

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
 Date stamp received: JUN 05 2013
 Bayfield Co. Zoning Dept

Permit #:	13-0483
Date:	12-9-13
Amount Paid:	\$1856.66-13 \$175.00-13
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 FIND 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 Mailing Address: PO Box 92 City/State/Zip: Port Wing WI 54865 Telephone: 715 774 3334

Address of Property: 9499 Sunnyside Lane City/State/Zip: Port Wing, WI 54865

Contractor: Self Contractor Phone: _____ Plumber: PO Plumber 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 Legal Description: (Use Tax Statement) NW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 33, Township 50 N, Range 8 W Town of: Port Wing Lot Size _____ Acreage 40

Distance Structure is from Shoreline: 60 feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet 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
\$ <u>40,000.</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 25' Height: 7'

Proposed Construction: _____

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.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>40</u> x <u>25</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	<u>1000</u>
<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)	(<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	
	Accessory Building Addition/Alteration (specify) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	
	Special Use: (explain) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	
	Conditional Use: (explain) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	
	Other: (explain) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	

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 at any reasonable time for the purpose of inspection.

Owner(s): JAW
 (If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 6/2/2013

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

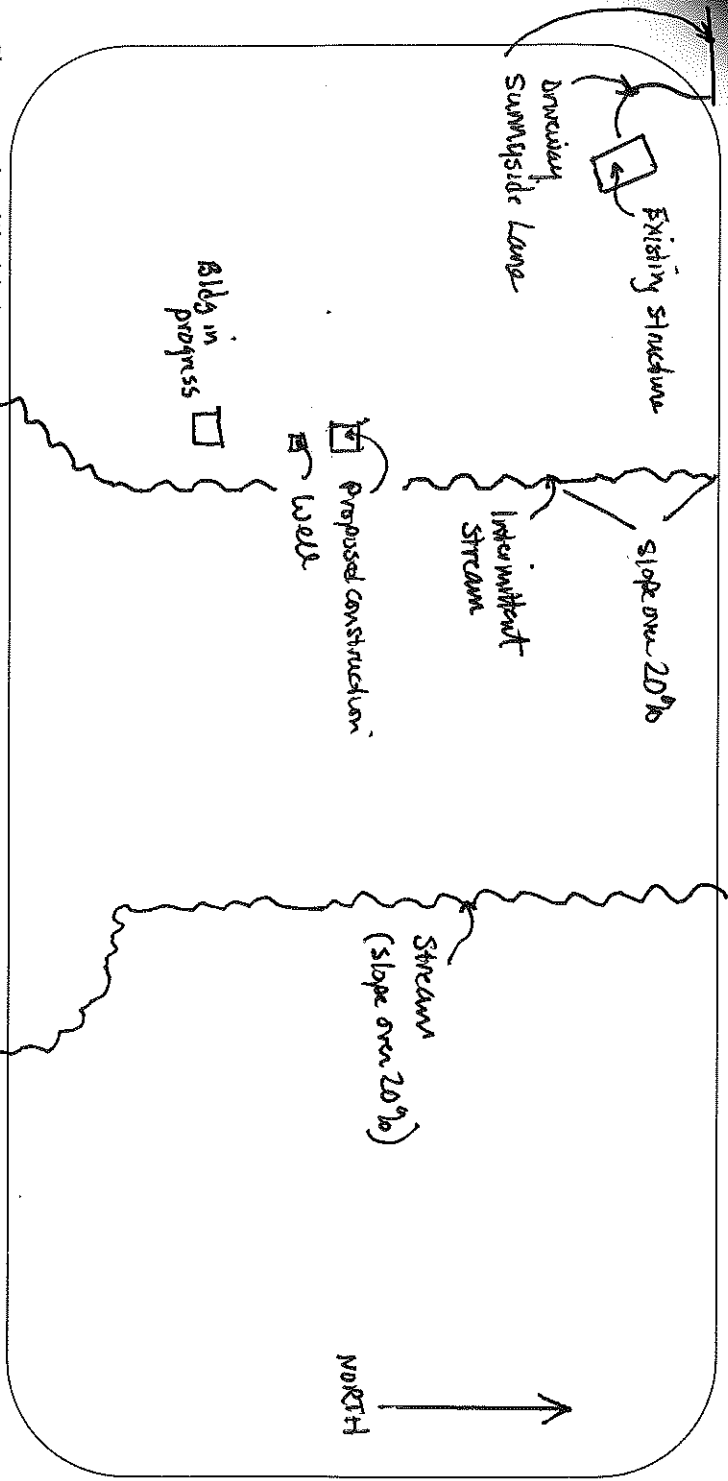
Address to send permit 9419 Sunnyside PO Box 92 Port Wing WI 54865 Copy of Tax Statement Attached

If you recently purchased the property send your recorded deed



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

- Show Location of: Proposed Construction
 Show/Indicate: North (N) on Plot Plan
 (1) Show Location of (*): All Existing Structures on your Property
 (2) Show: (*): Well (W); (*): Septic Tank (ST); (*): Drain Field (DF); (*): Holding Tank (HT) and/or (*): Privy (P)
 (3) Show any (*): (*): Lake; (*): River; (*): Stream/Creek; or (*): Pond
 (4) Show any (*): (*): 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	750 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	700 Feet	Setback from the River, Stream, Creek	60 Feet
Setback from the North Lot Line	700 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	650 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	600 Feet	Setback from 20% Slope Area	400 Feet
Setback from the East Lot Line	750 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	40 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— 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 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) Sanitary Number: 13-04623 # of bedrooms: Sanitary Date:

Permit #: 13-04623 Permit Date: 12-9-13

Is Parcel a Sub-Standard Lot: Yes No (Deed of Record) No No
 Is Parcel in Common Ownership: Yes (Fused/Contiguous lot(s)) No No No
 Is Structure Non-Conforming: Yes No No No

Granted by Variance (B.O.A.) Case #: Previously 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 Was Property Surveyed: Yes No

Inspection Record: Site well identified and appears to identify a code compliant location

Date of Inspection: 6/10/2013 Inspected by: Robert Schrienerman Date of Re-Inspection:

Condition(s) of Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)
 No water under pressure in structure unless structure is served by an approved on-site water disposal system
 A Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction

Signature of Inspector: [Signature] Date of Approval: 6/11/2013

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