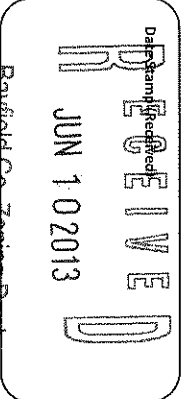


STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	13-0135
Date:	6-14-13
Amount Paid:	\$75 6-11-13
Refund:	

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 APPLICATION.

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

Owner's Name: JAMES & BONNIE L. KELLY TRUSTEES Mailing Address: 29805 /INDIAN LAKE ROAD MASON, WI 54856 Telephone: 715-765-4799
 Address of Property: 29805 INDIAN LAKE ROAD City/State/Zip: MASON, WI 54856 Cell Phone:
 Contractor: ACEZEPZYK CONSTRUCTION Contractor Phone: 715-682-5046 Plumber:
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (Include City/State/Zip): Plumber Phone:

PROJECT LOCATION: NW 1/4, NE 1/4 Gov't Lot: Lot(s): CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 26, Township 45 N, Range 05 W Town of: LINCOLN Lot Size: Acreage 1 of 240

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? No If Yes---continue → Distance Structure is from Shoreline: 120 feet
 Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage No If Yes---continue → Distance Structure is from Shoreline: 120 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
\$ <u>22,000.</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"/> Pole Buildings	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sanitary</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 type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: 56' Width: 36' Height: 10' WALL
 Proposed Construction: Length: Width: Height:

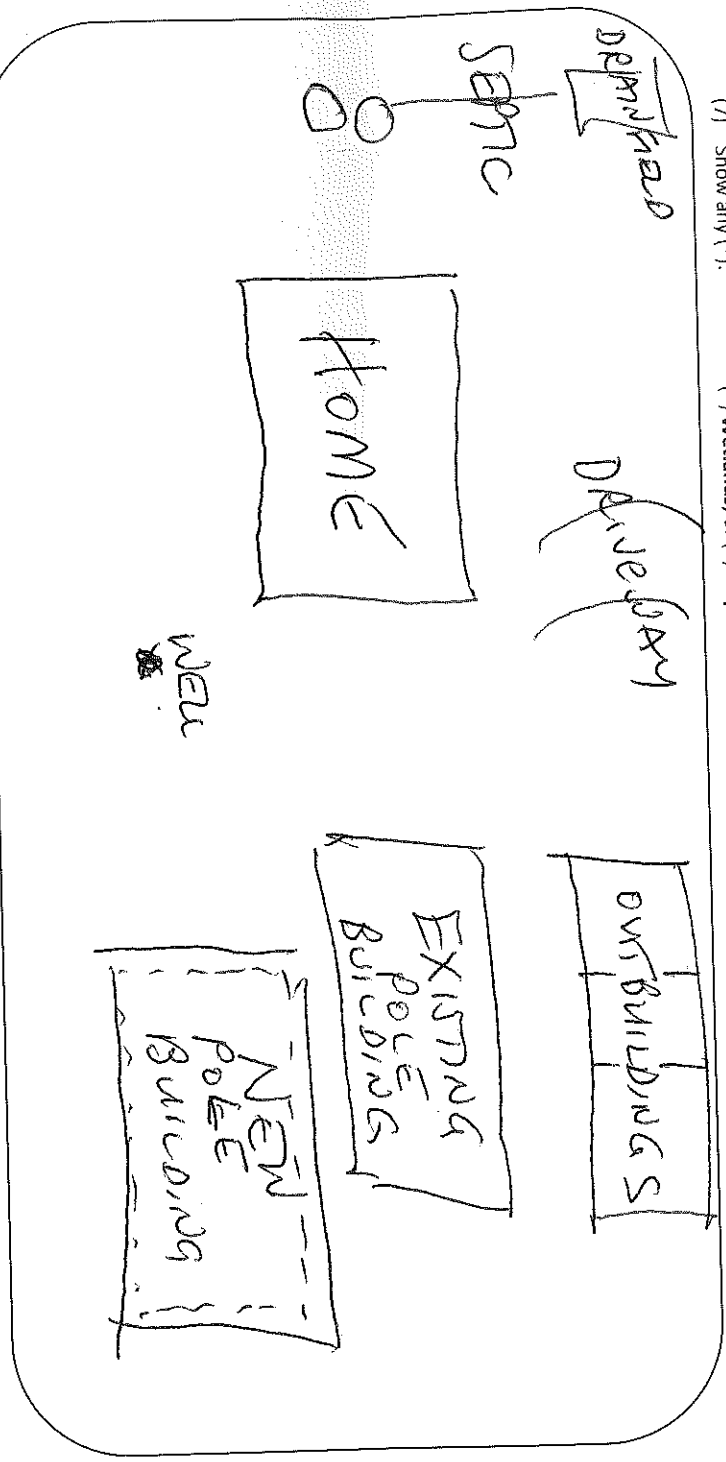
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X X)	
<input type="checkbox"/> with Loft		(X X)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	(X X)	
	with (2 nd) Porch	(X X)	
	with a Deck	(X X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X X)	
	Mobile Home (manufactured date)	(X X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X X)	
	Accessory Building (specify) <u>POLE BUILDING w/8 TENTS</u>	(56 X 36)	2016
	Accessory Building Addition/Alteration (specify) <u>TRAILER</u>	(8' X 36)	448
Rec'd for Issuance	Special Use: (explain)	(X X)	
	Conditional Use: (explain)	(X X)	
	Other: (explain)	(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): JAMES B. & BONNIE L. KELLY TRUSTEES Date 6/8/13
 (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 to send permit 29805 INDIAN LAKE ROAD MASON, WI 54856 Attach
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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	1,000+ Feet	Setback from the Lake (Ordinary high-water mark)	170 Feet
Setback from the Established Right-of-Way	1,000+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1,000+ Feet	Setback from Wetland	140 Feet
Setback from the West Lot Line	1,000+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	1,000+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	120+ Feet	Setback to Well	70+ Feet
Setback to Drain Field	130+ 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)

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

Permit #: 13-0235 Permit Date: 6-14-13

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ No

Is Parcel in Common Ownership Yes (Used/Contiguous Lot(s)) _____ No

Is Structure Non-Conforming Yes _____ No

Granted by Variance (B.O.A.) Yes No Case #: _____

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Yes No Affidavit Attached Yes No

Zoning District (F-1) Lakes Classification (3) Date of Re-Inspection: _____

Inspection Record: Well Staked! Meets all setbacks.

Date of Inspection: 6-13-13 Inspected by: M. Funtak

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

May not be used for human habitation.

Mr. water under pressure in structure.

Signature of Inspector: Michael Szwed Date of Approval: 6-13-13

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