

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 Stamp: (received)

Permit #: **10-0116 ENTERED**
 Date: **5-30-12**
 Amount Paid: **300.**
 Refund: **Transferred from 5-6-12 OK**

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

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

Owner's Name: Michael & Arla Homann
 Address of Property: 81156 Kinney Valley Road
 Contractor: Mr. Chad Homann
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A

Mailing Address: 1037 4th Ave. N.
 City/State/Zip: Park Falls, WI 54852
 City/State/Zip: Port Wing, WI 54865
 Contractor Phone: 715 762-3186
 Agent Phone: 715 762-3186
 Agent Mailing Address (include City/State/Zip): N/A
 Agent Mailing Address (include City/State/Zip): N/A
 PIN: (23 digits) 04-
 Recorded Document: (i.e. Property Ownership) Volume 1057
 Subdivision: Port Wing
 Lot Size: 19.13
 Telephone: 715-762-3186
 Call Phone: 715 492-5342
 Plumber Phone: 715 374-2824
 Written Authorization Attached: Yes No N/A
 Volume: 1057 Page(s): 2

PROJECT LOCATION: SW 1/4, SW 1/4
 Section: 5, Township: 49 N, Range: 8 W
 Distance Structure is from Shoreline: 242 feet
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 Distance Structure is from Shoreline: 242 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion: \$ 120,000
 Project: New Construction
 # of Stories and/or basement: 1-Story
 Use: Seasonal
 # of bedrooms: 1
 What Type of Sewer/Sanitary System is on the property? Municipal/City
 Water: CITY WELL

Proposed 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	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)	Special Use: (explain)	Conditional Use: (explain)	Other: (explain)	Length:	Width:	Height:	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)															38'	24'	20'	(38' x 24')	816
<input type="checkbox"/> Commercial Use																			(13' x 21')	273
<input type="checkbox"/> Municipal Use																			(34' x 6')	204
																				204
																				204

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.

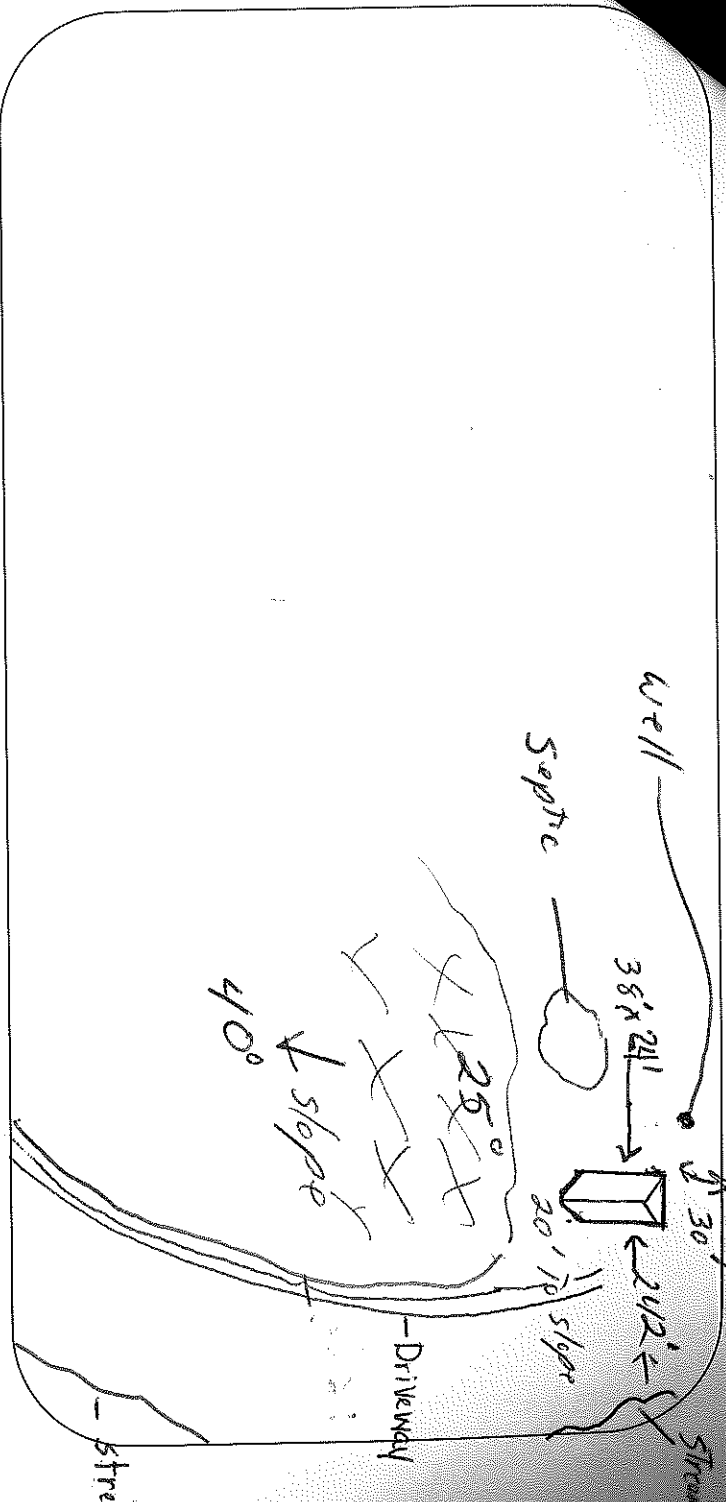
Owners: Michael & Arla Homann Chad Homann
 (if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address: 1037 4th Ave. N., Park Falls, WI 54852
 Date: 4/2/2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

SEARCH YOUR PROPERTY (regardless of what you are applying for)

- Proposed Construction
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%



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	Feet	Setback from the River, Stream, Creek	242 Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	20 Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA 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 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 #: 19-0160	Permit Date: 5-30-12	Sanitary Number: 19-185	# of bedrooms: 2	Sanitary Date: 5-2-12
<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District (A-1) <input type="checkbox"/> Lakes Classification ()
Inspection Record: <i>Finished Boundary Locking 2 Per Bed Decided at Conditions the 10</i> <i>Resort may be used</i>	Date of Inspection: 5-16-12	Inspected by: <i>DL</i>	Date of Re-inspection:	Date of Approval: 5-2-12

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached)
 A violation directly code (202) result from the zoning ordinance will otherwise deny
 Must be revised prior to the start of construction. Applicant's signature should be
 shaller and pick up paper not later than 10-15-12 + see that both of those are
 Signature of inspector: *[Signature]*
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: