



APPLICATION FOR RECREATIONAL VEHICLE

RECEIVED
JUL 23 2013

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

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.
Changes in plans must be approved by the Zoning Department

Office Use:
Zoning District/Lakes Class <u>Ag 1</u>
Application No. <u>13-0240</u>
Date <u>8-13-13</u>
Fee Paid <u>\$75</u> <u>7-33-13</u>

Applicant Deeqi Byron Property Address xxxx County Hwy J

Mailing Address 5407 James Ave N of RV Bayfield WI 54814

Brooklyn Center, MN 55120

Telephone 763-561-5179 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request: Zoning District: Ag 1

NE 1/4 of NE 1/4 of Section 15 Township 50 N. Range 4 W. Town of Bayfield

Gov't Lot Lot Block Subdivision CSM #

Volume 1032 Page 786 of Deeds Parcel I.D. # 04006250011510100012000 Acreage 10

Additional Legal Description: ATTACH Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: New Replacement Vin # 5SFEB 3328CE 243669

Make of RV: Heartland Model of RV: 29RK Trail Runner

Rec'd for Issuance FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

AUG 13 2013 APPLICANT - PLEASE COMPLETE REVERSE SIDE

Secretarial Staff	For Office Use Only
Permit Issued:	Sanitary Number <u> </u> Date <u> </u>
Issuance Date <u>8-13-13</u>	Permit Number <u>13-0240</u>
Reason for Denial: <u> </u>	Permit Denied (Date) <u> </u>

Inspection Record: 26x12 Deck APPROVED WITH TRAILER TRAILER

By JEAN COOPER Date of Inspection 7-30-13

Variance (B.O.A.) # NA

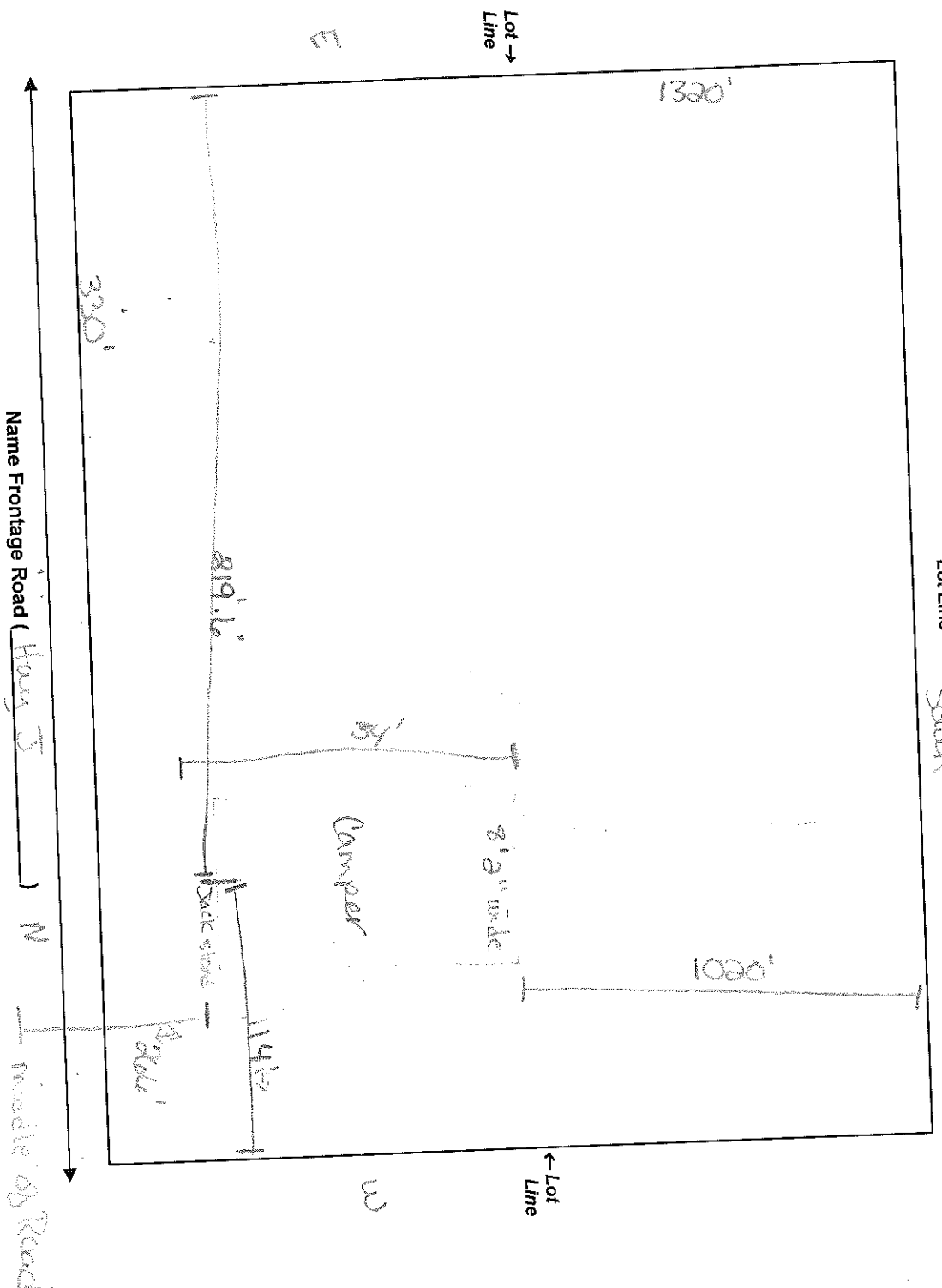
Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 12-13-13

Signed [Signature] Date of Approval 8-2-13

TRAILER VISIT MUST BE REMOVED OR PROPERLY ABANDONED
(PUMPED + SEALED) WHEN NOT IN USE.

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
 2. Show the RV (Recreation Vehicle) location
 3. Show dimensions in feet on the following:

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond
- e. RV from Privy



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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 or Authorized Agent Cheryl A. Byer Date 7-23-13
 Address to send permit 5407 James Ave N, Brooklyn Center, MN 55430

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION** **UG 09 2013**

RECEIVED
Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name: Cheryl Byron County: Bayfield

Address of Property: CO Hwy J Property Location: N2E 1/4 N2E 1/4 S 15 T 50 N.R 4 E (or) W

Property Owner's Mailing Address: 5407 James Ave ID Township: Bayfield Gov. Lot #: _____
 City, State: Brooklyn Center, MN Zip Code: 55430 Phone Number: 763-561-5179 Subdivision Name or CSM #: _____

II. TYPE OF BUILDING: (Check One) Parcel ID: _____ Tax Number(s): 04006256041510100012000

State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms: _____

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) New Replacement County Private Interceptor
 Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below)

B) A Sanitary Permit was previously issued. **Previous Permit Number:** _____ **Date Issued:** _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)
 Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:

	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<u>300</u>	<u>300</u>	<u>1</u>	<u>Safelite</u>						<u>X</u>
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's Name: (Print) Cheryl Byron Plumber's Signature: (No Stamps) Cheryl Byron M/P/M/PR/SW No.: _____
 Plumber's Address: (Street, City State, Zip Code) #2 Septic Pumping 6117 Hillside Lane, Ashland 54806 Home Phone: 703-561-5179 Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>8-13-13</u>	Issuing Agent's Signature / Date: <u>[Signature] 10/31/28</u>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
TRANSFER unit must BE serviced thru. Unit must BE removed +/on property ABANDONED (Pumped + sealed) with out USE. Unit #35/31817

Rec'd for Issuance
AUG 13 2013
 Secretarial Staff

Plot Plan on reverse side

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 Stamp (Received)
AUG 09 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-024	ENTERED
Date:	8-16-13	
Amount Paid:	125.00	
Refund:		

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: Pat + Michele Coumaga Mailing Address: 2450 Dunlap St N City/State/Zip: Roseville, MN 55713 Telephone: 657-484-3217

Address of Property: Gottling Road City/State/Zip: Town of Bayfield Cell Phone: 612-770-6846

Contractor: Robert Meierotto Contractor Phone: 715-331-9544 Plumber: _____ Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION Legal Description: (Use Tax Statement) SW 1/4, SW 1/4 P1N: (23 digits) 04-006-2-50-04-09-3-03-000-10000 Recorded Document: (i.e. Property Ownership) Volume 1096 Page(s) 511

Section 9, Township 50 N, Range 4 W Town of: Bayfield Lot Size _____ Average _____

Shoreland → **Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?** If yes--continue → Distance Structure Is From Shoreline: 165 feet Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → Distance Structure Is From Shoreline: _____ feet Are Wetlands Present? Yes No

Non-shoreland INTERMITTENT STREAM ON PROPERTY - NON AUGURABLE PERMITS

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>25,000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-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 Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> NA
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft			<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 50' Width: 30' Height: 14'

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <u>Garage</u>	<u>130 X 501</u>	<u>1500</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	<input type="checkbox"/> with Loft	() X ()	()
	<input type="checkbox"/> with a Porch	() X ()	()
	<input type="checkbox"/> with (2 nd) Porch	() X ()	()
	<input type="checkbox"/> with a Deck	() X ()	()
	<input type="checkbox"/> with (2 nd) Deck	() X ()	()
	<input type="checkbox"/> with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, gr <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	()
	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	()
	<input type="checkbox"/> Accessory Building (specify) _____	() X ()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/> Municipal Use			
	<input type="checkbox"/> Special Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Other: (explain) _____	() X ()	()

Secretarial Staff

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): _____ Date 8-9-13

(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 2450 Dunlap St N, Roseville, MN 55713 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

- Below 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%

See Attachment

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	600 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way <i>Established Right-of-Way</i>	Feet	Setback from the River, Stream, Creek	165 Feet
Setback from the North Lot Line	435' Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	730 Feet	Setback from Wetland	
Setback from the West Lot Line	800 Feet	Setback from 20% Slope Area - Slope to Creek	?
Setback from the East Lot Line	420 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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 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 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 Dwelling: 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: <i>N/A</i>	# of Bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <i>13-0244</i>	Permit Date: <i>8-16-13</i>			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <i>N/A</i>	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <i>N/A</i>	
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <i>SAND LIFT IN TO WATER AREA FOR GARAGE</i> <i>SMALL AREAS OF WETLANDS MAY HAVE BEEN IMPACTED BY SAND LIFT</i>		Zoning District (F.1.1) Lakes Classification: SEAS Date of Re-Inspection: <i>N/A</i>		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached) <i>INTERMITTENT SAND NAVIGABLE STREAM ON PROPERTY - TESTS TO NORTH PIKE CREEK. BUILDING MAY NOT BE USED FOR HABITATION + SHALE NOT CONTAIN INDOOR PLUMBING FIXTURES W/ NECESSARY PERMITS</i>		Inspected by: <i>J. CRENSHAW, MURPHY ROAD + LIFT</i> Date of Approval: <i>8-15-13</i>		
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: <i>8-15-13</i>