

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Submitted (Received)
MAY 25 2012
 Bayfield Co. Zoning Dept.

Permit #:	10-0018
Date:	10-28-10
Amount Paid:	\$125.00 L&S 5/25/12
Retund:	

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: Harold Maki
 Address of Property: 85180 Hwy 13
 City/State/Zip: Bayfield WI 54814
 Contractor: SEK
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone:
 Agent Mailing Address (include City/State/Zip):
 Written Authorization Attached Yes No

Telephone:
 Cell Phone: 209-0512
 Plumber Phone:

Legal Description: (Use Tax Statement)
 1/4, 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No.
 Section 14, Township 50 N, Range 4 W Town of: Bayfield

Recorded Document: (i.e. Property Ownership)
 Volume 333 Page(s) 964
 Subdivision:

Distance Structure is from Shoreline:
 Distance Structure is from Shoreline: 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
 \$ 6,200

Project (What are you applying for):
 New Construction
 Addition/Alteration
 Conversion
 Relocate (existing bldg)
 Run a Business on Property

of Stories and/or basement:
 1-Story
 1-Story + Loft
 2-Story
 Basement
 No Basement
 Foundation

Use:
 Seasonal
 Year Round

of bedrooms:
 1
 2
 3

What Type of Sewer/Sanitary System Is on the property?
 Municipal/City
 (New) Sanitary
 Sanitary (Exists) Specify Type: On Property
 Privy (Pit) or Vaulted (min 200 gallon)
 Portable (w/service contract)
 Compost Toilet
 None

Water: City Well

Existing Structure: (if permit being applied for is relevant to it)
 Length: 48 Width: 20 Height: 10
 Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(X X)	
<input type="checkbox"/>	with a Porch	(X X)	
<input type="checkbox"/>	with (2 nd) Porch	(X X)	
<input type="checkbox"/>	with a Deck	(X X)	
<input type="checkbox"/>	with (2 nd) Deck with Attached Garage	(X X)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(20 X 48)	960
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Storage</u>	(X X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X X)	
<input type="checkbox"/>	Special Use: (explain)	(X X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X X)	
<input type="checkbox"/>	Other: (explain)	(X X)	

FALLURE 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 (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): Harold Maki
 (if there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Steve Maki
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance: Steve Maki
 Date: 05-25-2012
 Address to send permit: Steve Maki
 Date: 05-25-2012
 Attach: Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

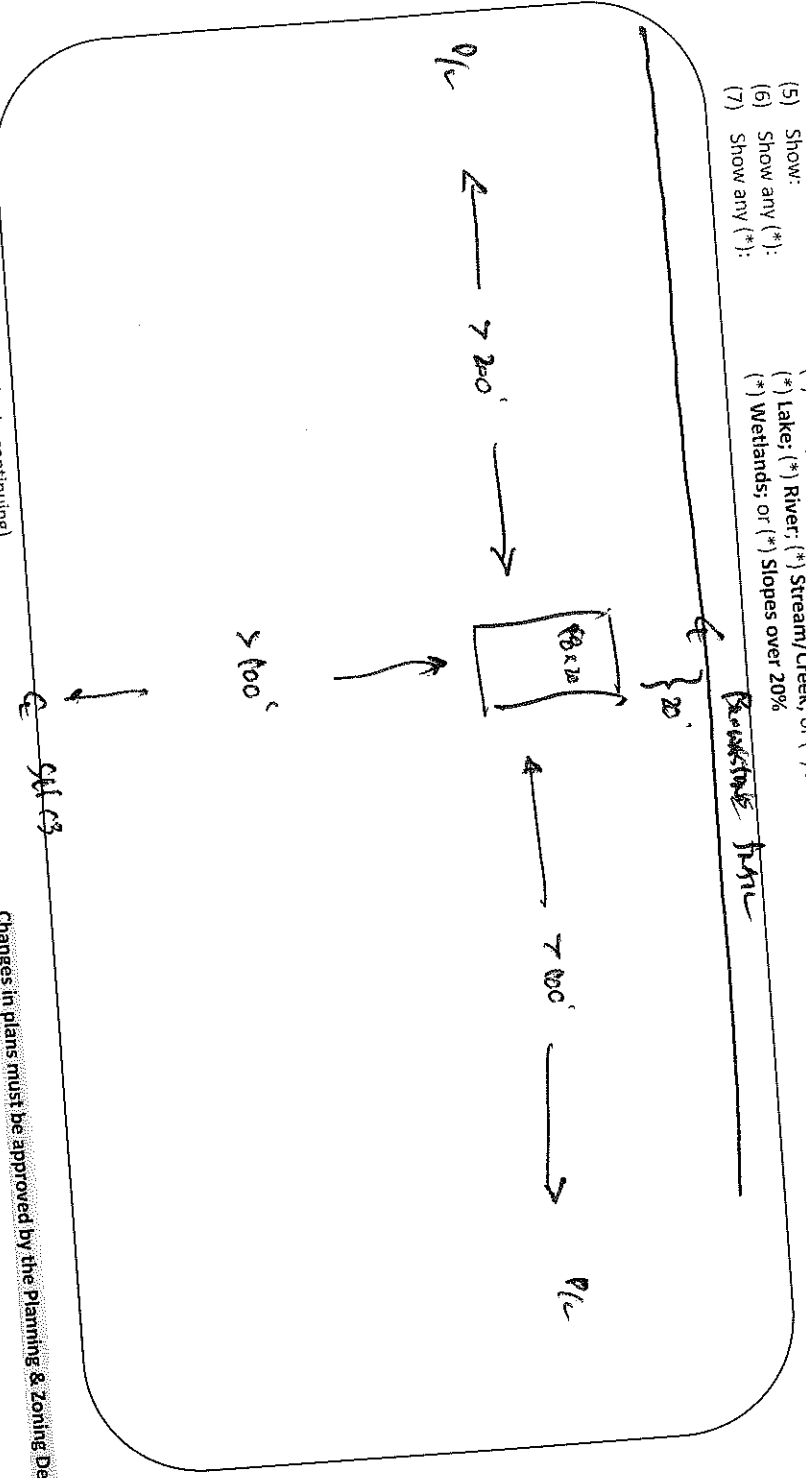
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (portable, Composting)	Feet		

Setback to Privy (portable, Composting): (40) feet of the minimum required setback; the boundary line from which the setback must be measured must be visible from the placement or construction of a structure within ten (10) feet of 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 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 or 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): _____ Reason for Denial: _____

Permit #: 18-00213 Permit Date: 6-28-12

Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ No Yes

Is Parcel in Common Ownership Yes No (Fused/Contiguous Lot(s)) _____ No Yes

Is Structure Non-Conforming Yes _____ No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Other KAPPA AFFIDAVIT Request to Different PICS for New Warrant Affidavits

Inspected by: PR

Date of inspection: 6-2-12

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

Signature of Inspector: [Signature] Hold For TBAs: Hold For Fees: Date of Approval: 6-12

Hold For Sanitary: Hold For Affidavit: