

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
 SEP 05 2013

Permit #:	13-0321
Date:	9-18-13
Amount Paid:	\$75
Refund:	9-5-13

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.

Bayfield Co. Zoning Department Detail 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: John C. & Pamela S. Smyle Mailing Address: 73200 Hwy 13 City/State/Zip: Washburn, WI 54891 Telephone: 218-349-9492

Address of Property: 73635 Hwy 13 City/State/Zip: Washburn, WI 54891 Cell Phone: 218-349-9492

Contractor: Chuck Whiting Contractor Phone: 715-682-8882 Plumber: 715-682-8882 Plumber Phone: _____

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: Legal Description: (Use Tax Statement) 1/4, 1/4 P150v1 Lot 2 G5M Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 18, Township 48 N, Range 4 W Town of: Barkdale Lot Size _____ Acreage 6.23

Recorded Document: (i.e. Property Ownership) Volume 1110 Page(s) 419

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 If yes---continue →

Distance Structure is from Shoreline: 105 feet Stream Shoreline

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
\$ 15,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bid) <input type="checkbox"/> Run a Business on Property	<input 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary/Exists <input type="checkbox"/> Privy (pit) or 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: Garage Length: 28 Width: 24 Height: 15

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	(X) (X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunthouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X) (X) (X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X) (X) (X)	
	Addition/Alteration (specify)	(X) (X) (X)	
	Accessory Building (specify) <u>Garage (detached)</u>	(24 X 28) (X) (X)	672 sq ft
	Accessory Building Addition/Alteration (specify)	(X) (X) (X)	
	Special Use: (explain)	(X) (X) (X)	
	Conditional Use: (explain)	(X) (X) (X)	
	Other: (explain)	(X) (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 my (our) 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 C Smyle Pamela Smyle Date 8/14/13
 (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)

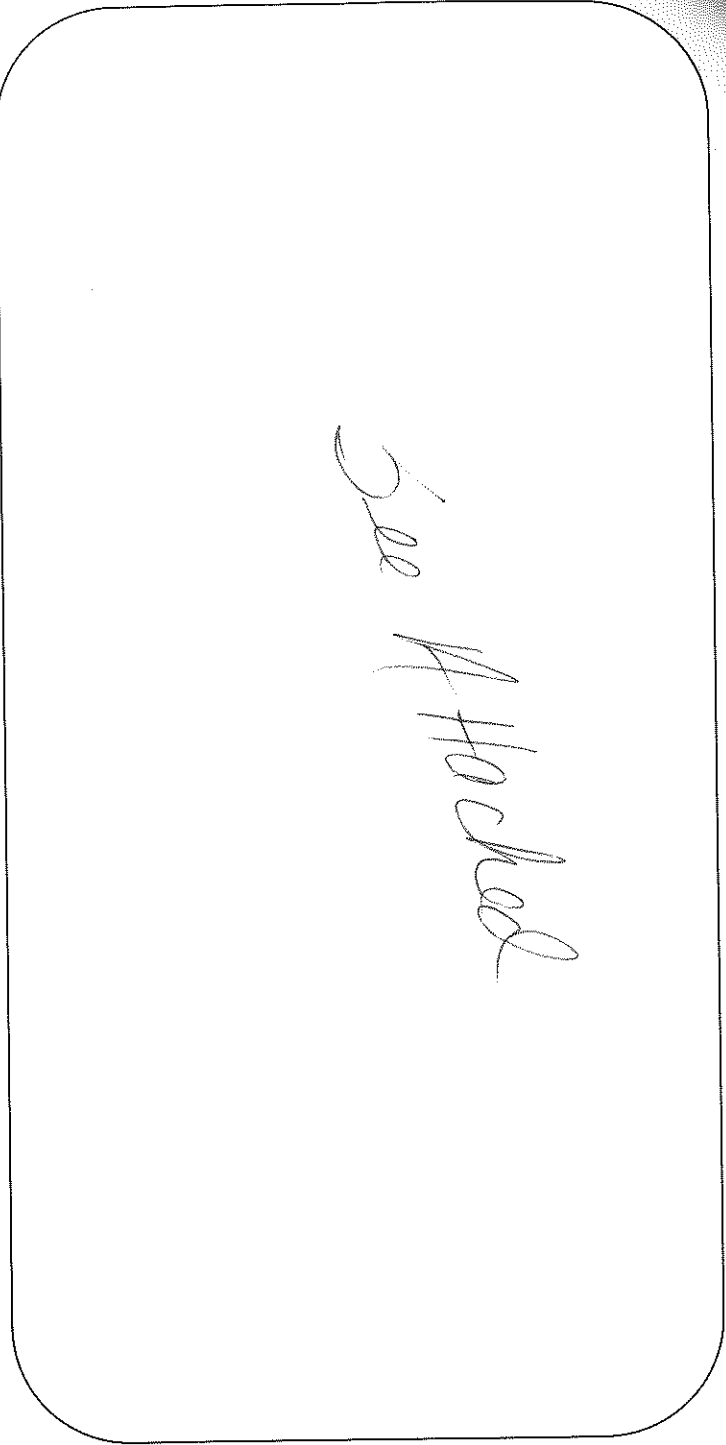
Address to send permit 73200 Hwy 13 Washburn WI 54891 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Draw or sketch your property (regardless of what you are applying for)

- Proposed Construction
- (1) Show / Indicate: North (N) on Plot Plan
 - (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show: 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 any (*): (*) 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	145 Feet	Setback from the River, Stream, Creek	105 Feet
Setback from the North Lot Line	100 ft Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	88 ft Feet	Setback from Wetland	200 ± Feet
Setback from the West Lot Line	1000 ± Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 + Feet	Setback to Well	Feet
Setback to Drain Field	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.

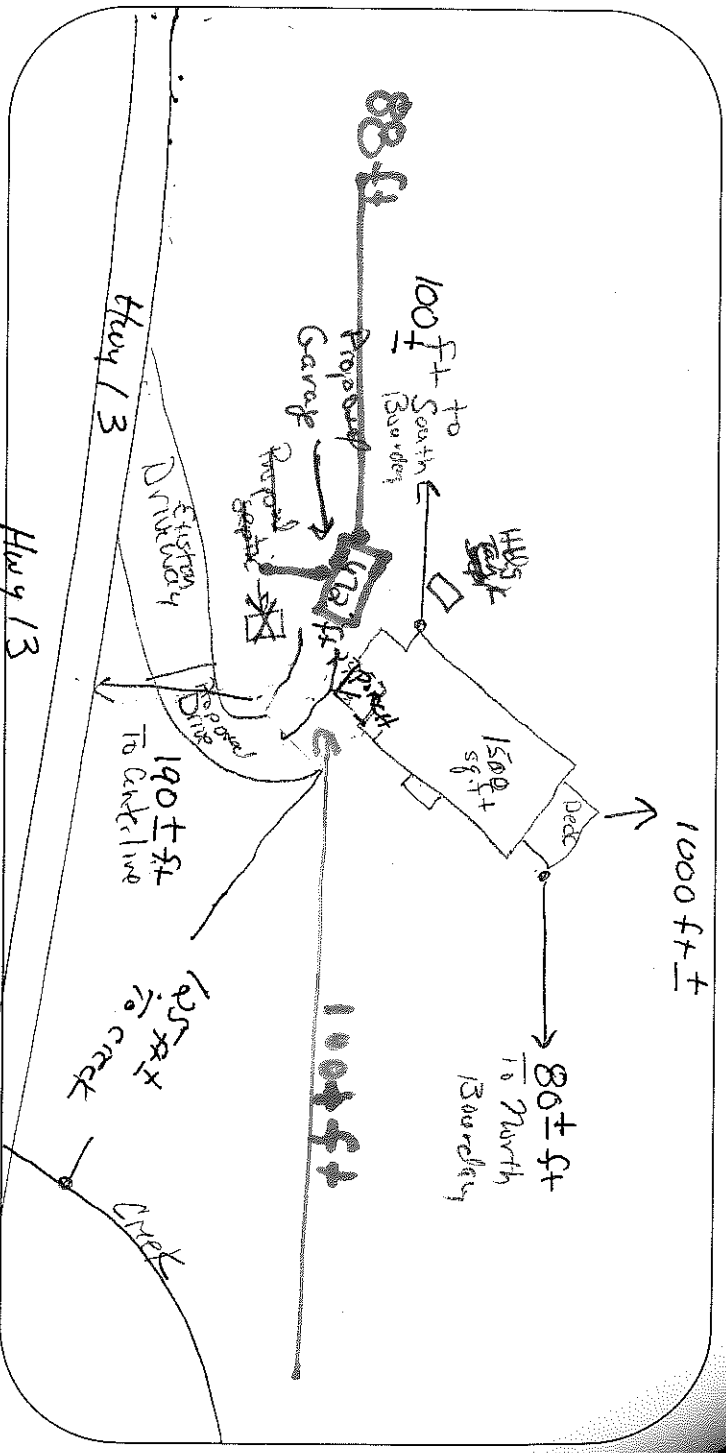
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0301	Permit Date: 9-12-13			
<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 type="checkbox"/> Yes (Fused/contiguous Lots) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	<input checked="" type="checkbox"/> Zoning District (R-1) <input type="checkbox"/> Lakes Classification (3)
Inspection Record: BUCKET ON SITE TO REPRESENT PLACEMENT OF PROPOSED CONSTRUCTION. DATE INSPECTION: 9-11-13		Inspected by: CLEONBERA WUEPITS 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: _____ Date of Approval: 9-12-13				
Hold For Sanitary: <input type="checkbox"/> _____ Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____ Hold For Fees: <input type="checkbox"/> _____		Date of Approval: 9-12-13

NECESSARY SHALL NOT BE USED FOR HOWARD HABITATION - SHALL NOT HAVE INDOOR PLUMBING UNLESS NECESSARY PERMITS ARE OBTAINED

Box below: 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	190 Feet	Setback from the Lake (ordinary high-water mark)	105 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	105 Feet
Setback from the North Lot Line	80 ± Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 ± Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1000 ± Feet	Setback from 20% Slope Area	172 ± Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		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 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)

Permit Denied (Date): _____ Sanitary Number: 13775 # of bedrooms: 3 Sanitary Date: 8/7/13

Permit #: 13-12246 Permit Date: 8-16-13

Is Parcel a Sub-Standard Lot? Yes No *DOES NOT LIKES CLASS*

Is Parcel in Common Ownership? Yes No

Is Structure Non-Conforming? Yes No

Granted by Variance (B.O.A.) Case #: n/a

Was Parcel Legally Created? Yes No Aug 4, 1999

Was Proposed Building Site Delineated? Yes No 2/28/775

Were Property Lines Represented by Owner Was Property Surveyed? Yes No

Inspection Record: OWNER PRESENT DURING INSPECTION.

Date of Inspection: 8-2-13 Inspected by: V. CARON-BILES, NURSE

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

MOVE FROM TEAM 73200 HWY 13 TO THIS PROPERTY. HOUSE IS CURRENTLY NONCONFORMING TO SHOW AND SETBACK ANY DITCHES HAVE TO BE SOLD SHALL NOT CAUSE SOIL DISTURBANCE TO SHOW AND BUFFER. EROSION CONTROL SHALL BE PER BEST MANAGEMENT PRACTICES TO MINIMIZE SEDIMENTATION. BUFFER RESTORATION WITH ASSISTANCE SIGNATURE OF INSPECTOR: FROM LAND CONSERVATION DEPT STRANSHLY ENCOVERED DATE OF APPROVAL: 8-15-13

Hold For Sanitary: Hold For IBA: Hold For Affidavit: Hold For Fees: Hold For: