

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 Stamp (Received)  
 NOV 09 2012  
 Bayfield Co. Zoning Dept.

Permit #: 12-0448 ✓  
 Date: 11-14-12  
 APPROVED: \$125 11-9-12  
 Return:

#125

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: Dale R. Balossek  
 Address of Property: 2430 Tall Timber Trail, Barnev, WI 54873  
 City/State/Zip: Same  
 Mailing Address: 2430 Tall Timber Trail, Barnev, WI 54873  
 City/State/Zip: Same  
 Contractor: self  
 Contractor 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: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-004-2-45-09-08-3 00-153-35000  
 Volume 917 Page(s) 789  
 Subdivisions: Commandic Add. to 10th and 11th Estates  
 Gov't Lot: 1/4, 1/4  
 Lot(s): 39  
 Vol & Page: \_\_\_\_\_  
 Lot(s) No.: \_\_\_\_\_  
 Block(s) No.: \_\_\_\_\_  
 Section 8, Township 45 N, Range 9 W  
 Town of: Barnev

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

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

Non-Shoreland

| Value at Time of Completion<br>* include donated time & material | Project<br>(What are you applying for)  | # of Stories and/or basement   | Use   | # of bedrooms  | What Type of Sewer/Sanitary System is on the property?   | Water  |
|--|---|--|---|--|--|--|
| \$ 11,000  | <input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing Bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story | <input type="checkbox"/> Seasonal<br><input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input type="checkbox"/> Sanitary (Exists) Specify Type: _____<br><input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input checked="" type="checkbox"/> Compost Toilet | <input type="checkbox"/> City<br><input type="checkbox"/> Well<br><input checked="" type="checkbox"/> None |

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 32 Height: 16  
 Proposed Construction: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

| Proposed Use  | Proposed Structure  | Dimensions   | Square Footage |
|---|---|--|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property)<br>Residence (i.e. cabin, hunting shack, etc.)<br>with Loft<br>with a Porch<br>with (2 <sup>nd</sup> ) Porch<br>with a Deck<br>with (2 <sup>nd</sup> ) Deck<br>with Attached Garage | ( 32 x 32 )<br>( X X )<br>( X X )<br>( X X )<br>( X X )<br>( X X )<br>( X X )<br>( X X ) | 1024           |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)   | ( X X )<br>( X X )<br>( X X )  |                |
| <input type="checkbox"/> Municipal Use              | Mobile Home (manufactured date)   | ( X X )<br>( X X )<br>( X X )  |                |
|   | Addition/Alteration (specify)   | ( X X )<br>( X X )   |                |
|   | Accessory Building (specify)  | ( X X )<br>( X X )   |                |
|   | Accessory Building Addition/Alteration (specify)  | ( X X )<br>( X X )   |                |
|   | Special Use: (explain)  | ( X X )<br>( X X )   |                |
|   | Conditional Use: (explain)  | ( X X )<br>( X X )   |                |
|   | Other: (explain)  | ( X X )<br>( X 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 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.

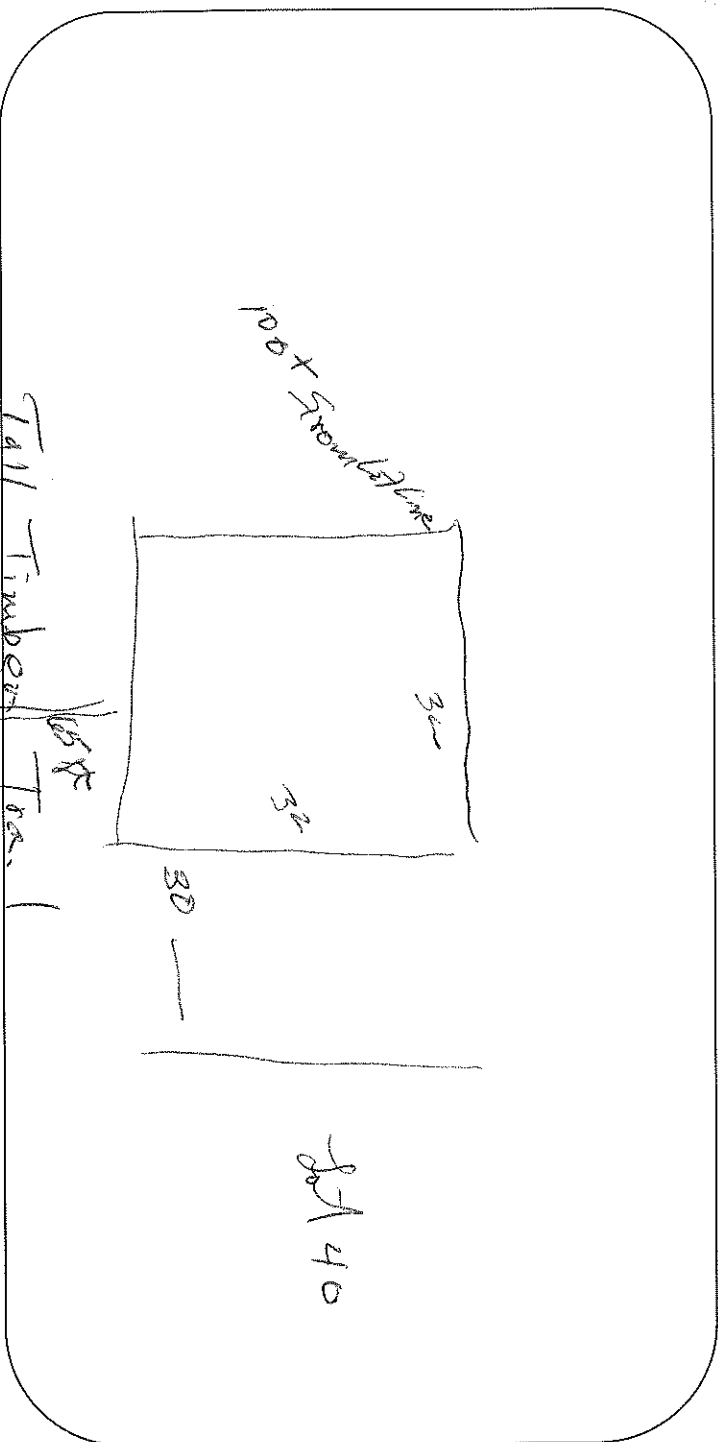
Owner(s): Dale R. Balossek  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Date 11-8-12  
 Authorized Agent: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Date \_\_\_\_\_  
 Attach  
 Copy of Tax Statement ✓  
 Record for Issuance  
 Address to send permit Same as above ✓  
 Date NOV 14 2012  
 Copy of Tax Statement ✓  
 Record for Issuance ✓  
 Address to send permit Same as above ✓

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



(8) Setbacks: (measured to the closest point)  
 Please complete (1) - (7) above (prior to continuing)  
 Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 65 Feet     | Setback from the Lake (ordinary high-water mark) | NA Feet     |
| Setback from the Established Right-of-Way   | 32 Feet     | Setback from the River, Stream, Creek            | NA Feet     |
| Setback from the North Lot Line             | 130' 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              | 100' Feet   | Setback from 20% Slope Area                      | NA Feet     |
| Setback from the East Lot Line              | 30 Feet     | Elevation of Floodplain                          | NA Feet     |
| Setback to Septic Tank or Holding Tank      | NA Feet     | Setback to Well                                  | NA Feet     |
| Setback to Drain Field                      | NA 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 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_

Permit #: 120448 Permit Date: 11-14-12

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_  
 Case #: \_\_\_\_\_  
 Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Previously Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_  
 Case #: \_\_\_\_\_

Inspection Record:  
 Well Staked, Metastack Backblocks.  
 M. Funtel

Date of Inspection: 11-13-12 Inspected by: M. Funtel

Conditions: Town, Committee or Board Conditions Attached?  Yes  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 Funtel

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

Date of Approval: 11-14-12