

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



RECEIVED  
 JAN 26 2012  
 Bayfield County

Permit #:	12-0008
Date:	2/9/12
Amount Paid:	\$75.00 CASH
Returned:	RDS 1/24/12

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: Richard A. Dale Mailing Address: 87080 Valley Rd City/State/Zip: Bayfield WI 54814 Telephone: 715-779-5446

Address of Property: 87080 Valley Rd City/State/Zip: Bayfield WI 54814 Cell Phone: \_\_\_\_\_

Contractor: SELF Contractor Phone: \_\_\_\_\_ 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: SE 1/4, SE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 04, Township 50N, Range 4 W Town of: Bayfield Lot Size \_\_\_\_\_ Acreage 25

Shoreland   Non-Shoreland

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

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

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	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
\$10,000	<input 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 type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u> <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 8 FT Width: 16 FT Height: 8 FT

Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/>	with Loft	( ) ( )	( )
<input checked="" type="checkbox"/>	Residential Use	with a Porch	( ) ( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) ( )	( )
<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)	( ) ( )
<input type="checkbox"/>	Municipal Use	Mobile Home (manufactured date)	( ) ( )
<input type="checkbox"/>		Addition/Alteration (specify) <u>bedroom expansion</u>	( 8' x 16' ) 138
<input type="checkbox"/>		Accessory Building (specify) _____	( ) ( )
<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

(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): Richard A. Dale Date: 1/20/2012

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

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_

RECORDING ISSUES

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

0.4" = 1.0'

EXIST. AREA  
ADDITION

EXIST. EXISTING  
FOUNDATION

12'

16'

8'

12'

20'

PROPOSED  
BEDROOM ADDITION

BED ROOM

EXISTING  
BED ROOM

CLOSET

BATH

CLOSET

DIVIDER RM

KITCHEN

