

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: APR 12 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-00824
 Date: 4-07-12
 Amount Paid: \$ 450.00 PDS
 Refund: 4116/12

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** **PRIVATE** **CONDITIONAL USE** **SPECIAL USE** **B.O.A.** **OTHER**

Owner's Name: John W Clark Mailing Address: N9303 Longlake Rd. Washburn, WI 54891 Telephone: 715-427-5068

Address of Property: 74630 Chequamegon Heights Rd. City/State/Zip: Washburn, WI 54891 Cell Phone: 715-783-0200

Contractor: Taina + Country Homes Contractor Phone: 1-715-831-1279 Plumber: Chris Ruel Plumbing # 231025 Plumber Phone: _____

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) S/W 1/4, NW 1/4 Gov't Lot 1 Lot(s) 1625 CSM 9/340 Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 7, Township 48 N, Range 4 W Barksdale Lot Size 194,748 Acreage 4.47

Recorded Document: (i.e. Property Ownership) Volume 1039 Page(s) 454

PIN: (23 digits) 04-002-248040720360021000

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

Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>150,000</u>	<input checked="" 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Mixed</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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: 80' Width: 38' Height: 16'

Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>X</u>) (<u>56 X 28</u>) (<u>X</u>) (<u>X X 16</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>34 X 24</u>)	<u>1568</u> <u>128</u> <u>576</u>
<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"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	

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) John W Clark & Cynthia S. Clark Date 4-12-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Rec'd for Issuance APR 21 2012 Attach Copy of Tax Statement
 Address to send permit _____ If you recently purchased the property send your Recorded Deed

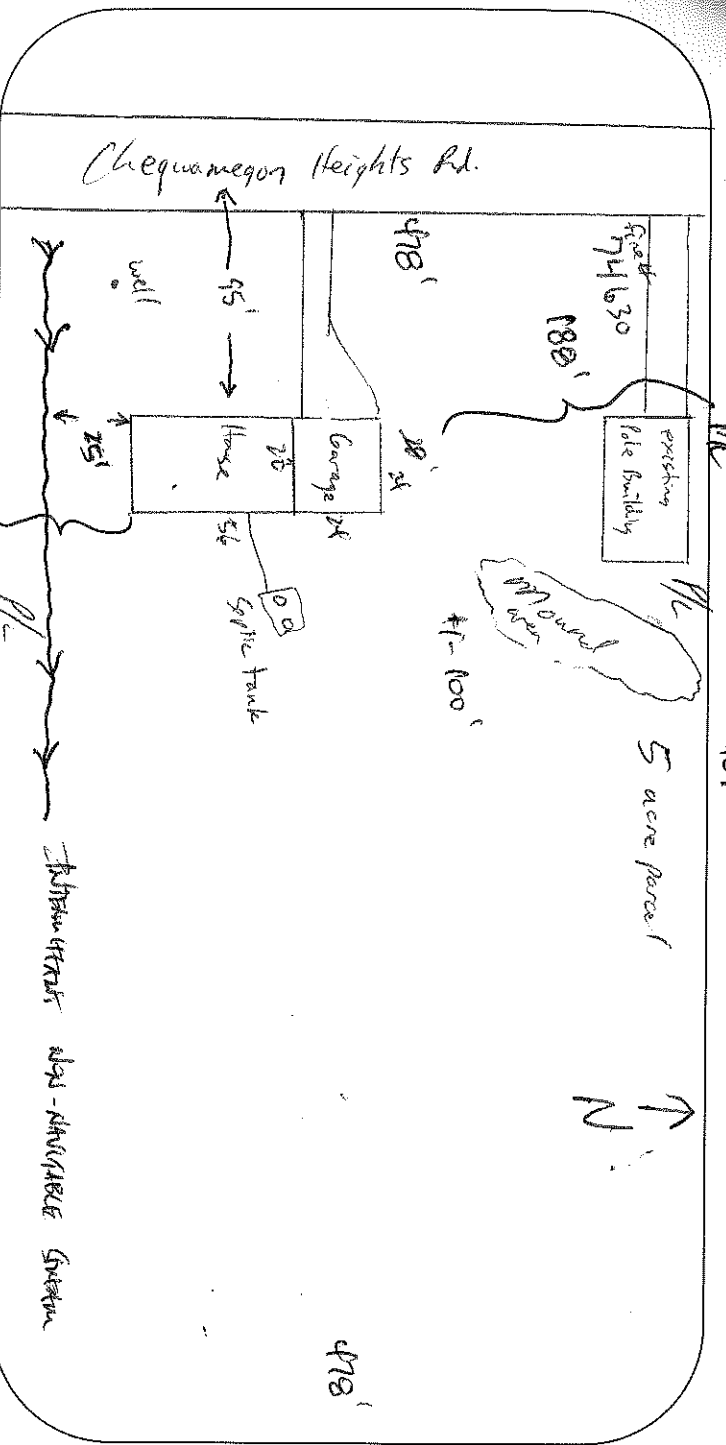
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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% 467



(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	112' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	79' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	180' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	210' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	264' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	300' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	25' Feet
Setback to Drain Field	70' 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: 12-155 # of bedrooms: Sanitary Date: 4-20-12
 Permit Denied (Date): Reason for Denial:

Permit #: 12-0284 Permit Date: 4-07-12

Is Parcel a Sub-Standared Lot Yes No (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 #: Yes No
 Previously Granted by Variance (B.O.A.) Yes No

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

Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Inspection Record: Satisfactory Deficient Other Incomplete No Inspection
 Inspection Report: The lot owner may be used w/ conditions.

Date of Inspection: 4-26-12 Inspected by: DC
 Condition(s): Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.
 A Uniform Variance Code (UVC) result from the Varsity Contractors or inspectors ready list
 be obtained prior to the start of construction.

Signature of Inspector: [Signature] Date of Approval: [Blank]
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: