

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 MAY 1 0 2012
 Bayfield Co. Zoning Dept.
 HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #:	10-0141
Date:	5-23-12
Amount Paid:	\$75.00 RDS
Refund:	5/10/12

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.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Richard W. Sobtzak Mailing Address: 3015 Engoe Rd Washburn WI 54891 Telephone: 715 373 5574
 Address of Property: 3015 Engoe Road City/State/Zip: Washburn WI 54891 Cell Phone: 715 209 5829
 Contractor: Economy Garage Contractor Phone: 210 729 5106 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: NW 1/4, NW 1/4 Gov't Lot _____ Lot(s) _____ GSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 13, Township 48 N, Range 5 W Town of: Barkdale Lot Size _____ Acreage 5

PIN: (23 digits) 04-002-2-48-05-13-2 02-000-10000

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

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes 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
\$16,000	<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 checked="" 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 Specify Type: _____ <input checked="" 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: _____ Width: _____ Height: _____
 Proposed Construction: Length: 32' Width: 24' Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) <u>Garage</u>	(30 X 24)	768'
	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Special User: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(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.

Owners: Richard W. Sobtzak and Louise W. Sobtzak Date 5-10-12
 (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)

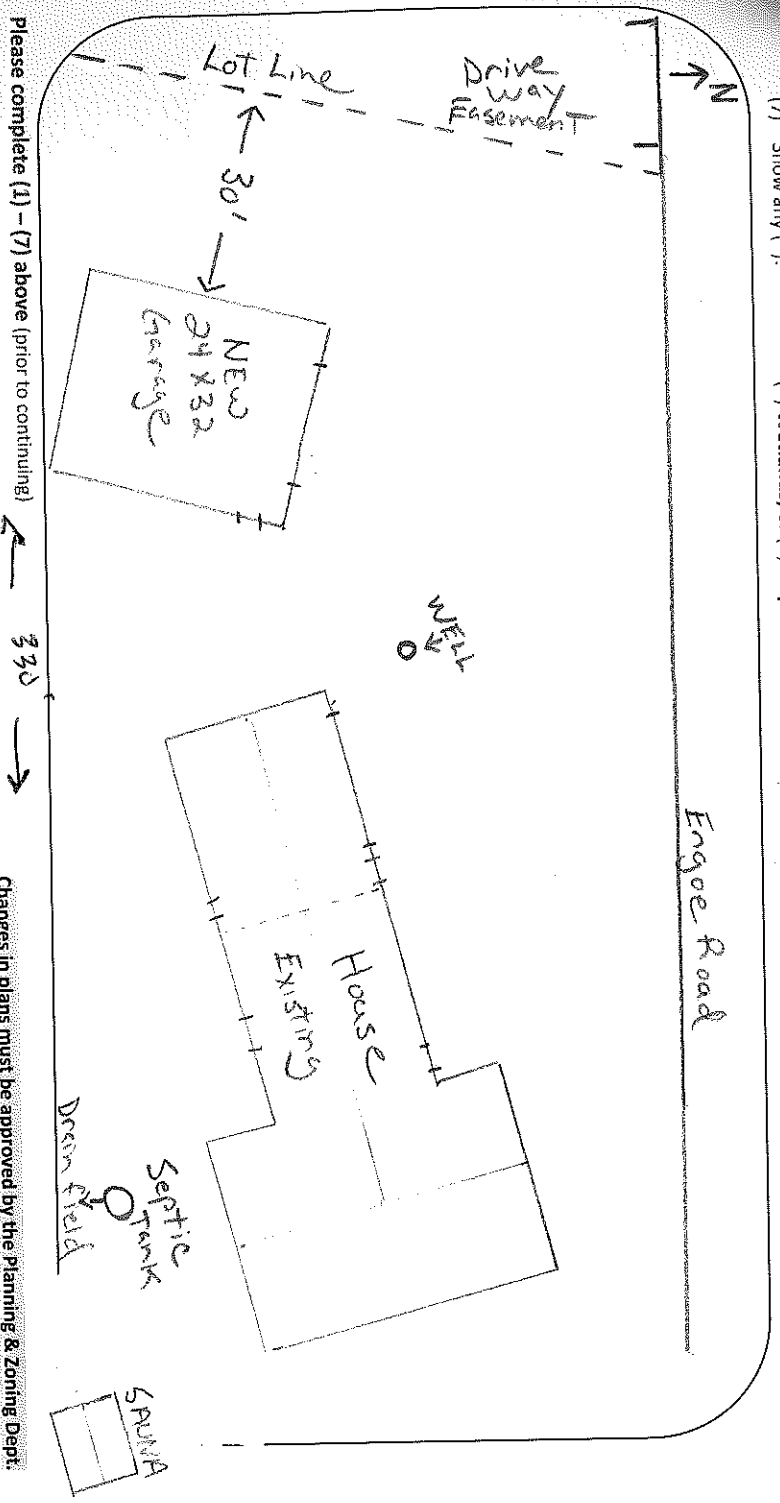
Rec'd for Issuance 3015 Engoe Rd Washburn WI 54891 Attach
 Address to send permit 3015 Engoe Rd Washburn WI 54891 Copy of Tax Statement
 MAY 23 2012 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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%
- (1) Show Location of:
 - (2) Show / Indicate:
 - (3) Show Location of (*):
 - (4) Show:
 - (5) Show:
 - (6) Show any (*):
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing) ← 330 →

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	222' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	189' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	189' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	420' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	30' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	277' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	102' Feet	Setback to Well	28' Feet
Setback to Drain Field	174' 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 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: 48638 # of bedrooms: 3 Sanitary Date: 11/1/2005

Permit Denied (Date): _____ Reason for Denial: _____

Permit # 12-0141 Permit Date: 5-23-12

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

Is Parcel in Common Ownership Yes (Fused/contiguous lots) No Is Structure Non-Conforming Yes No Previously Granted by Variance (B.O.A.) Yes No

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: Inspected corners of Dr. Carter's house/structure's front only by

Inspected by: DL Zoning District: (A1)

Date of Inspection: 5-22-12 Inspected by: DL Lakes Classification: _____ Date of Re-Inspection: _____

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

Fourx4 Exposed of structure w/ft at west 30 ft. from the property boundaries.

Signature of Inspector: [Signature] Date of Approval: 5-22-12

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