

**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**  
**BAFFORD POLYMER PERMITS**  
 Date Rec'd (Received)  
**MAY 04 2012**  
 Bayfield Co. Zoning Dept.

**\$125**  
**ENTERED**  
 Permit #: 12-0114  
 Date: 5-9-12  
 Amount Paid: \$125.00 RDS  
 5/4/12  
 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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **David & Tarrise Olson** Mailing Address: **N7585 540<sup>th</sup> St Menomonie, WI** City/State/Zip: **54751** Telephone: **715 798-3337**

Address of Property: **XXX Woodcrest Dr.** City/State/Zip: **Cable, WI 54821** Cell Phone: **715 235-3888**

Contractor: **Dick Biscebing** Contractor Phone: **798-3653** Plumber: **Plumber** Plumber Phone: **Plumber**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Dick Biscebing** Agent Phone: **798-3653** Agent Mailing Address (include City/State/Zip): **001700** Written Authorization Attached  Yes  No

PROJECT LOCATION: **1/4, 1/4** Legal Description: (Use Tax Statement) **04-013-2-43-07-23.2 00-319-01800** Recorded Document (i.e. Property Ownership) Volume **1008** Page(s) **93**

Section **23**, Township **43** N, Range **7** W Town of: **Cable** Subdivision: **Woodcrest Add. to River** Lot Size: **792** Acreage

Shoreland  Non-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: \_\_\_\_\_ feet

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

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
\$18,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: **32** Width: **44** Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: **44** Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<b>garage</b>	<b>1408</b>
	<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 <sup>nd</sup> ) Porch		
	<input type="checkbox"/> with a Deck		
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		
	<input type="checkbox"/> Mobile Home (manufactured date)		
	<input type="checkbox"/> Addition/Alteration (specify)		
	<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. 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: **4/13/12**

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

Authorized Agent: **Dick Biscebing**

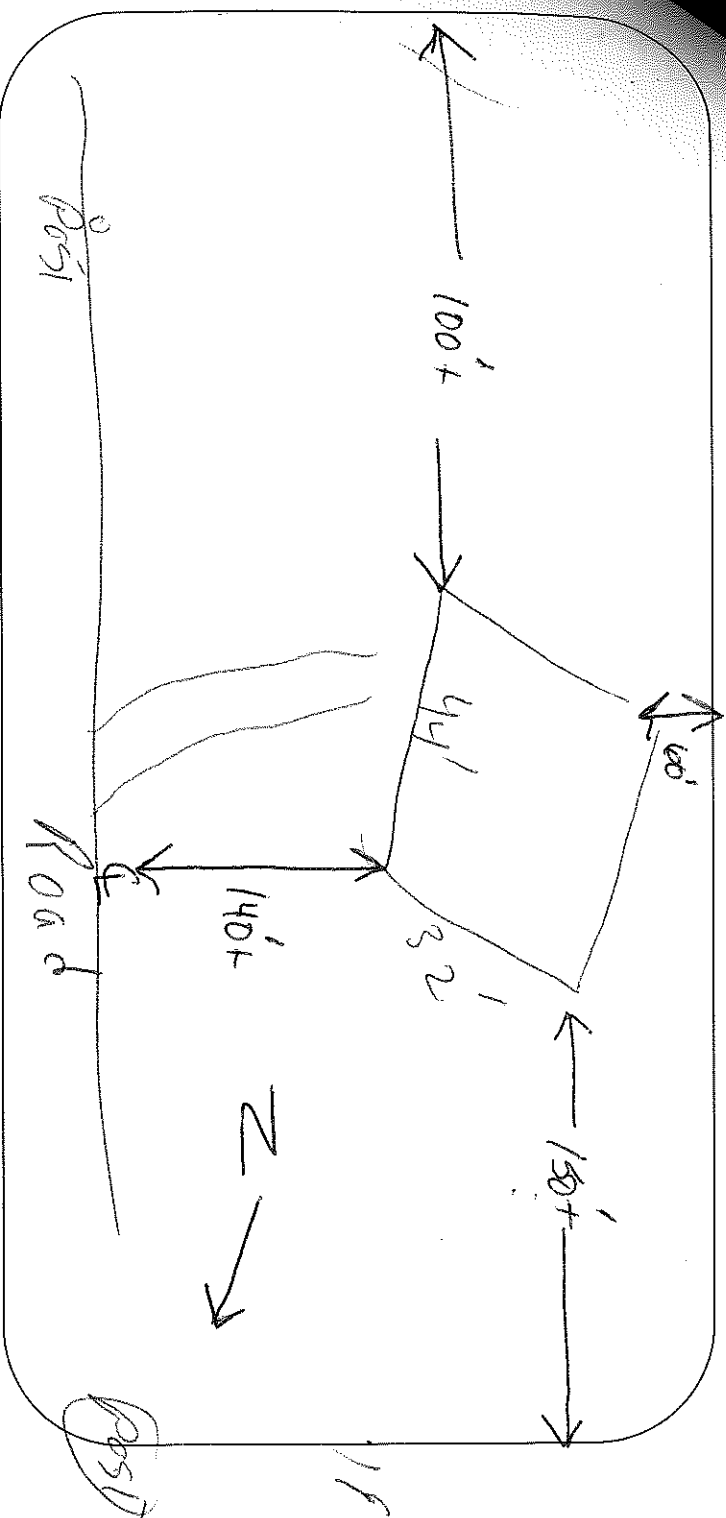
Rec'd for Issuance: \_\_\_\_\_ Date: **4/13/12**

Address to send permit: **42420 Woodcrest Dr Cable, WI 54821** Attach Copy of Tax Statement

**MAY 9 AM**

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

- Proposed Construction  
 North (N) on Plot Plan  
 (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 All Existing Structures on your Property  
 (\*) 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%



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	140 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	12.5 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	80 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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 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: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 12-0114 Permit Date: 5-9-12

Is Parcel a Sub-Standard Lot  Yes  No  
 Is Parcel in Common Ownership  Yes (fused/contiguous lots)  No  
 Is Structure Non-Conforming  Yes  No

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

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

Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspection Record:  
Well staked! Michael Fuchs setbacks  
 Date of Inspection: 5-3-12 Inspected by: M. Fuchs  
 Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
Not to be used for human habitation. No water under pressure in structure.  
 Signature of Inspector: Michael Fuchs Date of Approval: 5-4-12

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_