

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

TEMP 2nd Residence
APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp: OCT 25 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-00047
 Date: 10-29-12
 Amount Paid: \$3010.00
 Refund: 0.00
 \$50

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: Glen W. Harvey Mailing Address: 1995 Leonard Cable WI 54821 Telephone: 715 798-4463
 Address of Property: SAME City/State/Zip: WI 54821 Cell Phone: _____
 Contractor: Kevin G. Harvey Contractor Phone: _____ Plumber: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) NE 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 35, Township 43 N, Range 8 W Town of: Cable Lot Size _____ Acreage 2.55

Recorded Document: (i.e. Property Ownership) Volume 541 Page(s) 227

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

Non-Shoreland

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 |
|---|---|--|---------------------------------------|---|--|
| <input type="checkbox"/> New Construction | <input checked="" 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 checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>C&I</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Existing | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |

Existing Structure: (if permit being applied for is relevant to it) Length: 70 Width: 14 Height: 8
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use Residential Use

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|-------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft | (X X) | |
| <input type="checkbox"/> Residential Use with a Porch with (2 nd) Porch | <input type="checkbox"/> with a Deck | (X X) | |
| <input type="checkbox"/> Commercial Use with Attached Garage | <input checked="" type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities | (14 X 70) | 980 |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> Mobile Home (manufactured date) | (X X) | |
| | <input type="checkbox"/> Addition/Alteration (specify) _____ | (X X) | |
| | <input type="checkbox"/> Accessory Building (specify) _____ | (X X) | |
| | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ | (X X) | |
| | <input type="checkbox"/> Special User: (explain) _____ | (X X) | |
| | <input type="checkbox"/> Conditional Use: (explain) _____ | (X X) | |
| | <input checked="" type="checkbox"/> Other: (explain) <u>2nd Residence</u> | (X X) | |

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): Glen W. Harvey Date 10-23-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or lefters 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)

Rec'd for Issuance same as above **Attach**
 Address to send permit _____
 OCT 29 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed

Secretarial Staff

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 attached

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 | 08 Feet | Setback from the Lake (ordinary high water mark) | N/A Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | Westford School Rd 68 Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 250 Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 5th Hwy 160+ Feet | Setback from 20% Slope Area | N/A Feet |
| Setback from the East Lot Line | 270+ Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 10+ Feet | Setback to Well | 30+ Feet |
| Setback to Drain Field | 15+ 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 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 #: 12-0004T | | Permit Date: 10-29-12 | | |
| Is Parcel a Sub-Standard Lot | Yes (Deed of Record) <input type="checkbox"/> No <input checked="" type="checkbox"/> | Mitigation Required | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Affidavit Required |
| Is Parcel in Common Ownership | Yes (Fused/Contiguous Lots) <input type="checkbox"/> No <input checked="" type="checkbox"/> | Mitigation Attached | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Affidavit Attached |
| Is Structure Non-Conforming | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Previously Granted by Variance (B.O.A.) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Case #: |
| Granted by Variance (B.O.A.) | Case #: | Were Property Lines Represented by Owner | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Case #: |
| Was Parcel Legally Created | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Was Property Surveyed | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Was Proposed Building Site Delineated | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| Inspection Record: | Structure is existing. | | | |
| Date of Inspection: 10-25-12 | Inspected by: M. Fustell | Zoning District: R-1, C | Date of Re-Inspection: N/A | |
| Condition(s): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached) | | | | |
| Existing mobile home must be removed from property within one year from the date of issuance of the permit. | | | | |
| Signature of Inspector: Michael Fustell | | Date of Approval: 10-29-12 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | |

County, WI

Aerial Map

existing mobile home



04-012-2-43-08-28-104-000-10000

LEONARD SCHOOL RD

E LEONARD SCHOOL RD

04-012-2-43-08-35-101-000-05000

04-012-2-43-08-35-101-000-02000

04-012-2-43-08-36-202-000-40000

04-012-2-43-08-35-101-000-03000

04-012-2-43-08-35-101-000-07000

04-012-2-43-08-35-101-000-06000

04-012-2-43-08-35-101-000-04000

04-012-2-43-08-35-101-000-15000

04-012-2-43-08-36-202-000-50000

04-012-2-43-08-36-202-000-10000

04-012-2-43-08-35-101-000-01000

04-012-2-43-08-35-101-000-13000

04-012-2-43-08-35-101-000-14000

50m

200ft

US HWY 53