

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Submitted (Received)
AUG 01, 2012
 Bayfield Co. Zoning Dept.

Permit #: **12-0384**
 Date: **9-21-12**
 Amount Paid: **\$75.00**
 Refund: **8/3/12**

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: **Peter Racher** Mailing Address: **4165 N Pennsylvania St** City/State/Zip: **Indianapolis IN 46205-AD0** Telephone: **317-637-0700**

Address of Property: **Sara Binford** City/State/Zip: **Cable WI 54821** Contractor Phone: **715-798-3807** Plumber: **N/A** Cell Phone: **317-752-1502**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **James H Jenkins** Agent Phone: **715-798-3807** Agent Mailing Address (include City/State/Zip): **PO Box 374 Cable WI 54821** Written Authorization Attached Yes No

PROJECT LOCATION: **SW 1/4, NE 1/4** Gov't Lot: **6** CSM: **1083** Vol & Page: **92** Lot(s) No.: **Cable** Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) **PLN: (23 digits) 04-019-2-43-08-12-1 05-00-3000** Volume: **1083** Page(s): **92**

Section **12**, Township **43** N, Range **8** W

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

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue **→**

Distance Structure is from Shoreline: **48** 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
\$ 7000.00	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/AAlteration <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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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: Septic <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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: **36** Width: **26** 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)	() ()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> Municipal Use	with Loft	() ()	()
<input type="checkbox"/> Commercial Use	with a Porch	() ()	()
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify) Extend deck w/stairs	() ()	805
<input type="checkbox"/> Commercial Use	Accessory Building (specify) deck	() ()	403
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify) stairs	() ()	403
<input type="checkbox"/> Commercial Use	Special Use: (explain)	() ()	()
<input type="checkbox"/> Commercial Use	Conditional Use: (explain)	() ()	()
<input type="checkbox"/> Commercial Use	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): James H Jenkins Date: 8/1/12

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

Authorized Agent: James H Jenkins Attach Copy of Tax Statement

Rec'd for Issued PO Box 374 Cable WI 54821 If you are signing on behalf of the owner(s) a letter of authorization must accompany this application

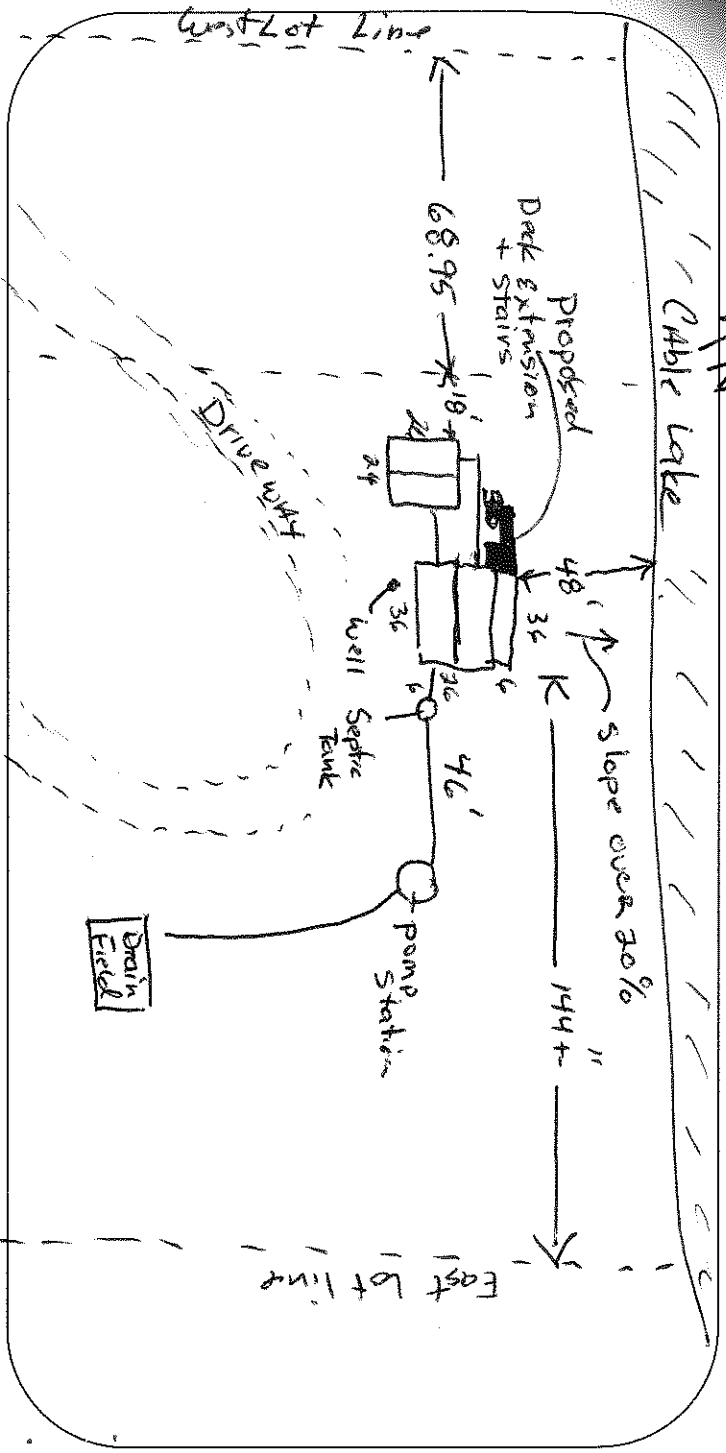
Address to send permit: PO Box 374 Cable WI 54821 If you recently purchased the property send your Recorded Deed

AUG 17 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SEP 7 2012 HQ BT TRAM ALIUM? NANT ISSUE UNDER 170? INGRESS + EGRESS 9-7-12

Draw or sketch your property (regardless of what you are applying for)

- Proposed Construction
- (1) Show location of: North (N) on Plot Plan
 - (2) Show/Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show location of (*): All Existing Structures on Your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1200 +- Feet	Setback from the Lake (ordinary high-water mark)	48 Feet
Setback from the Established Right-of-Way	1200 +- Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	98 Feet	Setback from the Bank or Bluff	6 Feet
Setback from the South Lot Line	1200 +- Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	87 Feet	Setback from 20% Slope Area	6' Feet
Setback from the East Lot Line	144 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	7 Feet	Setback to Well	6 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	N/A 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 #: 12-0380 Permit Date: 9-21-12

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) No

Is Parcel in Common Ownership Yes (Fused/Configur Lot(s)) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

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: Mon - con forming structure, ~ 46' from OHUM

Date of Inspection: 8-9-12 Inspected by: M. Fuchs

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)

Signature of Inspector: see mitigation affidavit

Signature of Applicant: Michael Fuchs

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

Hold For Fees: _____ Date of Approval: 8-16-12