

**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 Rec'd (Received)  
**SEP 11 2012**  
 Bayfield Co. Zoning Dept.

Permit #:	12-13301
Date:	10-3-12
Amount Paid:	\$75.00 + \$255
Refund:	CASH 9/11/12

**ENTERED**

**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](http://www.bayfieldcounty.org/zoning/asp))

**TYPE OF PERMIT REQUESTED** →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Bill Rader Krupa Panz Mailing Address: 3010 NOLANDER RD WASHBURN WI 54891 Telephone: 715-373-0465

Address of Property: Same City/State/Zip: SPANE Contractor Phone: 715-292-2707 Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Contractor: Re-Builders Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): NA Written Authorization Attached  Yes  No

**PROJECT LOCATION** S 1/4, S 20 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

EXISTING W/ HALF & HALF Section 13 Township 48 N. Range 5 W. Town of: BAYFIELD Lot Size \_\_\_\_\_ Acreage 20

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

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Floorage  If yes—continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet

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
\$15,000	<input checked="" type="checkbox"/> New Construction <input checked="" 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"/> Seasonal <input checked="" 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 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CAULD</u> <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 checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 40' Width: 30' Height: 14'

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 <sup>nd</sup> ) Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) 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>CAULD</u>	( <u>40</u> X <u>30</u> )	<u>1500 S.F.</u>
	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	Special Use: (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.

Owner(s): Shirley Kelly + Bill Rader Date: 9-11-12  
 (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)

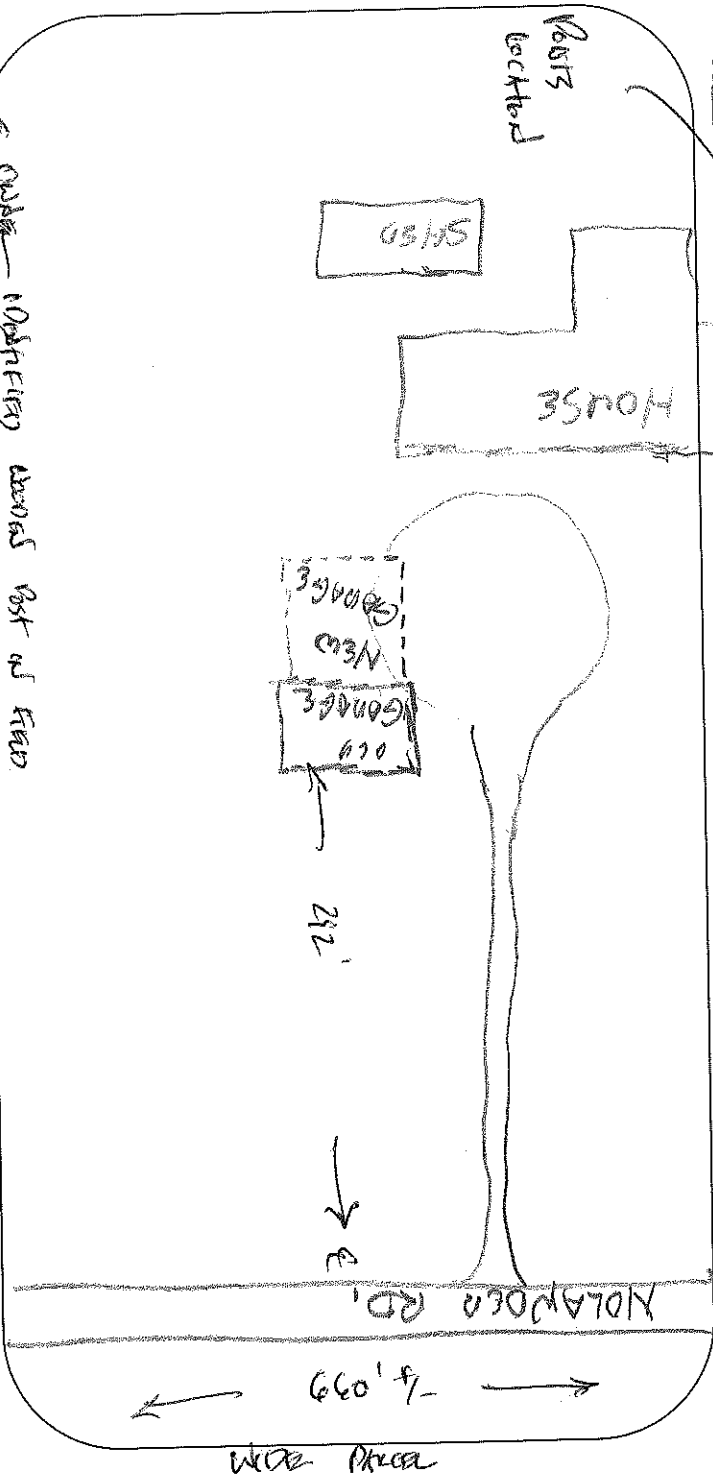
Address for Issuance: 3010 Noland Rd Washburn WI Copy of Tax Statement  
 OCT 3 2012 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (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 and (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show and (\*):



Please complete (1) - (7) above (prior to continuing)  $\leftarrow$  1320'  $\rightarrow$  Yes 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	141' min. L.S.	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	140' min. L.S.	Setback from Wetland	Feet
Setback from the West Lot Line	300' min. L.S.	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	300' min. L.S.	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	80' min. L.S.	Setback to Well	Feet
Setback to Drain Field	80' min. L.S.		
Setback to Privy (Portable, Composting)	Feet		

(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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>12-0399</u>	Permit Date: <u>10-3-12</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated <input type="checkbox"/> Inspection Record: <u>County checked as part of abstraction cost to sewer &amp; use</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District <input type="checkbox"/> Lakes Classification ( <u>Ag-1</u> )
Date of Inspection: <u>10-2-12</u>	Inspected by: <u>DWC</u>	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>10-2-12</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	