

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

Permit Received
 OCT 04 2013
 Bayfield Co. Zoning Dept

Permit #:	13-0364
Date:	10-17-13
Amount Paid:	\$75
Refund:	10-7-13

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: Alicia Weber
Address of Property: 34345 city J Bayfield, WI 54814
City/State/Zip: Bayfield, WI 54814
Telephone: 715-779 5734
Cell Phone: 715-209-4917

Contractor: Awe Trucking
Contractor Phone: 715-774-5628
Plumber: none
Plumber Phone:

Authorized Agent: (person signing application on behalf of Owner(s))
Agent Phone:
Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: NE 1/4, NW 1/4
Gov't Lot:
Lot(s):
CSM: 9932560
Vol & Page:
Lot(s) No.:
Block(s) No.:
Subdivisions:
Lot Size:
Acreage: 6.467

Legal Description: (Use Tax Statement)
 NE 1/4, NW 1/4, Township 50 N, Range 04 W, Bayfield

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes No

Recorded Document: (i.e. Property Ownership)
Volume: 943 **Page(s):** 568

PNL: (23 digits)
 04-066-2-50-04-15-201-000-00

Value at Time of Completion * include donated time & material: \$12,000.00

Project (What are you applying for): New Construction 1-Story Seasonal 1 Municipal/City (New) Sanitary Specify Type: drainfield City Addition/Alteration 1-Story + Loft Year Round 2 Sanitary (exists) Specify Type: Conversion 2-Story 3 Sanitary (Pit) or Vaulted (min 200 gallon) Well Relocate (existing bldg) Basement None Portable (w/service contract) Run a Business on Property Foundation Compost Toilet None

Use: Seasonal 1 2 3

of Stories and/or basement: 1

of bedrooms: 1

What Type of Sewer/Sanitary System is on the property? Municipal/City (New) Sanitary Specify Type: drainfield Sanitary (exists) Specify Type: City Well

Length: 98 feet **Width:** 36 feet **Height:** 10-14-13
Proposed Construction: **Length:** 98 feet **Width:** 36 feet **Height:** 10 feet

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	<input type="checkbox"/> with Loft	() ()	()
	<input type="checkbox"/> with a Porch	() ()	()
	<input type="checkbox"/> with (2 nd) Porch	() ()	()
	<input type="checkbox"/> with a Deck	() ()	()
	<input type="checkbox"/> with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	<input type="checkbox"/> Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	(34 X 12-1)	2488
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Pole Barn</u>	(30 X 28)	2700
	<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)	() ()	()

Rec'd for Issuance: OCT 17 2013

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): Alicia Weber
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

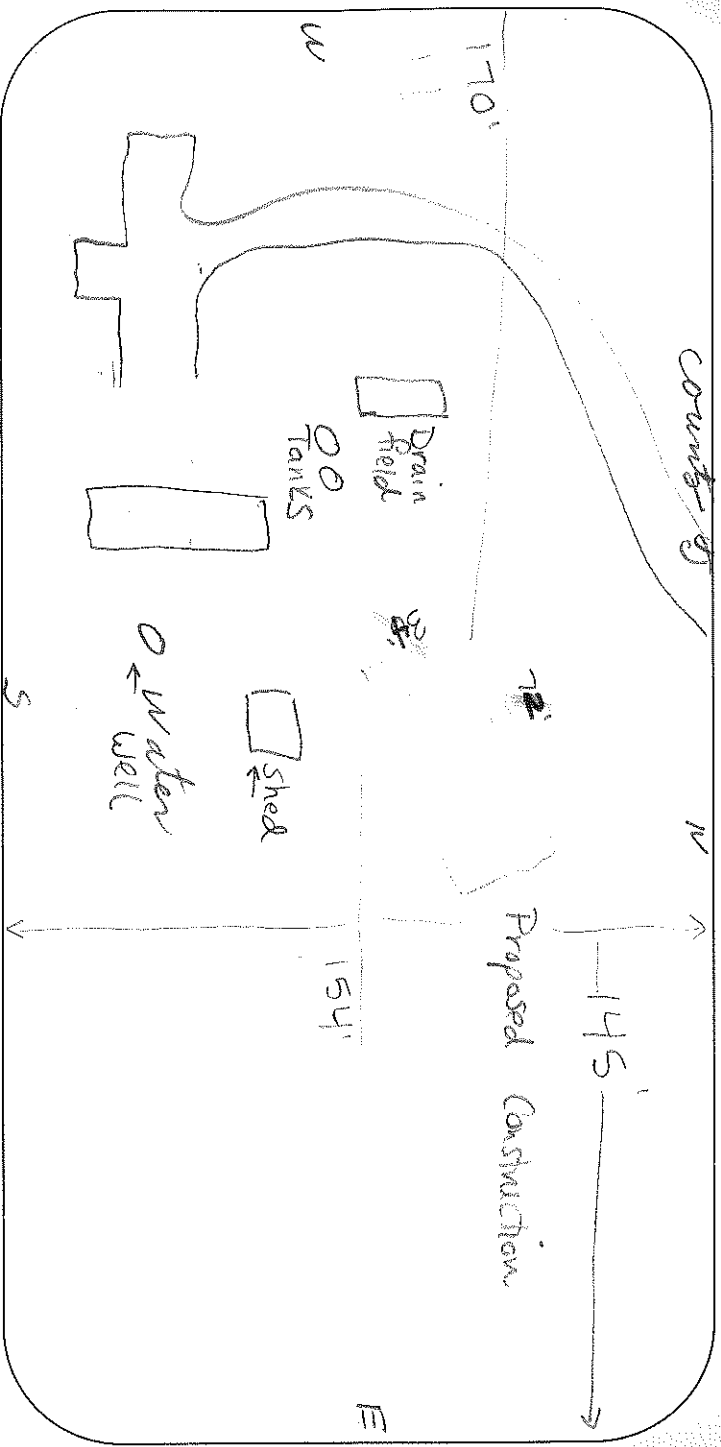
Address to send permit: 34345 County J Bayfield, WI 54814
 Copy of Tax Statement
 Attach
 If you recently purchased the property send your Recorded Deed

Date: 10-4-13

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**



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	195 Feet	Setback from the Lake (ordinary high-water mark)	- Feet
Setback from the Established Right-of-Way	145 Feet	Setback from the River, Stream, Creek	- Feet
Setback from the North Lot Line	145 Feet	Setback from the Bank or Bluff	- Feet
Setback from the South Lot Line	154 Feet	Setback from Wetland	- Feet
Setback from the West Lot Line	170 Feet	Setback from 20% Slope Area	- Feet
Setback from the East Lot Line	154 Feet	Elevation of Floodplain	- Feet
Setback to Septic Tank or Holding Tank	73 Feet	Setback to Well	81 Feet
Setback to Drain Field	73 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 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 #: 13-0364	Permit Date: 10-17-13					
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: N/A	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: N/A			
<input checked="" type="checkbox"/> Was Parcel Legally Created <input 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 checked="" type="checkbox"/> No		
Inspection Record: SITE CLEARED + STAKED.		Inspected by: J. COONBERG, MURPHY		Date of Re-Inspection: N/A		
Date of Inspection: 10-15-16		Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Zoning District: (R-RM)		
SHALL NOT BE USED FOR HUMAN HABITATION NOR BE SEWERED BY PRESSURIZED WATER/INDOOR PLUMBING UNLESS NECESSARY PERMITS ARE ISSUED.		Signature of Inspector:		Date of Approval: 10-16-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			