

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 DEED & EASE
 Date Stamp (Received)
 SEP 26 2012
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 12-03891
 Date: 10-1-12
 Amount Paid: \$1509.87-12
 Refund: KM

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: Harriet Bridger Graves Mailing Address: 2960 Four Corners Store Rd, Mason, WI 54856 City/State/Zip: Mason, WI 54856 Telephone: 715-765-4465

Address of Property: 2960 Four Corners Store Rd. City/State/Zip: Mason, WI 54856 Contractor Phone: (715) 209-6559 Plumber: NONE Cell Phone: 715-530-9177

Contractor: Steve Geiger Agent Phone: (715) 209-6559 Agent Mailing Address (include City/State/Zip): NONE Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on Behalf of Owner(s))

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Owners' M) Volume: 1075 Page(s): 634

Section: W, Township: 45 N, Range: 05 W Town of: Lincoln Lot Size: 4 Acreage: 80 Acres

Shoreland Non-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 in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue → Distance Structure is from Shoreline: feet 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
\$ <u>40,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<u>1,000 X 3</u>	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input type="checkbox"/> Well
<u>140 X 3</u>	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u>	<input checked="" type="checkbox"/> None
<u>120 X 3</u>	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> None
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> <u> </u>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> None
		<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> <u> </u>	<input checked="" type="checkbox"/> <u>5x13</u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	

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	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Addition/Alteration (specify) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Accessory Building (specify) <u>GARAGE</u>	(<u>24</u> X <u>38</u>)	<u>912</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>lean-to</u>	(<u>12</u> X <u>38</u>)	<u>456</u>
	<input type="checkbox"/> Special Use: (explain) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Conditional Use: (explain) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </u>
	<input type="checkbox"/> Other: (explain) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	<u> </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 Graves Harriet Bridger Graves Date: 24 Sept 2012
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

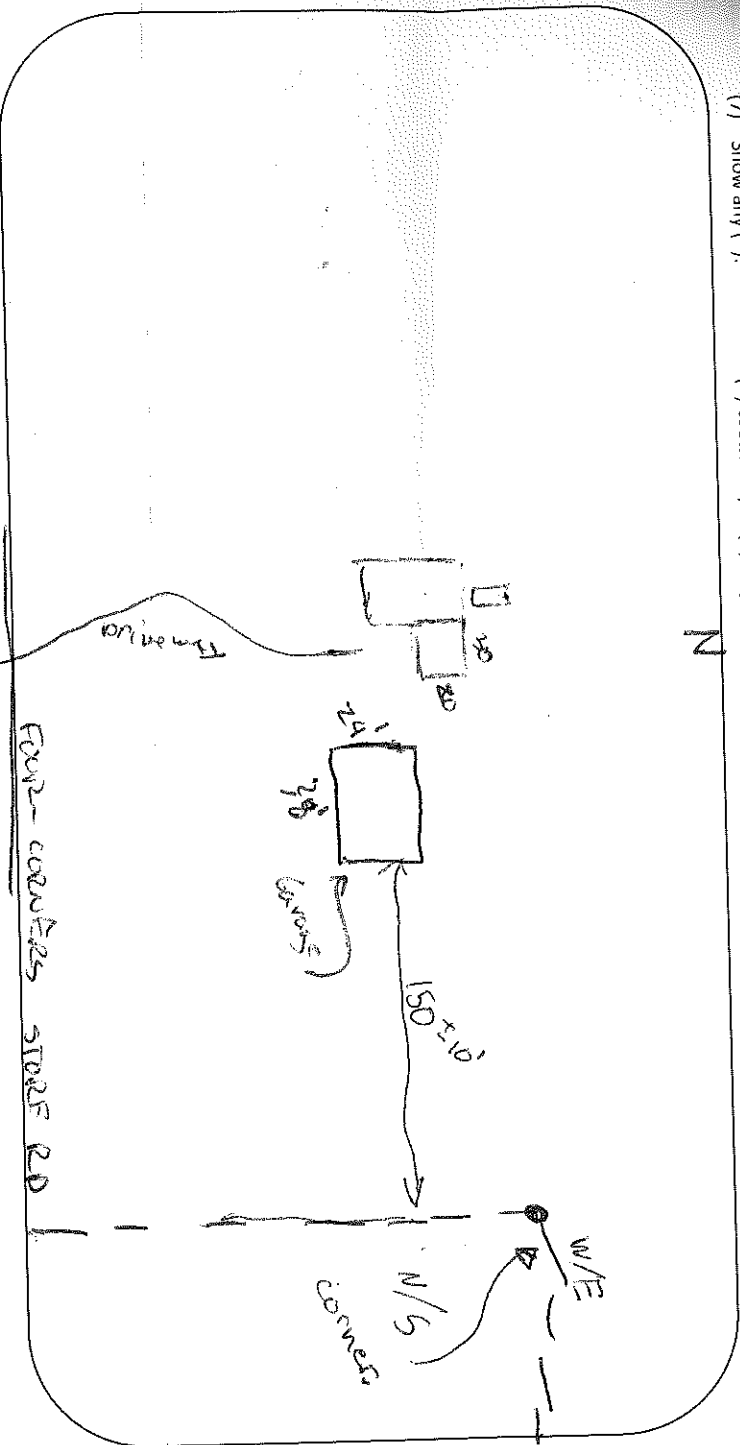
Authorized Agent: Date:
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for issuance 2960 Four Corners Store Rd 54856 Attach
 Address to send permit Copy of Tax Statement
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)

- 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	600 ft ⁺ Feet	Setback from the Lake (ordinary high-water mark)	NONE Feet
Setback from the Established Right-of-Way	550 Feet	Setback from the River, Stream, Creek	NONE Feet
Setback from the North Lot Line	680 Feet	Setback from the Bank or Bluff	NONE Feet
Setback from the South Lot Line	610 Feet	Setback from Wetland	NONE Feet
Setback from the West Lot Line	657 Feet	Setback from 20% Slope Area	NONE Feet
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	NONE Feet
Setback to Septic Tank or Holding Tank	NONE Feet	Setback to Well	NONE Feet
Setback to Drain Field	NONE Feet		
Setback to Privy (Portable, Composting)	NONE Feet		

Prior to site 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: **19-0389** Permit Date: **10-1-12**

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No Previously Granted by Variance (B.O.A.) Yes No Were Property Lines Represented by Owner Was Property Surveyed Yes No

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

Inspected by: **Mr. Fiedel** Zoning District: **(F1)**

Date of inspection: **9-28-12** Inspected by: **Mr. Fiedel** Lakes Classification: **(N/A)**

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

No water under pressure in structure.

May not be used for human habitation.

Signature of Inspector: **Michael Stuck** Date of Approval: **10-1-12**

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