

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)
 APR 25 2014
 Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|---------|
| Permit #: | 14-0044 |
| Date: | 4-30-14 |
| Amount Paid: | \$75 |
| Refund: | 425-14 |

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: Lowell E. Bourbeau Mailing Address: 57795 Ashward Bayfield Rd City/State/Zip: MASON WI 54856 Telephone: 715-765-4735

Address of Property: 57795 Ashward Bayfield Rd City/State/Zip: MASON WI 54856 Contractor Phone: 715-765-4735 Plumber: _____ Plumber Phone: _____

Contractor: Lowell E. Bourbeau Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____

PROJECT LOCATION Legal Description: (Use Tax Statement) NE 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 1, Township 45N, Range 5 W _____ Town of: LINGOLN Recorded Document: (i.e. Property Ownership) Volume 438 Page(s) 284, 475

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

Distance Structure is from Shoreline: _____ feet

Lot Size _____ Acreage 24.810

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 \$18,000

| 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 |
|--|--|-------------------------------------|--|---|-------------------------------|
| <input checked="" type="checkbox"/> New Construction | <input 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 type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | <u>Storage</u> | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> | |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | | <input type="checkbox"/> 3 | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> Foundation | | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | |
| | <input checked="" type="checkbox"/> <u>Pole Building</u> | | | <input type="checkbox"/> None | |

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 38' Width: 24' Height: 16'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-------------------------------------|---|------------|----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | () () | () |
| <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | () () | () |
| <input type="checkbox"/> | with Loft | () () | () |
| <input checked="" type="checkbox"/> | Residential Use | () () | () |
| <input type="checkbox"/> | with a Porch | () () | () |
| <input type="checkbox"/> | with (2 nd) Deck | () () | () |
| <input type="checkbox"/> | with a Deck | () () | () |
| <input type="checkbox"/> | with (2 nd) Deck | () () | () |
| <input type="checkbox"/> | with Attached Garage | () () | () |
| <input type="checkbox"/> | Bunkhouse w/ () sanitary, gr () sleeping quarters, or () cooking & food prep facilities) | () () | () |
| <input type="checkbox"/> | Mobile Home (manufactured date) | () () | () |
| <input type="checkbox"/> | Addition/Alteration (specify) | () () | () |
| <input checked="" type="checkbox"/> | Accessory Building (specify) <u>Pole Building</u> | (24 x 38) | 672 |
| <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) | () () | () |
| <input type="checkbox"/> | Special Use: (explain) | () () | () |
| <input type="checkbox"/> | Conditional Use: (explain) | () () | () |
| <input type="checkbox"/> | Other: (explain) | () () | () |

Rec'd for Issuance: APR 30 2014

Secretariat 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 at any reasonable time for the purpose of inspection.

Owner(s): Lowell E. Bourbeau Susan Bourbeau Date 4-23-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

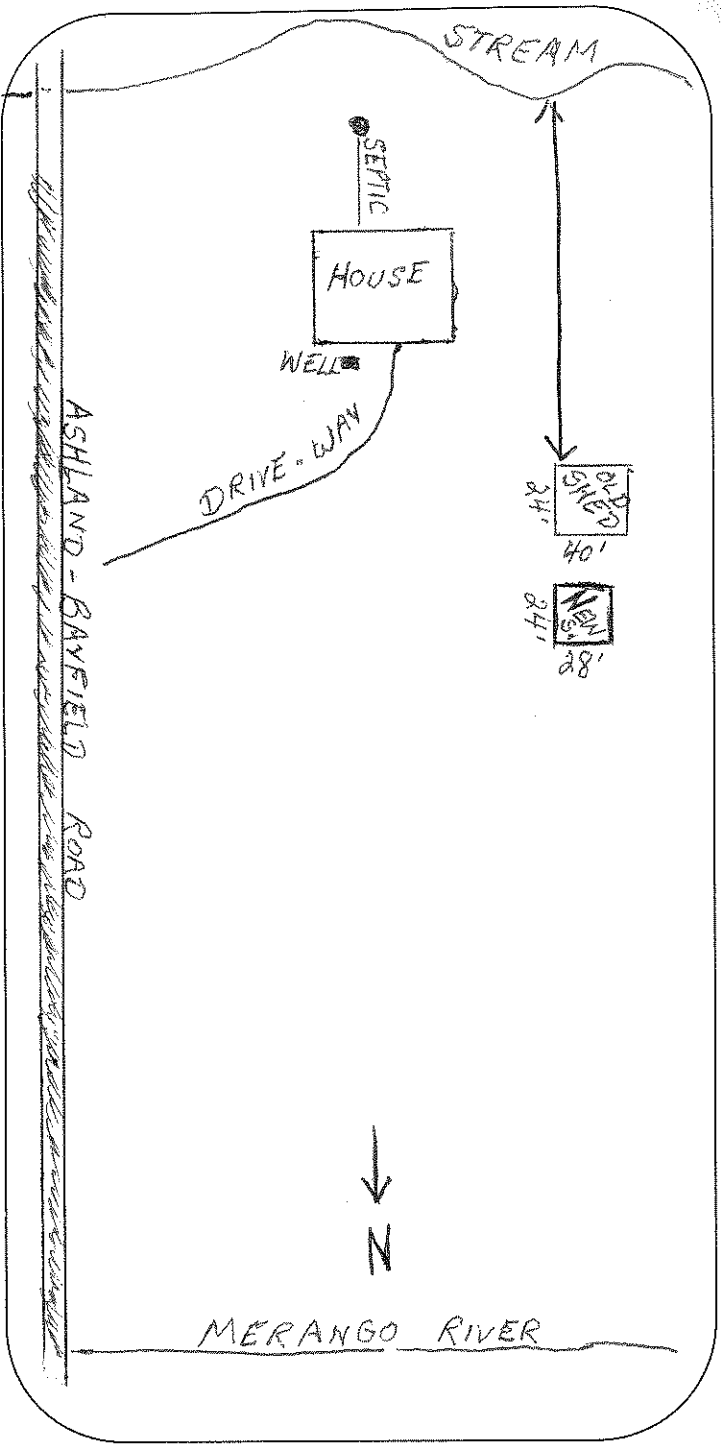
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 57795 Ashward Bayfield Rd Mason WI 54856 Attach Copy of Tax Statement Record of Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 (*): (**) Driveway and (**) 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%



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 | 300+ Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 280+ Feet | Setback from the River, Stream, Creek | 190+ Feet |
| Setback from the North Lot Line | NA Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | NA Feet | Setback from Wetland | 300+ Feet |
| Setback from the West Lot Line | NA Feet | Setback from 20% Slope Area | NA Feet |
| Setback from the East Lot Line | Town Rd | Elevation of Floodplain | 300+ Feet |
| Setback to Septic Tank or Holding Tank | 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 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 #: 14-0014 | Permit Date: 4-30-14 | | | |
| 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 |
| 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 |
| 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 |
| Granted by Variance (B.O.A.): | Case #: | Case #: | | |
| Was Parcel Legally Created: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner Was Property Surveyed: | | |
| Was Proposed Building Site Dealtreated: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Inspection Record: | Inspected by: M. Fritch | | | |
| Date of Inspection: 4-28-14 | Date of Re-Inspection: | | | |
| Conditional Town Committee or Board Conditions Attached? | Yes | No | Date of Approval: 4-28-14 | |
| <p>Debris from collapsed structure must be removed and disposed of properly. No water in new structure. May not be used for human habitation.</p> | | | | |
| Signature of Inspector: Michael Fritch | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | |