

**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 ZONING PERMIT  
 Date Stamp (received)  
 OCT 03 2012  
 Bayfield Co. Zoning Dept

**ENTERED**  
 Permit #:  
 Date: 10-04-12  
 Amount Paid: \$980 Cash  
 10-2-12 MF  
 Return:

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: APRT (Mark & Sherry Tasker) Mailing Address: 49575 E. Shore Rd Barnes, WI 54873 Telephone: 715 795-3071

Address of Property: 49575 E. Shore Rd. City/State/Zip: Barnes, WI 54873 Cell Phone:

Contractor: Soe Selavi 218 Contractor Phone: 428-0108 Plumber:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 3 Lot(s) 1 CSM 376 Vol & Page 3,254 Lot(s) No. Block(s) No. Subdivision:

Section 17, Township 44 N, Range 9 W Town of: Barnes Lot Size: 6,472 Acreage

Distance Structure is from Shoreline: 300 feet Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

Recorded Document: (i.e. Property Ownership) 916 Volume 934 Page(s)

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?  Is Property/Land within 1000 feet of Lake, Pond or Flowage

Distance Structure is from Shoreline: 300 feet

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
\$ 30,000	<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"/> City
	<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"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 28 Width: 32 Height: 16'

Proposed Construction: Length: 28 Width: 32 Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( X )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	( )
<input type="checkbox"/>	with Loft	( X )	( )
<input checked="" type="checkbox"/>	Residential Use	( X )	( )
	with a Porch	( X )	( )
	with (2 <sup>nd</sup> ) Porch	( X )	( )
	with a Deck	( X )	( )
<input type="checkbox"/>	Commercial Use	( X )	( )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	( )
	Mobile Home (manufactured date)	( X )	( )
<input type="checkbox"/>	Municipal Use	( X )	( )
	Addition/Alteration (specify)	( 28 X 32 )	896
	Accessory Building (specify) <u>garage for storage lot</u>	( X )	( )
	Accessory Building Addition/Alteration (specify)	( X )	( )
	Special Use: (explain)	( X )	( )
	Conditional Use: (explain)	( X )	( )
	Other: (explain)	( 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 acknowledge 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): Mark & Sherry Tasker Date: 10-2-12

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mark Tasker Date: 10-2-12

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 Attach  Copy of Tax Statement

Address to send permit same as above If you recently purchased the property send your Recorded Deed

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%

See attached.

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	750+	Setback from the Lake (ordinary high-water mark)	300+
Setback from the Established Right-of-Way	730+	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	35	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	140+	Setback from Wetland	NA
Setback from the West Lot Line	NA	Setback from 20% Slope Area	NA
Setback from the East Lot Line	NA	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	300+	Setback to Well	260+
Setback to Drain Field	290+		
Setback to Privy (Portable, Composting)	NA		

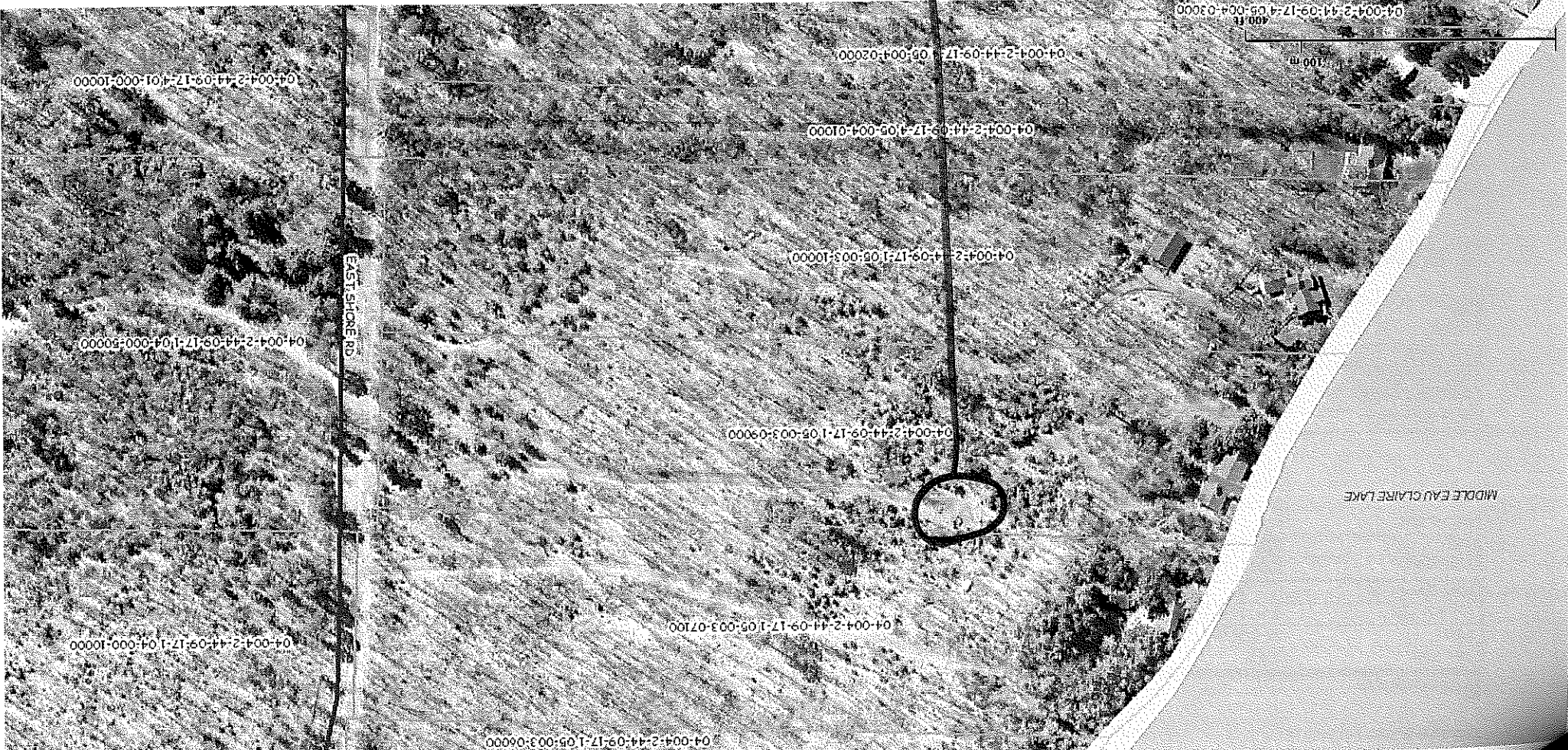
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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 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 #: <b>12-0484</b>	Permit Date: <b>10-9-12</b>			
<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 checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	Was Proposed Building Site Delineated	Were Property Lines Represented by Owner	Was Property Surveyed	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Inspection Record: <b>well staked. Meets all setbacks.</b>				
Date of Inspection: <b>10-2-12</b>	Inspected by: <b>M. Fuchs</b>	Zoning District: <b>(R-3)</b>	Lakes Classification: <b>(1)</b>	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <b>Michael G. Swick</b>	Date of Approval: <b>10-3-12</b>			
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 checked="" type="checkbox"/> Authorization



Garage location