

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)
 SEP 30 2013
 Bayfield Co. Zoning Dept

ENTERED Permit # 13-0406
 Date: 11-15-13
 Amount Paid: \$75
 Refund: 10-21-13

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: JOHN A. BERTON & JOHN O. HOWE
 Address of Property: 9499 Sunnyside Lane
 City/State/Zip: PORT WING, WI, 54865
 Telephone: 715.774.3334
 Contractor: Self
 Contractor Phone: 717.774.3334
 Plumber: N/A
 Plumber Phone: N/A
 Authorized Agent: N/A
 Agent Phone: N/A
 Agent Mailing Address (include City/State/Zip): N/A
 Written Authorization Attached: Yes No

PROJECT LOCATION: NW 1/4, NE 1/4
 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____
 Lot(s) No.: _____ Block(s) No.: _____
 Section 33, Township 50 N, Range 8 W
 Town of: PORT WING
 Lot Size: _____ Acreage: 40

Legal Description: (Use Tax Statement) P1N (23 digits) 04-042-2-50-08-33-1 02-000-10000
 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

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

Distance Structure is from Shoreline: 180 feet
 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
\$18,000.00	<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 checked="" 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 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 Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> None	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 24 x 24 Width: 24 x 24 Height: 8 x 8
 Proposed Structure: Principal Structure (first structure on property) Dimensions: 40 x 56' Square Footage: 1200 sq ft
 Residence (i.e. cabin, hunting shack, etc.) with Loft
 with a Porch
 with (2nd) Deck
 with (2nd) Porch
 with Attached Garage
 Bunkhouse w/ sanitary, or sleeping quarters, or cooking & food prep facilities)
 Mobile Home (manufactured date) _____
 Addition/Alteration (specify) Storage (2) 24 x 24 connected 40 x 56' by 8 x 8
 Accessory Building (specify) _____
 Accessory Building Addition/Alteration (specify) _____
 Special Use: (explain) _____
 Conditional Use: (explain) _____
 Other: (explain) _____

Proposed Use: Residential Use
 Commercial Use
 Municipal Use

Rec'd for Issuance: NOV 15 2013
 Secretarial Staff

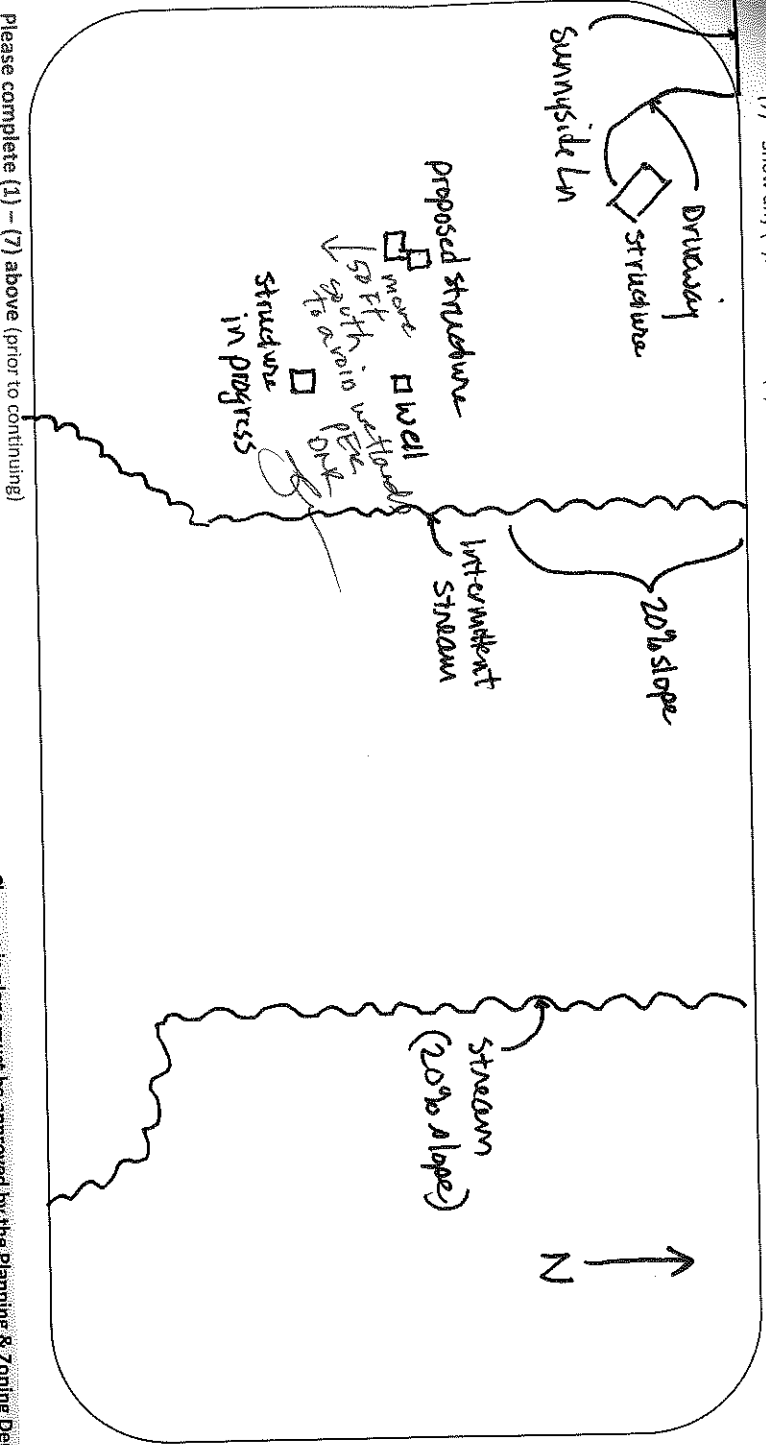
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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 in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable time for the purpose of inspection.

Owner(s): John A. Berton & John O. Howe
 (If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: PO Box 9a, Port Wing, WI 54865
 Date: 9/22/13
 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed

Draw or Sketch 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)
 (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	600' Feet	Setback from the Lake (ordinary high-water mark)	180' Feet
Setback from the Established Right-of-Way	600' Feet	Setback from the River, Stream, Creek	180' Feet
Setback from the North Lot Line	600' Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	100' Feet	Setback from Wetland	600' Feet
Setback from the West Lot Line	325' Feet	Setback from 20% Slope Area	600' Feet
Setback from the East Lot Line	1025' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	110' Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

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 #: 13-0400 Permit Date: 11-15-13

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes (fused/contiguous lot(s)) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____
 Yes No

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Yes No
 Affidavit Attached Yes No

Affidavit Required Yes No
 Affidavit Attached Yes No

Inspection Record: Called for additional check for fees
fees rec'd 10-18-13. inspection by DNE for wetlands
 Date of Inspection: 10-11-13 10-18-13 Inspected by: J. Claborn & Murphy
 Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
Not to be used for human habitation.
 Signature of Inspector: W.D. Necessary Date of Approval: 11-13-13
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____