

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
 RECEIVED
 SEP 10 2013
 Bayfield Co. Zoning Dept.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #:	13-0316
Date ENTERED	9-20-13
Amount Paid:	75.00
Refund:	9-10-13 Jan

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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Morisy Earley Mailing Address: 88055 Qy Rd E Mason WI 54856 Telephone: 765-4343

Address of Property: Same as Mailing City/State/Zip: Bayfield 54914 Call Phone: 715-205-9436

Contractor: Dell Construction Co. Contractor Phone: 715-209-1581 Plumber: Same as Mailing Plumber Phone: 715-205-9436

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Hens Dell Agent Phone: 715-209-1581 Agent Mailing Address (include City/State/Zip): 36985 W. Brewster Hill Rd Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04.030.2-45-05-03-2 08-000-30000 P.L.N.: (23 digits) 08-000-30000 Recorded Document: (i.e. Property Ownership) 1167 Page(s) 19

Gov't Lot: 5 Lot(s): W CSM: 48 Vol & Page: Lincoln Lot(s) No.: 5 Block(s) No.: 5,05 Subdivision: 5,05

Section 03, Township 45 N, Range 5 W Town of: Lincoln Lot Size: 5,05 Acreage: 5,05

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? NO If yes---continue NO

Is Property/Land within 1000 feet of Lake, Pond or Flowage NO If yes---continue NO

Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? Yes No

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
\$22,000	<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"/> 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>CONV.</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"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Foundation				<input checked="" type="checkbox"/> None	<u>Existing Home</u>

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 30 Height: 14

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
<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)	(<u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u> </u>	(<u> </u>)	<u> </u>
	Addition/Alteration (specify) <u> </u>	(<u> </u>)	<u> </u>
	Accessory Building (specify) <u>PALE BUILDING</u>	(<u>30 X 48</u>)	<u>1440</u>
	Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u>)	<u> </u>
	Special Use: (explain) <u> </u>	(<u> </u>)	<u> </u>
	Conditional Use: (explain) <u> </u>	(<u> </u>)	<u> </u>
	Other: (explain) <u> </u>	(<u> </u>)	<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.

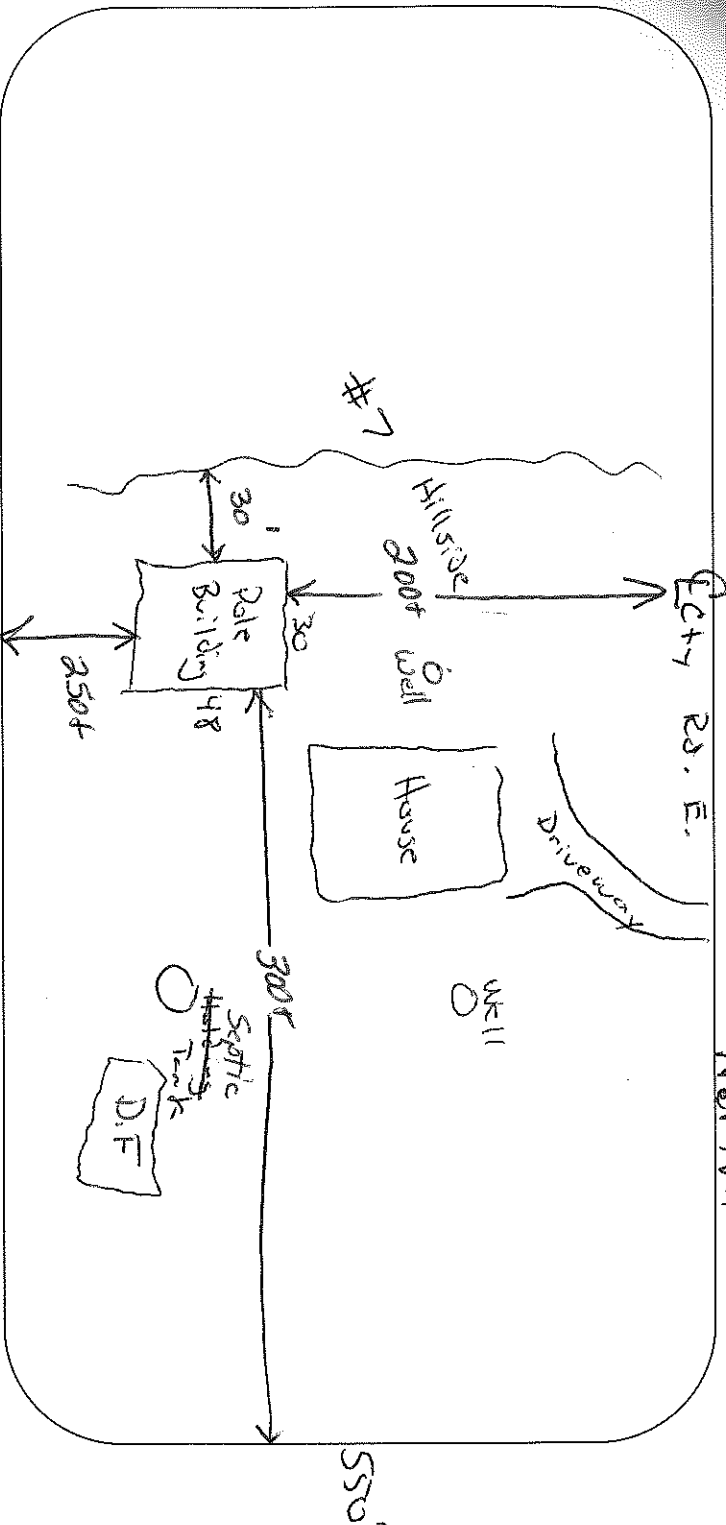
Owners: Morisy N & Birkel H Earley Date 9/10/13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit 36985 W Brewster Hill Rd, Bayfield WI 54814 Attach Copy of Tax Statement
 (If you recently purchased the property send your Recorded Deed

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%



Please complete (1) - (7) above (prior to continuing)
 (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	175 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	155 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	200 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	380 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	100 Feet
Setback to Drain Field	50 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 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: _____
 Reason for Denial: _____

Permit #: 13-0316 Permit Date: 9-20-13

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Yes (Fused/Contiguous lots) No No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

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

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:

Date of Inspection: 9-17-13 Inspected by: M. Furtak Zoning District: (A-1)
 Lakes Classification: (NA)

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
May not be used for human habitation. No water under pressure

Signature of Inspector: Michael Scoble Dept of Approval: 9-13 Date of Re-Inspection: _____
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____
 Authorization: here 9-19-13 MF