

RECEIVED

BAYFIELD COUNTY
AUG 15 10AM
SANITARY PERMIT APPLICATION



Zoning District A-1
Lakes Class 3

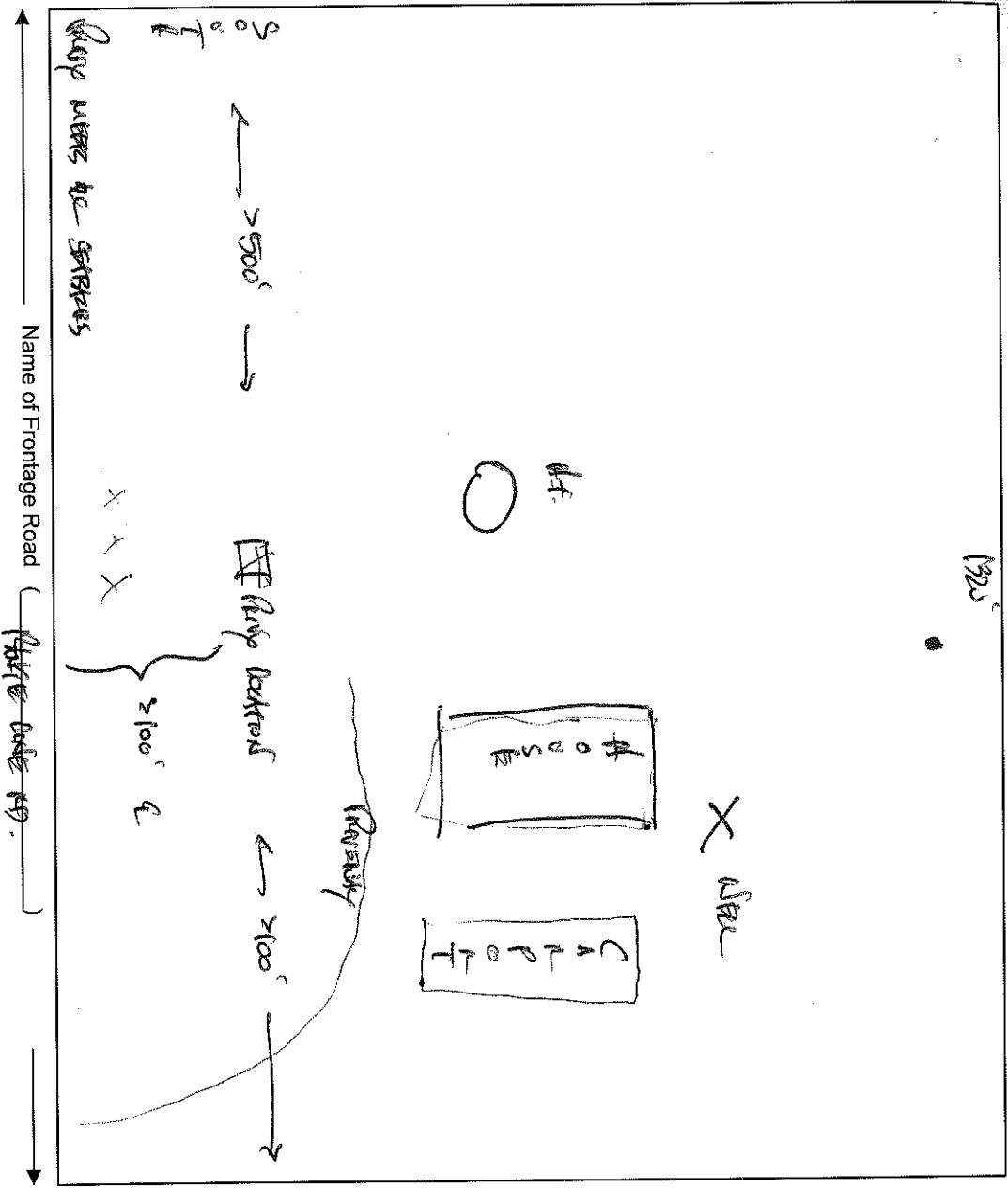
I. APPLICATION INFORMATION Bayfield Co. Zoning Dept. <small>(Please Print All Information)</small>		Soil Test No.	County Permit No.											
Property Owner's Name: <i>Eric Krasim</i>		County: Bayfield	12-0310											
Address of Property: <i>70745 KAYE WISE</i>		Property Location: <i>Sec 1/4 NE 1/4, S 31 T 48 N, R 9 E (or) W</i>												
Property Owner's Mailing Address: <i>Be No Box</i>		Township: <i>OWA</i>	Gov. Lot #:											
City/State <i>Be No Box WI</i>	Zip Code <i>53491</i>	Lot #	Block #:											
Phone Number		Subdivision Name or CSM #:												
II. TYPE OF BUILDING: (Check One)														
<input type="checkbox"/> State Owned		Parcel ID												
<input type="checkbox"/> Public (Explain the use/purpose _____)		Tax Number(s):												
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>2</u>		<i>02-028-2-48-69-3C-1</i> <i>07-000-10000</i>												
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)														
A) <input checked="" type="checkbox"/> New		<input type="checkbox"/> Replacement												
<input type="checkbox"/> Reconnection		<input type="checkbox"/> County Private Interceptor												
<input type="checkbox"/> Repair		<input type="checkbox"/> Revision												
<input type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number</i> _____		<input type="checkbox"/> Transfer of Owner (List Previous Owner below)												
B) _____ Date Issued: _____														
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) *Replacements need previous permit number and date filled out above														
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>570</u> gallons or _____ cubic yards)														
<input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet														
V. ABSORPTION SYSTEM INFORMATION:														
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)								
VI. TANK INFORMATION:														
Capacity In Gallons	Existing Tanks		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.			
	New Tanks	Tanks												
Septic Tank or Holding Tank	<i>250</i>			<i>1</i>				<i>X</i>		<i>X</i>				
Lift Pump Tank / Siphon Chamber														
VII. RESPONSIBILITY STATEMENT:														
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.														
Plumber's / Owner's Name: (Print) <i>Eric Krasim</i>				Plumber's / Owner's Signature: (No Stamps) <i>[Signature]</i>				MP/M/PRSW No.:						
Plumber's Address: (Street, City State, Zip Code) <i>P.O. Box 81</i>				Home Phone:				Business Phone:						
VIII. COUNTY / DEPARTMENT USE ONLY														
<input checked="" type="checkbox"/> Approved			<input type="checkbox"/> Disapproved			Sanitary Permit/Transfer Fee: <i>\$150.00</i> <i>205</i>			Date Issued: <i>8-21-10</i>			Issuing Agent's Signature / Date: <i>[Signature]</i> <i>8-15-12</i>		
Adverse Determination			Owner Given Initial			<i>8116112</i>								
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:														
<i>Vault Device must be installed & serviced also that there (3) years</i>														
Rec'd for Issuance														
<i>Aug 21 2012</i>														
Secretarial Staff														



20 Acres

Lot Line

1325'



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY**
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream, or pond d. Septic / holding tank to closest lot line e. Septic/holding tank to building f. Septic / holding tank to well g. Septic / holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to lake, river, stream or pond o. Well to building
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Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

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)
 AUG 14 2012
 Bayfield Co. Zoning Dept.

Permit # 12-0316
 Date: 8-29-12
 Amount Paid: \$125 RES
\$175 TRA
 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 APPLICANT.

HOW DO I FILE 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: Jon + Jenny Sharma Mailing Address: 8939 S. Engdahl Rd. South Range, WI Telephone: 715 364-2966
 Address of Property: No address yet (Pudas Rd.) City/State/Zip: _____ Cell Phone: 318-391-4475
 Contractor: Jon Holsclaw Contractor Phone: 318-428-5123 Plumber: N/A 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: NE 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 Ownership) Volume _____ Page(s) _____

Section 7, Township 48 N, Range 9 W Town of: Dulu Lot Size _____ Acreage 40

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: 100 (602 002) feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

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>35,000</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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None (Hand in)

Existing Structure: (if permit being applied for is relevant to it) Length: 32' Width: 24' Height: 16'
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	(<u>24</u> x <u>24</u>) (<u>12</u> x <u>24</u>) (<u>8</u> x <u>24</u>)	<u>576</u> <u>288</u> <u>192</u>
<input type="checkbox"/> Commercial Use	<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"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____) (_____) (_____) (_____)	(_____) (_____) (_____) (_____)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(_____) (_____) (_____)	(_____) (_____) (_____)

FAIL USE 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 the 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) Jon + Jenny Sharma Date 7/10/12
 (If there are Multiple Owners listed on the Deed All Owners must sign or leave(s) of authorization must accompany this application)

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

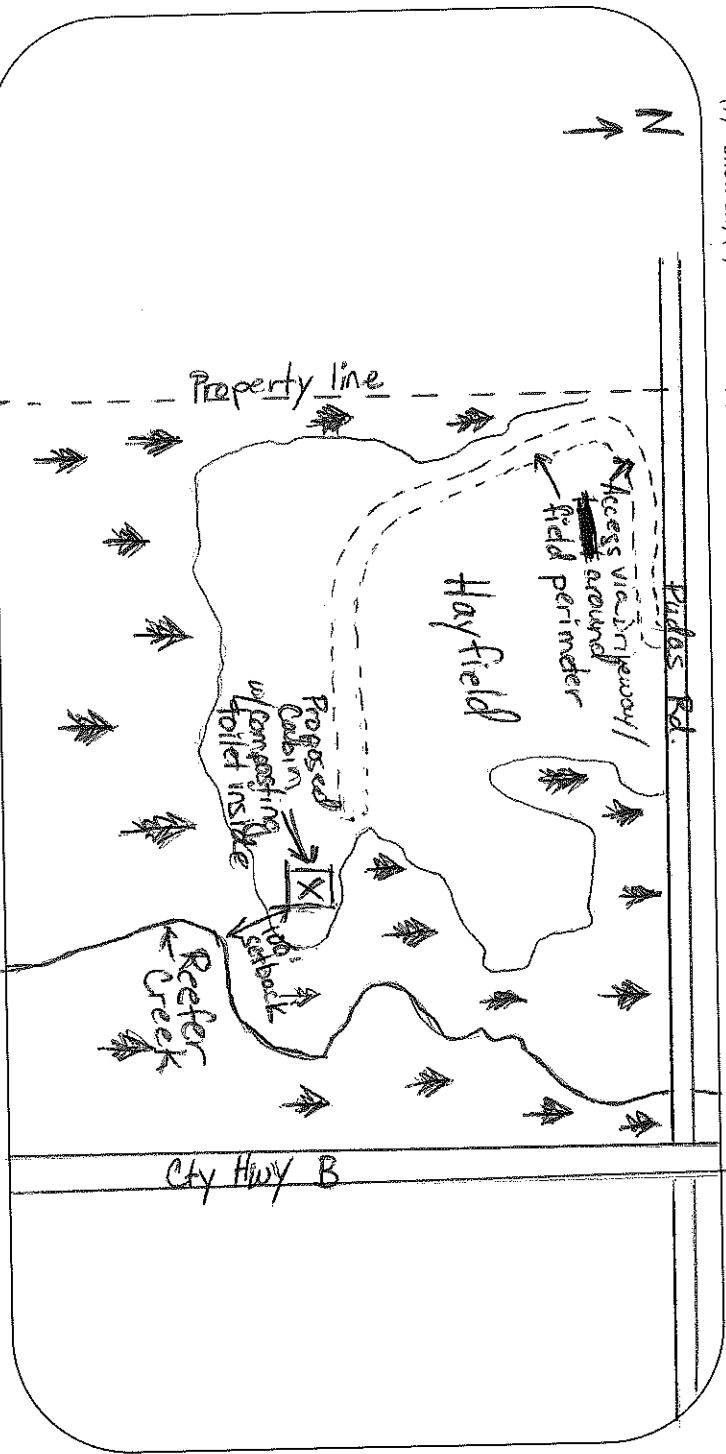
Rec'd for Issuance 2939 S. Engdahl Rd. South Range, WI 54874 Copy of Tax Statement
 Address to send permit AUG 29 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	933 Feet	Setback from the Bank or Bluff	100 Feet
Setback from the South Lot Line	375 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	500 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	500 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		N/A Feet
Setback to Privy (Portable, Composting)	N/A Feet		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 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 or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more 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, 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 #: 12-0316 Permit Date: 8-29-12

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

Is Parcel in Common Ownership Yes (Fused/Contiguous lots) 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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Reviewed Building Work on AND GARAGE as outlined on drawings

Date of Inspection: 8-21-12 Inspected by: DL

Lakes Classification B

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

A Water Permits Code (WPC) Permit for the today attached are attached are attached are attached are attached

REQUIRED PRIOR TO THE START OF CONSTRUCTION

NO BUILDING START UNTIL ANY WATER AND STRUCTURE OR REMAINING FEATURES BE ASSURED W/AS

Signature of Inspector: _____ Date of Approval: 8-29-12

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

UNLESS IT IS SEVERED BY A SURVEYOR & APPROVED AS SITE WORK PROGRESS SYSTEM

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