>)	(<u> </u>)
	with (2 nd) Deck	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u> </u>)	(<u> </u>)
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	(<u> </u>)
	Mobile Home (manufactured date) <u> </u>	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u> </u>	(<u> </u>)	(<u> </u>)
	Accessory Building (specify) <u>Police Bldg</u>	(<u>40 x 40</u>)	(<u>1600</u>)
	Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u>)	(<u> </u>)
	Special Use: (explain) <u> </u>	(<u> </u>)	(<u> </u>)
	Conditional Use: (explain) <u> </u>	(<u> </u>)	(<u> </u>)
	Other: (explain) <u> </u>	(<u> </u>)	(<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 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): Thomas & Mary Larson Date 4-24-12
 (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)

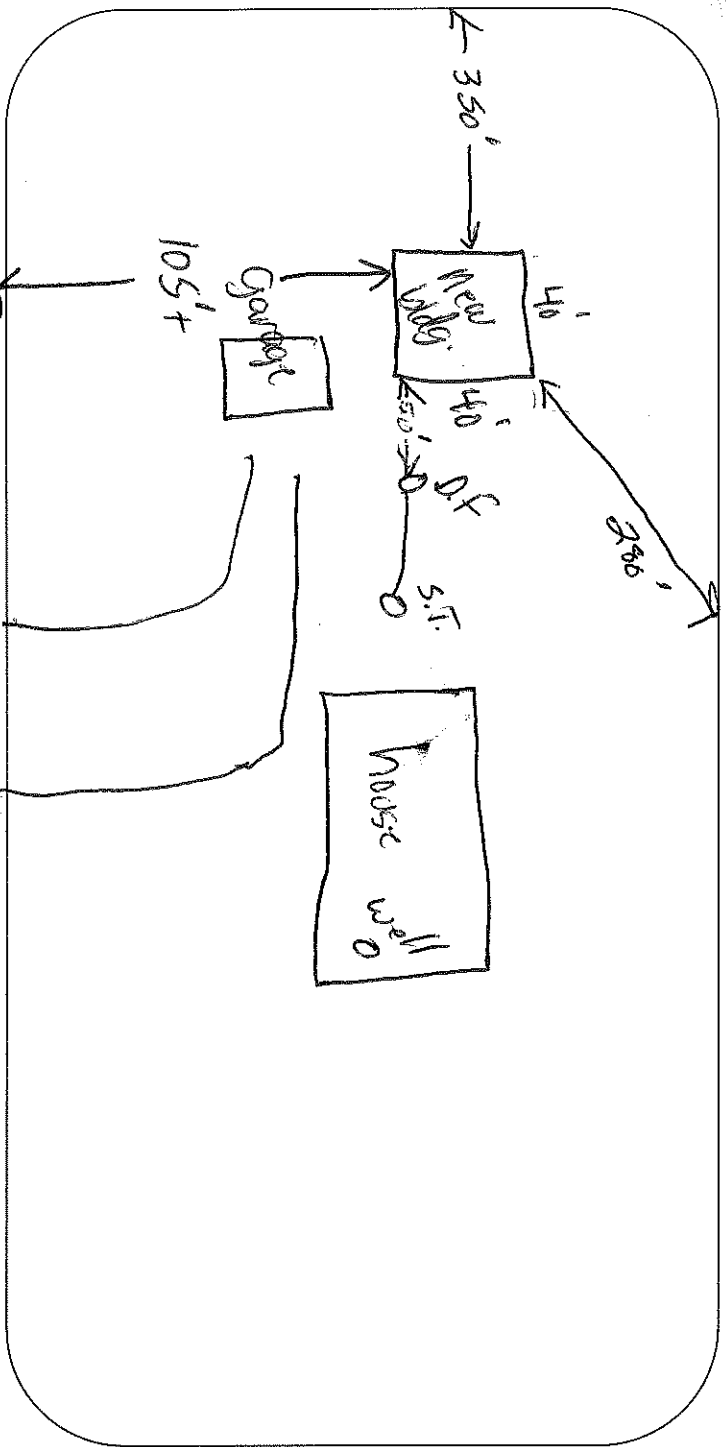
Rec'd for Issuance 9 AM & 9:50 AM Attach
 Address to send permit Copy of Tax Statement
JUN 14 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: 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)
 (8) Setbacks: (measured to the closest point) Kelly: Lk. Rd. changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	105' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	95' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	230+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	350+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	240+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	130' Feet
Setback to Drain Field	50' 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 Dwelling: 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 #: 12-0189		Permit Date: 6-14-12					
Is Parcel a Sub-Standard Lot?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure in Common Ownership?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required 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	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	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District (F-1)	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Lakes Classification (NA)	
Inspection Record:						Date of Re-Inspection:	
Date of Inspection: 6-12-12		Inspected by: M. Futch					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
May not be used for human habitation. No water under pressure in structure							
Signature of Inspector: Michael Futch						Date of Approval: 6/13/12	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				