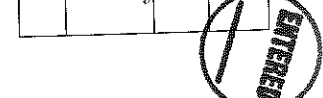


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 Date Received: APR 30 2012

Permit #: 12-0111  
 Date: 5-9-12  
 Amount Paid: \$75.00 + \$25  
 517112



Bayfield Co. Zoning Dept.

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: Reginald Mallo Mailing Address: PO Box 442 Bayfield WI City/State/Zip: 80584 Telephone: \_\_\_\_\_  
 Address of Property: 5054 DAVIE City/State/Zip: WI Cell Phone: 715 8091919  
 Contractor: BAYFIELD CONST Contractor Phone: 715 279 3150 Plumber: None Plumber Phone: \_\_\_\_\_  
 Authorized Agent: \_\_\_\_\_ Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04 506 - 2.50 - 64 - N-2 60 380 - PIN: (23 digits)  
 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Sussex Ridge Volume \_\_\_\_\_ Page(s) \_\_\_\_\_  
 Section 15, Township 50 N, Range 7 W Town of: BAYFIELD Lot Size 1.21 Acres Acreage \_\_\_\_\_

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. Interstream) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Non-Shoreland

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
\$ <u>12200</u>	<input checked="" type="checkbox"/> New Construction <input 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"/> 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Garage Length: 26' Width: 26' Height: 1 Story

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/>	with Loft	( ) ( )	( )
<input type="checkbox"/>	with a Porch	( ) ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) ( )	( )
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) ( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	( ) ( )	( )
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>GARAGE</u>	( <u>26</u> X <u>26</u> )	( <u>653</u> sq ft )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
<input type="checkbox"/>	Special Use: (explain)	( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) ( )	( )
<input type="checkbox"/>	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.

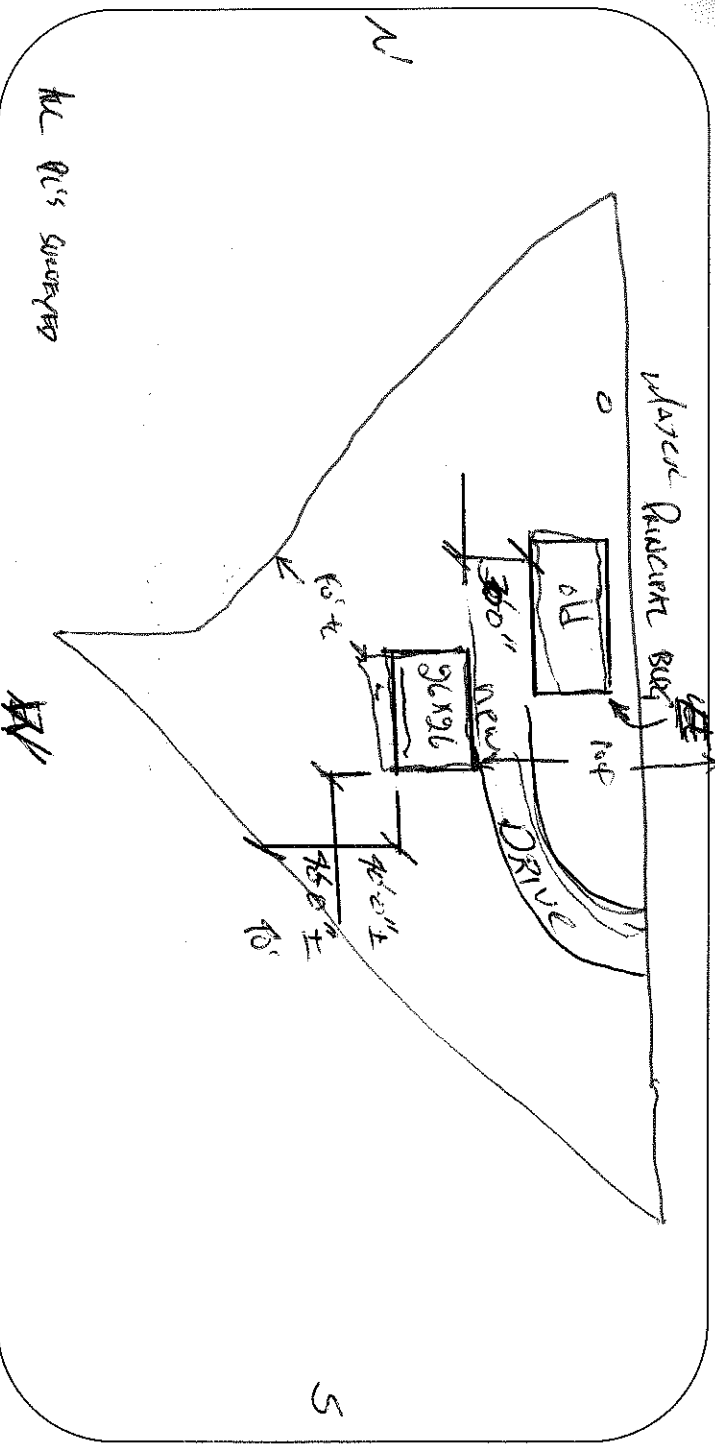
Owner(s): Reginald Mallo / Abella Mallo  
 (If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)  
 Date 4-30-12

Authorized Agent: Abella Mallo have signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Attach Copy of Tax Statement  
 Applicant - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 If you recently purchased the property send your Recorded Deed

Secretary Staff

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 (\*): All Existing Structures on your Property  
 (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%  
 (7) Show any (\*):



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	60'-0" Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	46'-0" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	200'-0" Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	40'-0" Feet	Setback from Wetland	40'-0" Feet
Setback from the West Lot Line	56'-0" Feet	Setback from 20% Slope Area	5'-0" Feet
Setback from the East Lot Line	100'-0" Feet	Elevation of Floodplain	- Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	40'-0" Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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)** Sanitary Number: N/A # of bedrooms:     Sanitary Date:    

Permit Denied (Date):     Reason for Denial:    

Permit #: 18-0111 Permit Date: 5-9-12

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

Granted by Variance (B.O.A.) Case #:     Previously Granted by Variance (B.O.A.) Case #:    

Was Parcel Legally Created:  Yes  No  
 Was Proposed Building Site Delineated:  Yes  No  
 Were Property Lines Represented by Owner:  Yes  No  
 Was Property Surveyed:  Yes  No

Inspection Record: Worked on site to verify setbacks by adding markers to meet setbacks  
Garage Shed Garage on other  
 Date of Inspection: 5-3-12 Inspected by: DPC  
 Condition(s): Town, Committee or Board Conditions Attached?  Yes  No  No (if No they need to be attached.)

Signature of Inspector: [Signature] Date of Approval: 5-3-12

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