

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 of Issuance: **OCT 09 2012**

Permit #:	10-0430
Date:	10-09-10
Amount Paid:	\$75
Refund:	10-17-10

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 FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org)

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

Owner's Name: Wayne A Carter
Address of Property: 3660 Kelsey Rd
City/State/Zip: Barnes, WI 54847
Mailing Address: Le Red Forest Way
City/State/Zip: North Oaks, MN 55127
Telephone: 651 765-0118
Cell Phone:

Contractor: Dave Christenson
Authorized Agent: Dave Christenson
Contractor Phone: 795-2358
Agent Phone: 795-2358
Plumber: Audri Rasmussen & Sons
Agent Mailing Address (include City/State/Zip): 52185 Lake Rd, Barnes
Plumber Phone: 798-3355
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 1/4, 1/4 Gov't Lot 9
 Section 4, Township 44 N, Range 9 W
 Town of: Barnes
 Lot Size: 10.774
 Acreage: 10.774

Distance Structure Is from Shoreline: 230 feet
Distance Structure Is from Shoreline: 230 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
\$ 24,000	<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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cabin</u> <input type="checkbox"/> Privy (Pit) or 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: 24' Width: 32' Height: 20'

Proposed Construction: Length: 24' Width: 32' Height: 20'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	() () ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() () ()	
<input checked="" type="checkbox"/>	Residential Use	() () ()	
<input type="checkbox"/>	Commercial Use	() () ()	
<input type="checkbox"/>	Municipal Use	() () ()	

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: 10-9-12
 (if there are Multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)

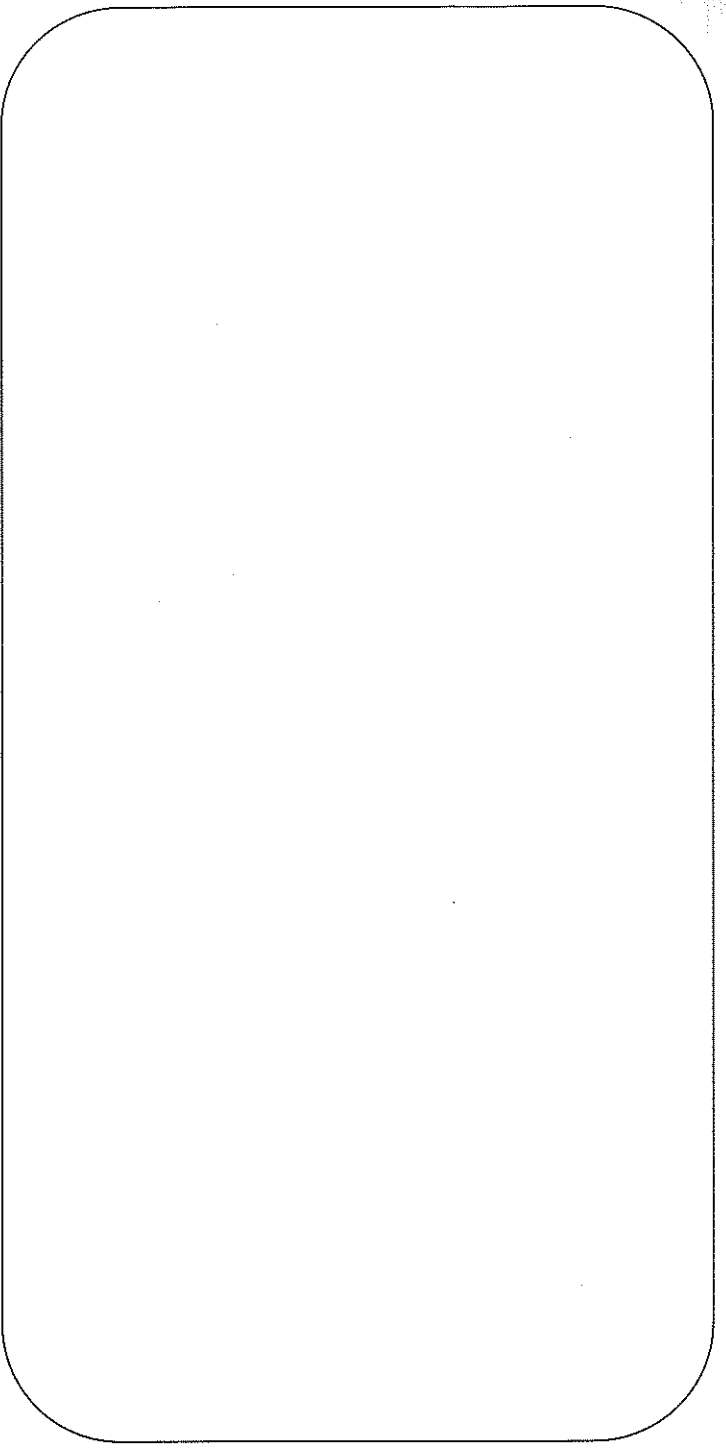
Authorized Agent: Wayne A Carter Date: 10-9-12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: Same as above
 Address to send permit: _____
 OCT 09 2012

Secretary 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)

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	950' Feet	Setback from the Lake (ordinary high-water mark)	230'± Feet
Setback from the Established Right-of-Way	950'± Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	800'± Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	150'± Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	58 Feet
Setback to Drain Field	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, 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: 425075	# of bedrooms: 3	Sanitary Date: 10-18-03
Permit Denied (Date):	Reason for Denial:			
Permit #: 10-0130	Permit Date: 10-09-10			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<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	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	
<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	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	Inspected by: <i>MM. Furtak</i>			
<i>Maeza all setbacks.</i>	Date of Re-Inspection:			
Date of Inspection: 10-16-12	Zoning District: (R-3), (R-1)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <i>see Flows & Loads Affidavit.</i>				
Signature of Inspector: <i>Michael Gurdal</i>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 10-17-12
<i>Flows & Loads</i>				

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION

(Please Print All Information)

Soil Test No: 266-03 County Permit No: 12-0430

Property Owner's Name
Wayne A. + Mary D. Carter

County: Bayfield

Address of Property

Property Location:

3160 Kelsey Rd

1/4 1/4 S 4 T 44 N.R 9

Property Owner's Mailing Address

Township

314 Oakwood Terrace

Gov. Lot #: pt of C.L.L.9

City/State Wadena Heights, MN Zip Code 55127 Phone Number 763-755-2339

Lot # N 420' of S 950' in Lot 9

Block #: Subdivision Name or CSM #:

II. TYPE OF BUILDING (Check One)

State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms 3
 Parcel ID 64-004-2-44-09.04-1 Tax Number(s): 05-009-07000

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) New Replacement County Private Interceptor

1. Reconnection 2. Repair 3. Revision ** Transfer of Owner (List Previous Owner below)

B) A Sanitary Permit was previously issued. Previous Permit Number: 425075 Date Issued: 10/18/03

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) *Replacements need previous permit number and date filled out above

C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)
 Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)
<u>450</u>	<u>643</u>	<u>684.2</u>	<u>7</u>	<u>1</u>	<u>A = 89.9 B = 91.1</u>	<u>92'-94'</u>

VI. TANK INFORMATION:

	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<u>1000</u>	<u>1000</u>	<u>1</u>	<u>Rasmussen</u>	<u>X</u>					
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's / ~~Owner's~~ Name: (Print) A. Rasmussen + Sons Plumber's / ~~Owner's~~ Signature: (No Stamps) [Signature] MP/APP/SPW No: 221516

Plumber's Address: (Street, City/State, Zip Code)

Home Phone:

Business Phone: 715-798-3355

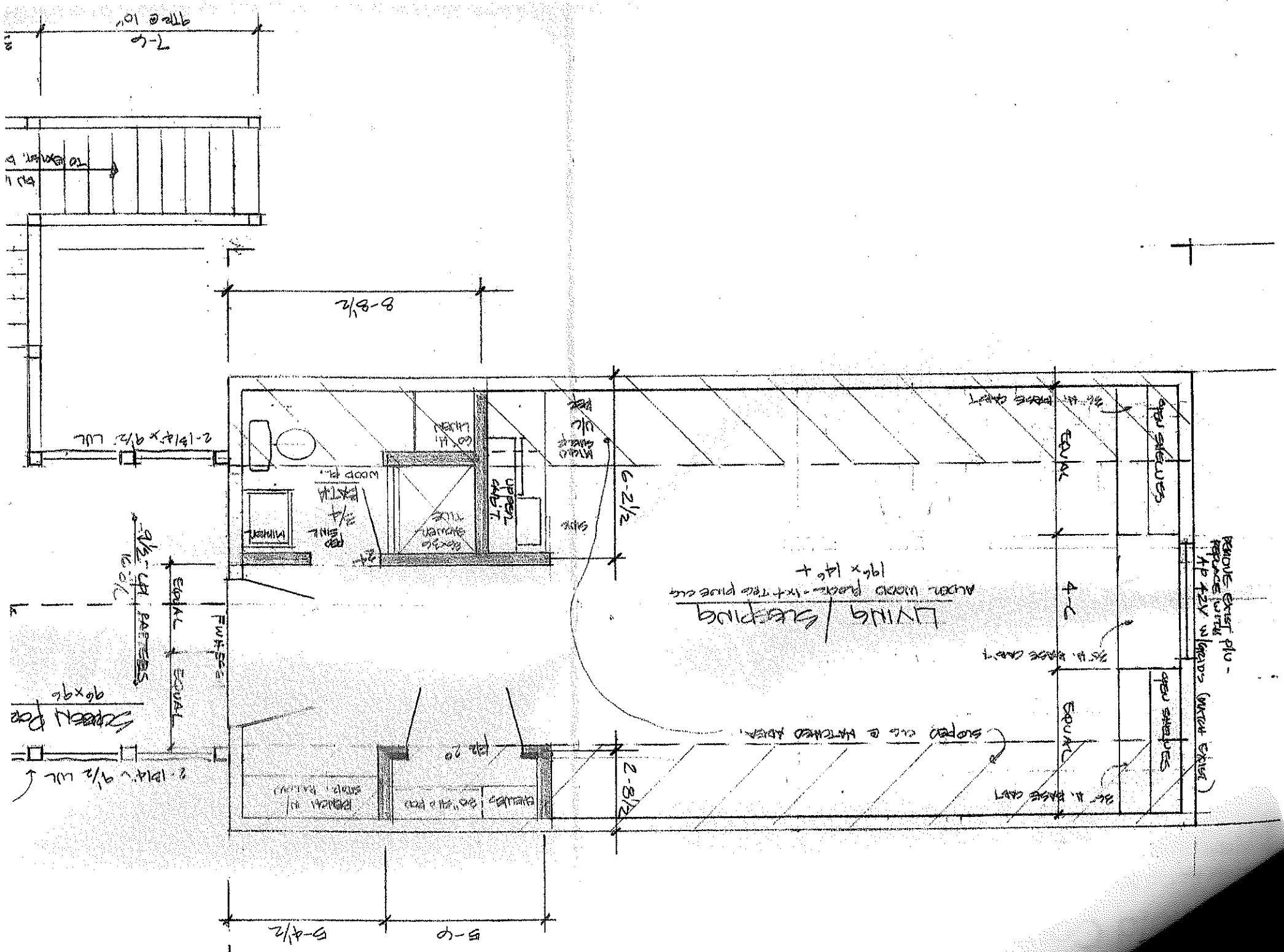
PO Box 66 Cable WI 54821

VIII. COUNTY / DEPARTMENT USE ONLY

Approved Disapproved
 Owner Given Initial Adverse Determination
 Sanitary Permit Transfer Fee: \$50 Date Issued: 10-17-12
 Issuing Agent's Signature / Date: M. Fuchs 10-17-12

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Need Plans & locate affidavit.



LIVING / SLEEPING
 196 x 146 +
 AUCHEN WOOD FLOOR - 1x4 T&G PLUGS

REPAIRS EXIST PLU -
 REPAIRS WITH
 AP KEY IN LAGERS (MATERIAL EXIST)

SLOPED C/S @ MATCHED AREA

3/4" CH PARTIES
 16 C/L
 SCREENED PORCH
 96 x 96

FURNITURE

EQUAK
 EQUAK

OPEN SHELVES

OPEN SHELVES

EQUAK

4-C

EQUAK

3/4" CH PARTIES

3/4" CH PARTIES

3/4" CH PARTIES

UPPER CABINETS
 KITCHEN
 WOOD FL.
 SINK
 STOVE
 REFRIG

BATH
 MIRROR

7-6
 96 @ 10"

8-8 1/2

6-2 1/2

2-8 1/2

5-4 1/2

5-0

1/8"

1/8"

1/8"

1/8"

1/8"