

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 Date Stamp: MAY 10 2012

Permit #: 10-0148 ENTERED
 Date: 5-24-12
 Amount Paid: \$125.00 PDOS
 Return: 5/11/12

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.

Bayfield Co. Zoning Dept. HOW DO I FILE? THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Mailing Address: 87540 OY HWY J BAYFIELD WI	City/State/Zip: BAYFIELD WI	Telephone: 715 779-5700
Owner's Name: BAYFIELD APPLE CO. LLC	Contractor Phone: NOW C	Plumber: NOW C	Plumber Phone:
Address of Property: 87540 OY HWY J	Agent Phone: 715-888-0861	Agent Mailing Address (include City/State/Zip): 3352 STATE STREET, ECSTON, WI	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Contractor: SALE	Agent Fax: 715-888-0861	Recorded Document: (i.e. Property Ownership) 10936	Page(s) 285
Authorized Agent: (Person Signing Application on behalf of Owner(s)) IDAVE KARREIZ	Legal Description: (Use Tax Statement) P1N1: (23 digits) 04-606. 2. SD. 04. 02. 2. 01-000 Vol 12, 000	Subdivision: 10936	
PROJECT LOCATION: SE 1/4, NW 1/4	Govt Lot	Lot(s)	Block(s) No.
Section 2, Township SO, N. Range Y, W	CSM	Vol & Page	Subdivision: 10936
		Lot Size	Acres: 34415
		Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * Include donated time & material \$ 2,000	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

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 16 Height: 12
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	with Attached Garage	() X ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
<input checked="" type="checkbox"/> Commercial Use	Accessory Building (specify) <u>TRACOR</u>	(24 X 16)	384
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

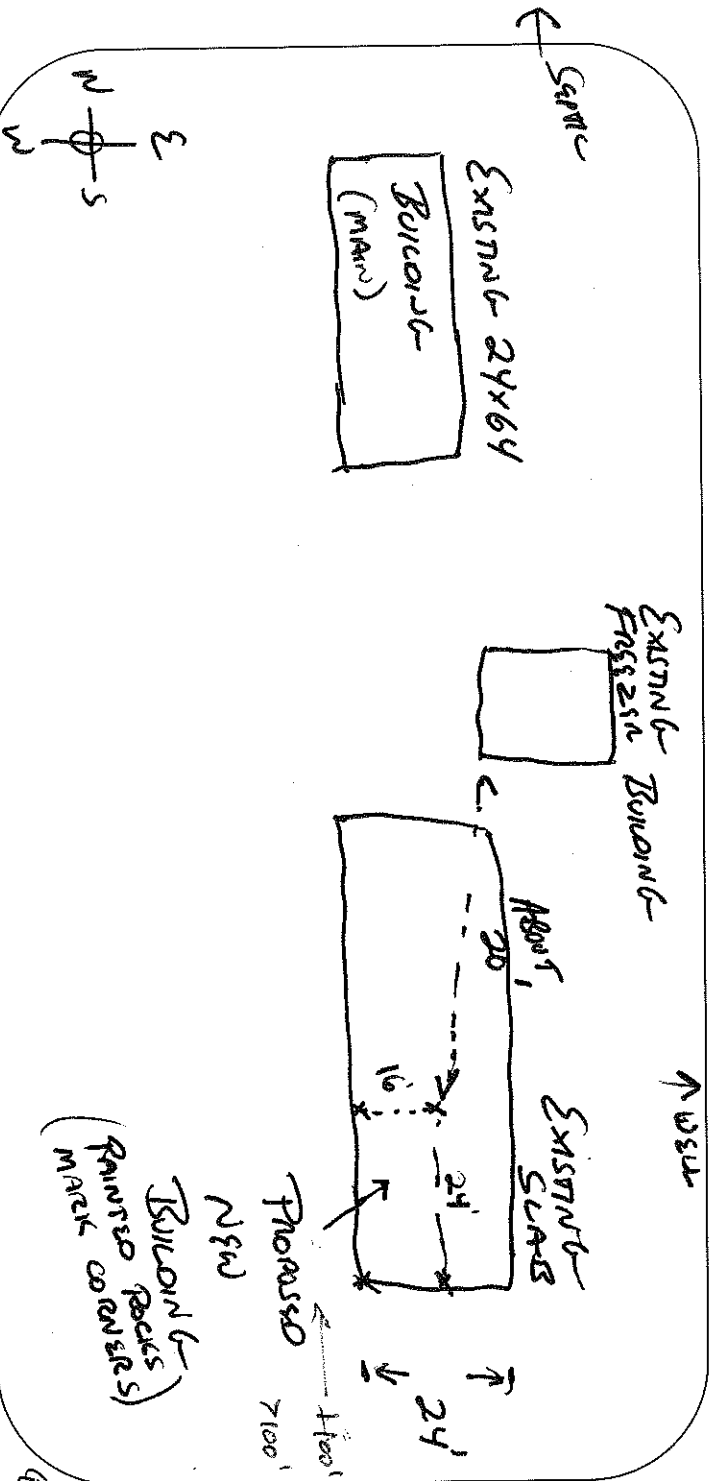
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information (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 ordinance to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 4/27/12
 (if there are Multiple Owners listed on the deed ALL Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: 4/27/12
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance
 Address to send permit
 MAY 04 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Copy of Tax Statement
 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%**



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.
 Edge of Field →

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	190 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	165 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	700+ Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	90 Feet	Setback from Wetland	
Setback from the West Lot Line	165 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	700+ Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	180 Feet	Setback to Well	200 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	200 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0143	Permit Date: 5-24-18			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Lead of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Revised Structure & for other persons who's account may be issued		Zoning District: (A-1)	Lakes Classification: (-)	
Date of Inspection: 5-26-12	Inspected by: DD	Date of Re-Inspection:		
Condition(s), Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached.)				
Signature of Inspector: [Signature]				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 5/26/12