

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Department
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Submitted (month/year) 11/14/12
 NOV 14 2012
 Bayfield Co. Zoning Dept.

Permit #:	<u>12-0474</u>
Date:	<u>12-6-12</u>
Amount Paid:	<u>\$175 11-14-12</u>
Refund:	

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: Dennis & Catherine Newackmer Mailing Address: 5009 Wendale Lane Edina, MN 55424 Telephone: 715 816 4067

Address of Property: 50630 Martin Rd City/State/Zip: Barnes, WI 54873 Cell Phone:

Contractor: Matt Blacklock Contractor Phone: 715 816 4067 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 Legal Description: (Use Tax Statement) PIN: (23 digits) 11-2-05-003-5000 Recorded Document: (i.e. Property Ownership) Volume 708 Page(s) 73

1/4, 1/4 Gov't Lot 2+5 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: _____

Section 10, Township 44 N, Range 9 W Town of: Barnes Lot Size _____ Acreage .4487, 166

Shoreland Non-Shoreland

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

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

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 675 feet 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
\$ <u>20,000</u>	<input checked="" 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Com</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 32 Width: 24 Height: 16

Proposed Construction: Length: 72 Width: 24 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify) <u>Expand dining room, entryway</u>	(<u>13</u> x <u>20</u>)	<u>336</u>
	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	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 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.

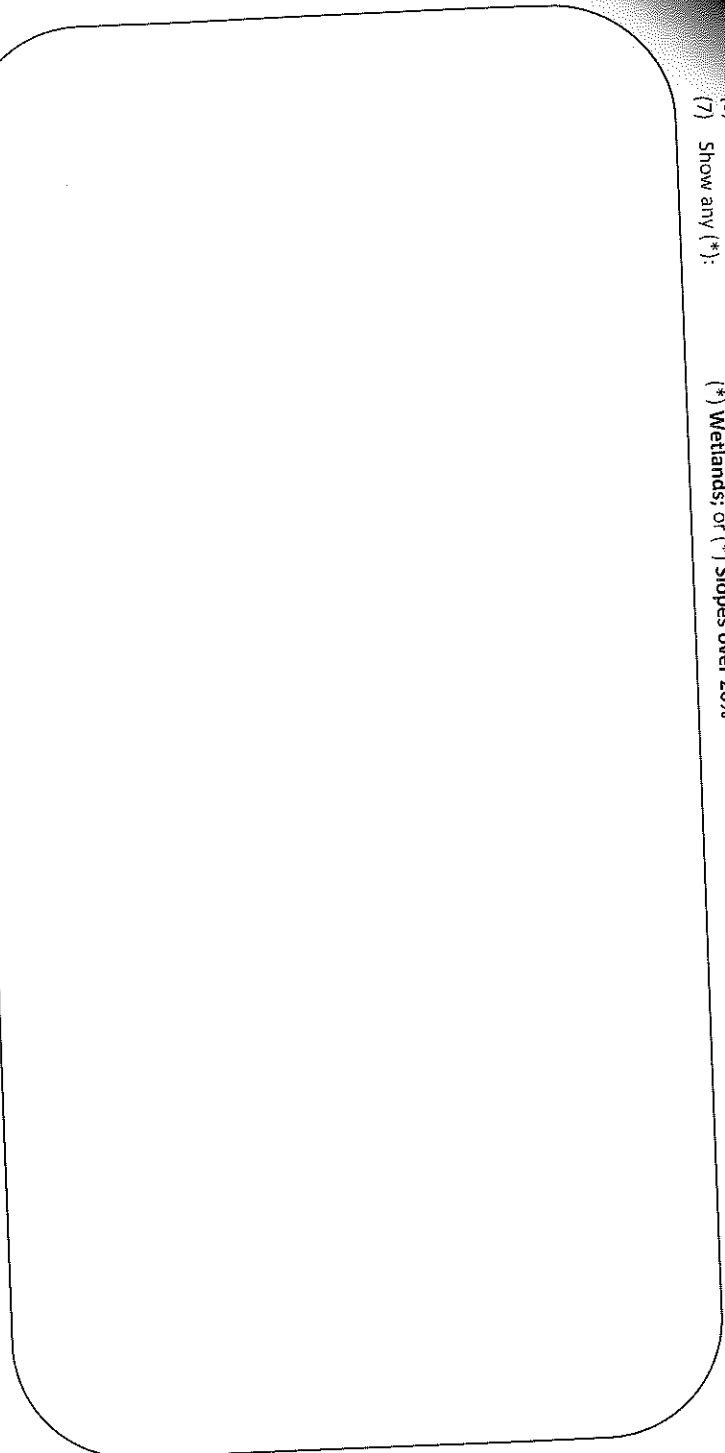
Owner(s): _____ Date _____
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Matt Blacklock Date 11/10/12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Smithbilt Inc., P.O. 132, Solon Springs WI 54875 Attach Copy of Tax Statement
 (If you recently purchased the property send your Recorded Deed)

Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (*) Show/Indicate: North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (*) Show Location of (*): All Existing Structures on Your Property
 - (*) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) 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	107'	Setback from the Lake (ordinary high-water mark)	107'
Setback from the Established Right-of-Way	107'	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	18'	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	18'	Setback from Wetland	NA
Setback from the West Lot Line	NA	Setback from 20% Slope Area	NA
Setback from the East Lot Line	Lake	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank		Setback to Well	15'
Setback to Drain Field			
Setback to Privy (Portable, Composting)	NA		

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 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, 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: _____

Permit Date: 12-6-12 Reason for Denial: _____

Permit #: 12-0474 Sub-Standard Lot: NA (Deed of Record) Yes No
 Is Parcel in Common Ownership: Yes No (Fused/Contiguous Lots) Yes No
 Is Structure Non-Conforming: Yes No
 Granted by Variance (B.O.A.): Yes No Case #: _____ Previously Granted by Variance (B.O.A.): Yes No 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

Inspection Record: Substandard lot approved. Fused to adjoining lot
 Date of Inspection: 11-15-12 Inspected by: M. Fuchs
 Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Zoning District: (R-1)
 Lakes Classification: (1)
 Date of Re-Inspection: _____

Signature of Inspector: Michael Stetzel Date of Approval: 11-16-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

see affidavit.

