

**STATUS: 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**  
 RECEIVED  
 JUN 11 2012  
 Bayfield Co. Zoning Dept.

Permit #: **10-035**  
 Date: **7-19-10**  
 Amount Paid: **\$175.00 ROS**  
 Refund: **6/11/12**

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. 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: \_\_\_\_\_ Mailing Address: **85165 STATE HIGHWAY B BAYFIELD WIS 54814** Telephone: **715-779-5548**

Address of Property: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contractor: **SPRUE AS ABOVE** Contractor Phone: **779-5548** Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (person Signing Application on behalf of Owner(s)) **ALSCARTY** Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

**PROJECT LOCATION** Legal Description: (Use Tax Statement) **PLN: (23 digits) 04-04-006-2-50-04-14-405** Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

**Section** 14, Township 30 N, Range 4 W Town of: **BAYFIELD**

Gov't Lot 2 Lot(s) 1 Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Recorded Document: (i.e. Property Ownership) \_\_\_\_\_

Shoreland →  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (and intermittent) 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

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>1500</u>	<input 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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or 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: 70 Width: 60 Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( X )	
<input type="checkbox"/> with Loft		( X )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	Mobile Home (manufactured date) _____	( X )	
	Addition/Alteration (specify) _____	( X )	
	Accessory Building (specify) _____	( X )	
	Accessory Building Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	( X )	
	Conditional Use: (explain) _____	( X )	
	Other: (explain) <u>MINOR ROAD</u>	( 20' X 25' )	500 FT <sup>2</sup>

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): William J. McCarty Date: June 2012

(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: \_\_\_\_\_

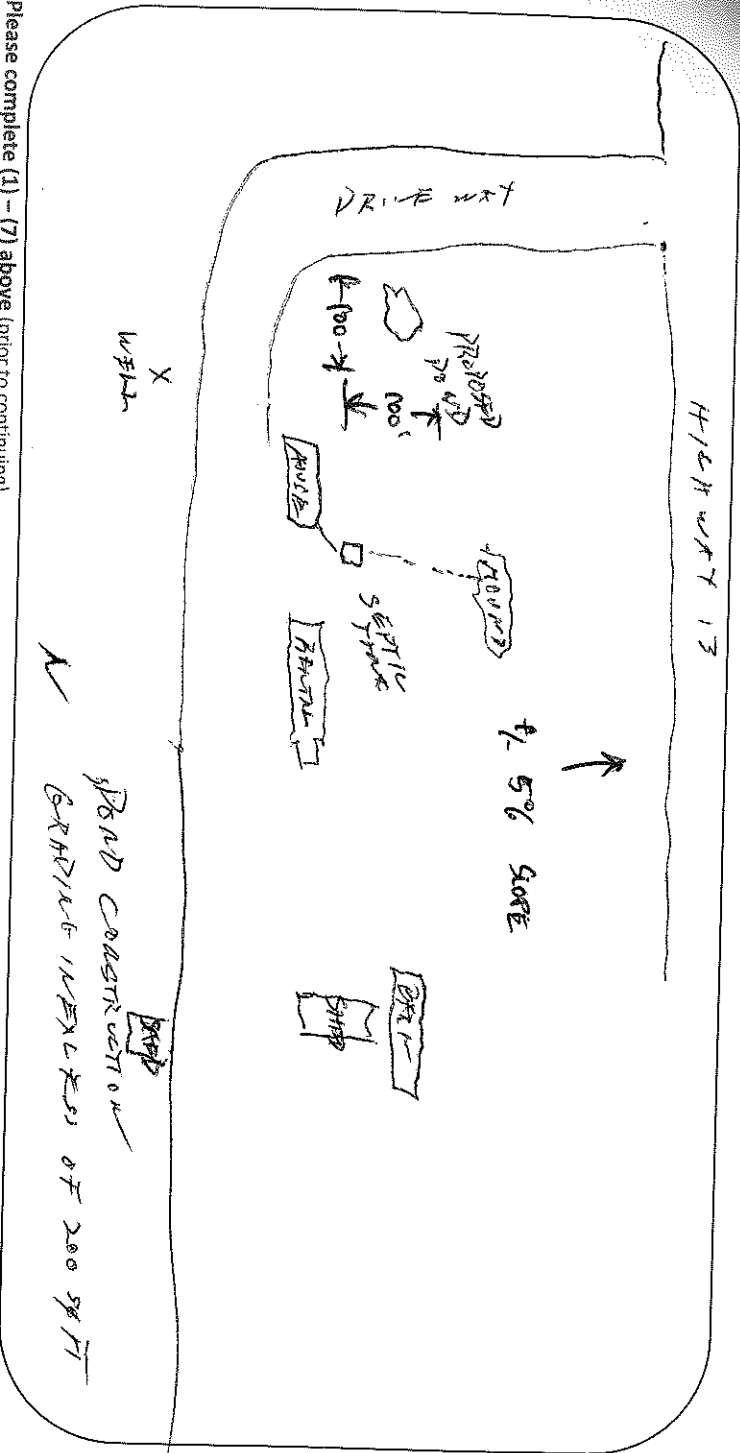
Rec'd for Issuance 95165 STATE HIGHWAY B BAYFIELD WIS 54814 Attach Copy of Tax Statement

Address to send permit JUL 19 2012 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)
- Show location of:
    - Proposed Construction
    - North (N) on Plot Plan
    - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
    - All Existing Structures on your Property
  - Show:
    - (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
    - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
    - (\*) Wetlands; or (\*) Slopes over 20%
  - Show any (\*):
  - 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	235 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	710 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	319 Feet
Setback to Drain Field	265 Feet		
Setback to Privy (Portable, Composting)	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 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: \_\_\_\_\_

Permit #: 19-0850 Permit Date: 7-19-12

Is Parcel a Sub-Standard Lot  Yes  No

Is Parcel in Common Ownership  Yes  No

Is Structure Non-conforming  Yes  No

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

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Recd: FOAS TO BE CONDUCTED TO ADDRESS A CHANGE TO SEPTIC SYSTEM. EXCAVATED/SHOULDER OF HIGHWAY SHOULD COME AS ISSUES TO ROAD RECONSTRUCT.

Date of Inspection: 7-6-12 Inspected by: DDC

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Mitigation Required  Yes  No

Affidavit Required  Yes  No

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

Best Management Practices Must Be Installed Prior To Breakdown & Must Remain in Place Until the Site Has Stabilized. This May Include Staked Hay Bales or Salt Piles. All Erosion & Sediment Control Attach. Construction should be properly staked.

Signature of Inspector: \_\_\_\_\_ Date of Approval: 7-6-12

Hold For Sanitary:  Hold For BA: 7-11-12 Hold For Affidavit:  Hold For Fees: