

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)
 JUN 06 2012

Permit #: 12-0178
 Date: 6-7-12
 Amount Paid: \$100.00
 Refund: RDS

ENTERED

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: VINCE BEACON
 Address of Property: 45640 PONDERS POINT RD
 City/State/Zip: Cable WI 54821
 Mailing Address: 5630 PINEVIEW LANE
 City/State/Zip: Plymouth MN 55442
 Telephone: 798-3070
 Cell Phone:

Contractor: Rick Gravel Landscaping & Design LLC
 Contractor Phone: 798-3633
 Plumber: WI 54821
 Plumber Phone:

Authorized Agent: Rick Gravel
 Agent Phone: 798-3633
 Agent Mailing Address (include City/State/Zip):
 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, 1/4
 Legal Description: (Use Tax Statement) P1M: (23 digits) 04-018-2-43-07-05-1-05-001-03000
 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 5, Township 43 N, Range 7 W
 Vol. & Page: 4971
 Lot(s) No.: 1/2 #367 P. 754
 Block(s) No.:
 Subdivision:
 Lot Size:
 Acreage: 1.68

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes---continue No
 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
\$2,000	<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"/> Seasonal <input 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 (Pit) or <input type="checkbox"/> 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 type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Deck with a Deck with Attached Garage	(X X) (X X) (X X) (X X) (X X) (X X) (X X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date)	(X X) (X X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	(X X) (X X) (X X)	
	Special Use: (explain)	(X X)	
	Conditional Use: (explain)	(X X)	
	Other: (explain) <u>walkway to lake</u>	(4' X 90')	360 sq

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.

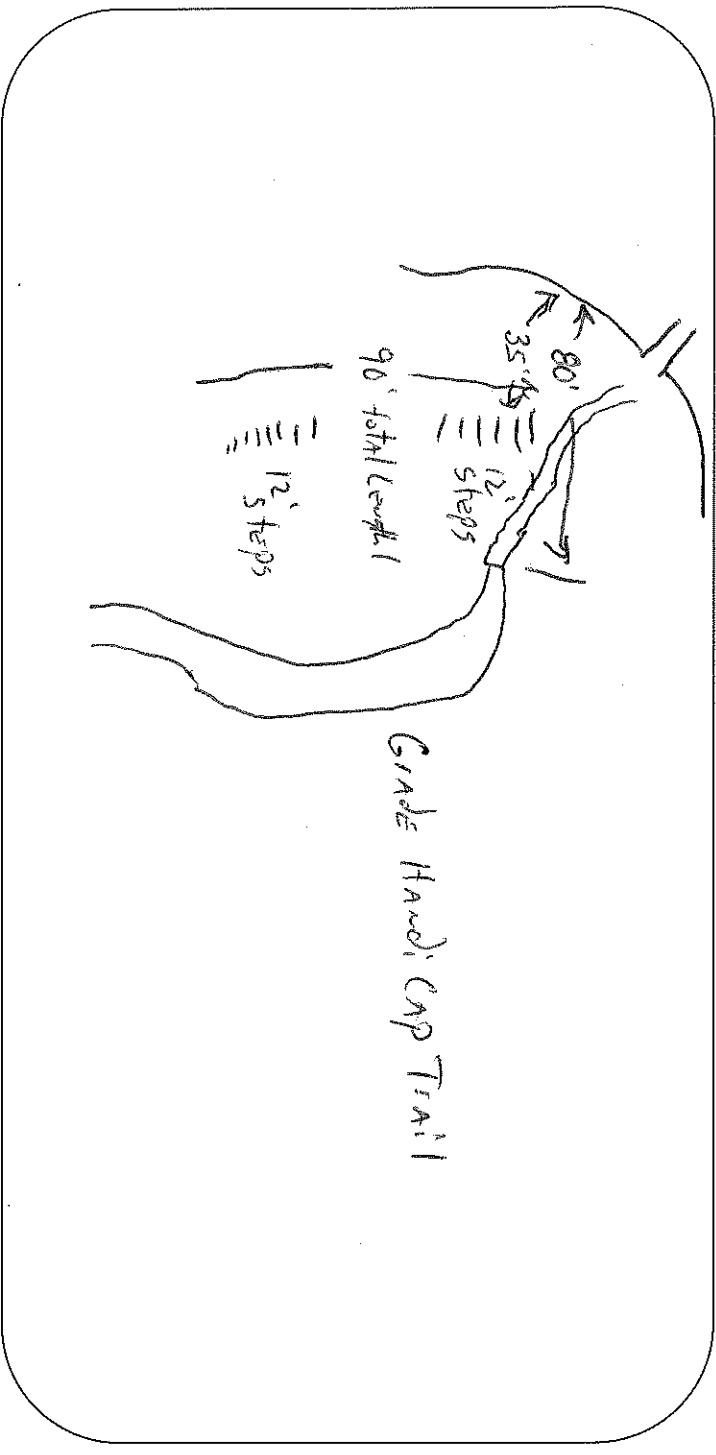
Owner(s): Vince Beacon
 (If there are Multiple Owners listed on the Deed, All Owners must sign or letter of authorization must accompany this application)
 Authorized Agent: Rick Gravel
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for issuance Rick Gravel Landscaping & Design LLC
 Address to send permit 12040 E Leonard St. Cable WI 54821
 JUN 7 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Attach Copy of Tax Statement
 Date 5/29/12
 Date 6/1/12

Municipal Staff

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: (**) Wall (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	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	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	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 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 #: 12-0178 Permit Date: 6-7-12

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/contiguous Lots) No
 Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: Meets all requirements Zoning District RRB
 Date of Inspection: 6-1-12 Inspected by: M. Tuttle Lakes Classification () 1

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)
Must use best management practices to prevent erosion or siltation of lake.
 Signature of Inspector: Michael Tuttle Date of Approval: 6-6-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____