

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
 AUG 17 2013
 Bayfield Co. Zoning Dept

Permit #: 13-0308
 Date: 9-13-13
 Amount Paid: \$105
 Refund: 8-19-13



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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

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

Owner's Name: David Hides / Heather Hides Mailing Address: 320 Arch Ave N. New Richmond WI 54017 Telephone: 715-246-0807
 Address of Property: XXX Co Hwy B City/State/Zip: Boileau WI 54820 Cell Phone:
 Contractor: Contractor Phone: Plumber: 54820 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: SE 1/4 SUD 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivisions: Recorded Document: (i.e. Property Ownership) Volume: 1064 Page(s): 877

Section 17, Township 48 N, Range 9 W Town of: Oule Town of Lot Size: 26.99 Acreage

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
 If Yes--continue → Distance Structure is from Shoreline: 100 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No
 If Yes--continue → Distance Structure is from Shoreline: 100 feet
 Are Wetlands Present? Yes No

Value at Time of Completion: \$10,000 (What are you applying for) material

Project: New Construction 1-Story Seasonal 1 Municipal/City City Water

Use: Addition/Alteration Year Round 2 (New) Sanitary Specify Type: Well

of Stories and/or basement: Conversion 2-Story 3 Sanitary (exists) Specify Type: N/A

of bedrooms: Relocate (existing bldg) Basement None Portable (w/service contract) Compost Toilet None

Run a Business on Property: No Basement Foundation

Existing Structure: (if permit being applied for is relevant to it) Length: 30 Width: 60 Height: 12
 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <i>Leam to</i>	(30 X 60)	1800 768
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	(X)	()
	with a Porch	(X)	()
	with (2 nd) Porch	(X)	()
	with a Deck	(X)	()
	with (2 nd) Deck	(X)	()
	with Attached Garage	(X)	()
<input type="checkbox"/> Commercial Use	Bunckhouse 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)	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	()
	Accessory Building (specify)	(X)	()
	Accessory Building Addition/Alteration (specify)	(X)	()
Rec'd for Issuance	Special Use: (explain) =	(X)	()
SEP 13 2013	Conditional Use: (explain)	(X)	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OF 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 signing for 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): *David Hides* Date: 8/8/2013
 (If there are Multiple Owners listed on the Deed Attorneys must sign or letter(s) of authorization must accompany this application)

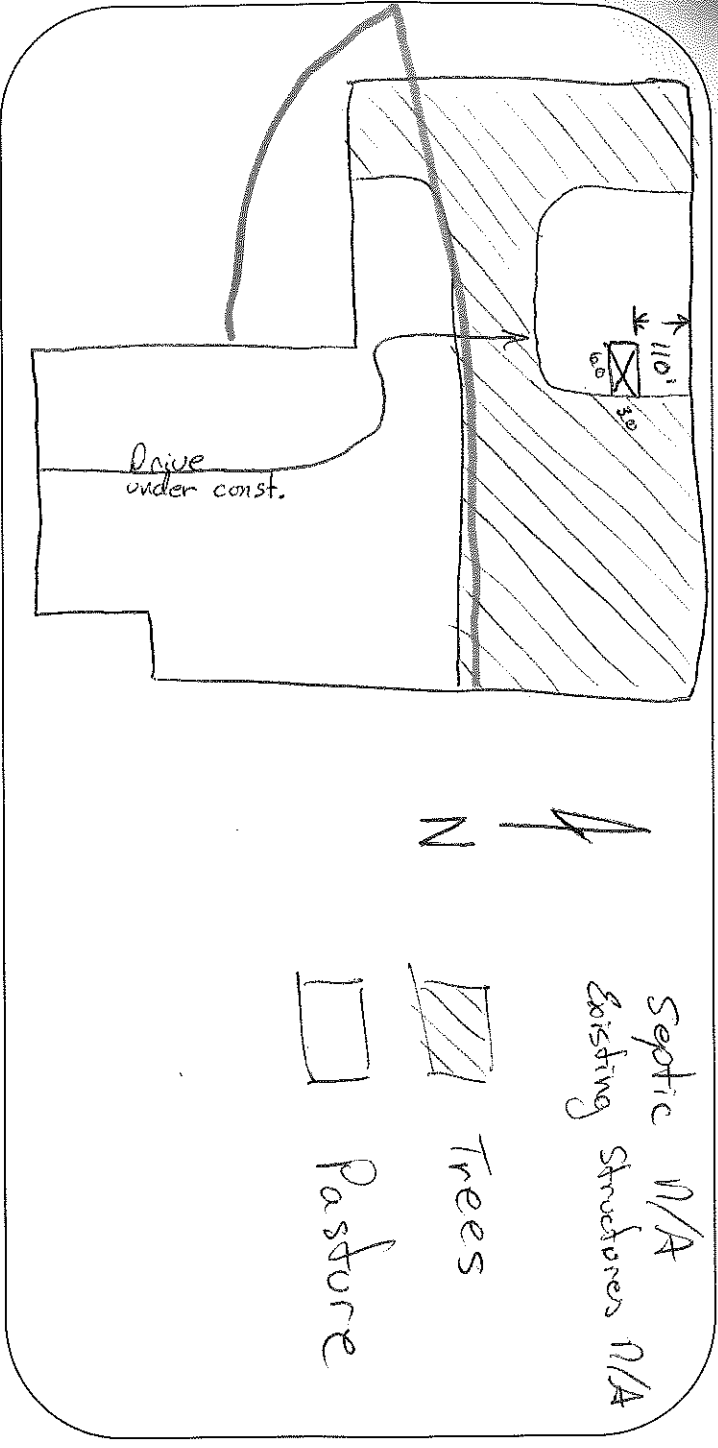
Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: *same as above* Attach
 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Show Location of: Proposed Construction
 Show/Indicate: North (N) on Plot Plan
 Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 Show: (4) Show: All Existing Structures on Your Property
 Show: (5) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 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	900+	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	900+	Setback from the River, Stream, Creek	100+
Setback from the North Lot Line	300+	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	N/A	Setback from Wetland	N/A
Setback from the West Lot Line	800+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	400+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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 to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
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(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 #: 13-0305 Permit Date: 9-13-13

Is Parcel a Sub-Standard Lot Yes (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 #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record:
Steam is not mangleable. Michael's clothes. No well.
 Date of Inspection: 9-12-13 Inspected by: M. Fustals Zoning District: (F-1)
 Lakes Classification: (3)

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 in structure.

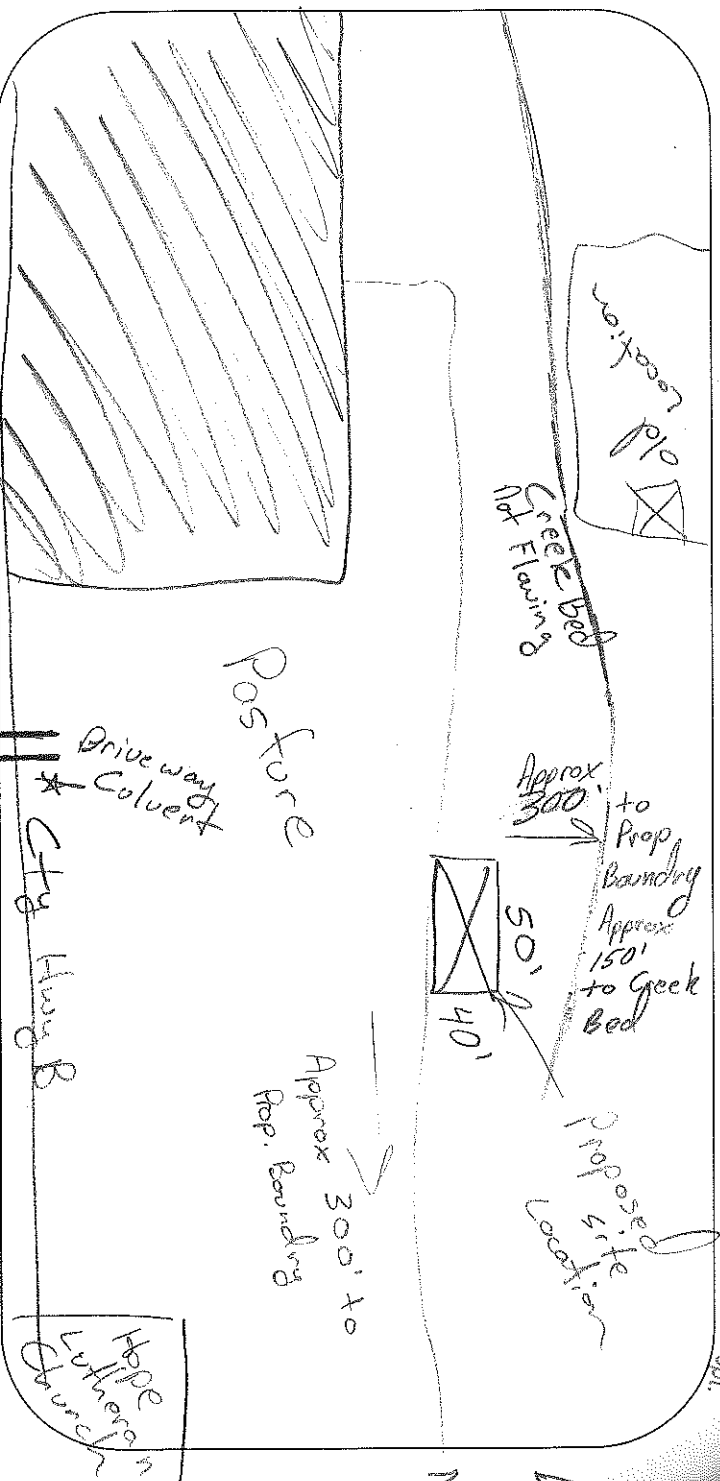
Signature of Inspector: Michael Fustals Date of Approval: 9-13-13

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

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

David Hides 2460 City Hwy B
 0215, W. New

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Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	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	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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Permit #:	Permit Date:				
<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 Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED
 SEP 03 2013
 Planning & Zoning Dept.