

MIT: 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
 Stamp (Received)
 APR 16 2012
 Bayfield Co. Zoning Dept.

Permit #:	20151
Date:	5-25-12
Amount Paid:	\$772.00 EDS
Refund:	5/17/12

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: Janet Johnson
 Mailing Address: PO Box 35
 City/State/Zip: Port Wing, WI 54865
 Telephone: 715.774.3511

Address of Property: 82415 Johnson Rd
 City/State/Zip: Port Wing, WI 54865
 Cell Phone:

Contractor: Plumber
 Contractor Phone: Plumber

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: 715.292.1315
 Agent Mailing Address (include City/State/Zip): PO Box 35 Port Wing, WI 54865
 Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, SW 1/4
 Legal Description: (Use Tax Statement) Gov't Lot: Lot(s): ESM: Vol & Page: K89-731
 Lot(s) No.: Block(s) No.: Subdivision: Lot Size: 20 acres, Acreage: 20

Section 33, Township 50 N, Range 08 W
 Town of: Port Wing

PIN: (23 digits) 04-042-2-50-08-33-3-01-000-10000
 54865 Recorded Document: (i.e. Property Ownership) Volume: 10069, Page(s): 731

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue →

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
\$199,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 28 Height: 24
 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.)	(40 X 28)	2240
	with Loft	(24 X 20)	580
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<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)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	Special User: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FARURE 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 date 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): Janet Johnson
 (If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application) Date: 4-10-12

Authorized Agent: _____ Date: _____

Rec'd for Issuance: _____
 Address to send permit: PO Box 35 Port Wing, WI 54865
 MAY 25 2012

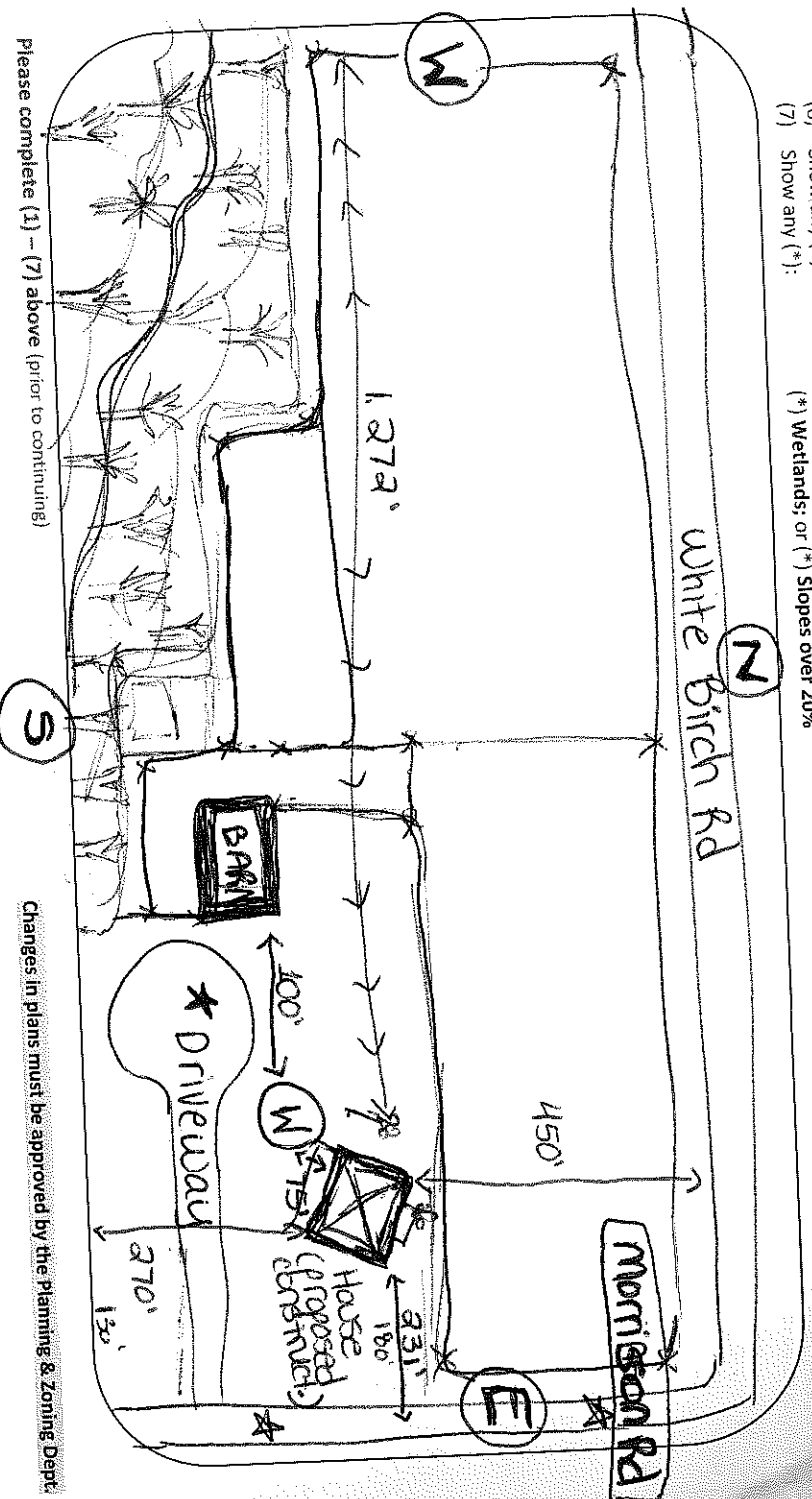
Secretarial Staff

APPLICANT - PLEASE COMPLETE PILOT PLAN ON REVERSE SIDE

Attest
 Copy of Tax Statement
 If you recently purchased the property, send your Assessed Data

Look 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 (*): (*) 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%



(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	331 Feet	Setback from the Lake (ordinary high-water mark)	Feet*
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	450 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	270 (1/2) Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1272 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	200 (1/2) Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	75 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Setback 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 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: 12-35 # of bedrooms: 3 Sanitary Date: 5-23-12

Permit #: 12-0151 Permit Date: 5-25-12

Reason for Denial: _____

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		

Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Surveyed Yes No

Inspection Record: Approved Sanitary Locations As Represented By Owner Attends To After Final Way Be Survey Finally Satisfy

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Applicable Code Requirements: (see)

Date of Inspection: 5-23-12 Inspected by: DAC

Competition/Town Committee or Board Confirmation Attached? Yes No (If No they need to be attached)

Other Notes: A children playing can result from the facility attached due increased usage may be

Other Notes: obtained prior to the start of construction.

Signature of Inspector: _____

Signature of Applicant: _____

Hold for Sanitary: 4-22-12 Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Application: 5-23-12