

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**

ENTERED

Date Stamp (received)
 MAY 02 2014

Permit #:	14-0083
Date:	5-27-14
Amount Paid:	\$850
Refund:	\$23-14

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: Daniel J. Murphy Jr
 Address of Property: 640 Locust Hills Drive Weyzata, MN 55351
 City/State/Zip: Weyzata, MN 55351
 Telephone: 612-836-3925
 Contractor: Medal Road
 Contractor Phone: 612-836-3925
 Plumber:
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: Bruce Carnahan
 Agent Phone: 612-346-5361
 Agent Mailing Address (include City/State/Zip): 14921 Excelsior Blvd, Minnetonka, MN 55345
 Written Authorization Attached Yes No
 PROJECT LOCATION: 1/4, 1/4
 Legal Description: (Use Tax Statement) 04-002-2-48-04-18-2 05-003-21000
 Pinned (23 digits) 612-346-5361
 Recorded Document (i.e. Property Ownership) Volume 1112 Page(s) 350 42
 Subdivision:
 Section 18, Township T98N, N, Range R4W
 Town of: Barkdale
 Distance Structure is from Shoreline: 300 feet
 Is Property in Floodplain Zone? Yes No
 Distance Structure is from Shoreline: Yes No
 Are Wetlands Present? Yes No
 Non-Shoreland

Value at Time of Completion * Include donated time & material \$99,500 -	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 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 type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Private
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it) Length: 60'-0" Width: 40'-0" Height: 23'-10"
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
	<input checked="" type="checkbox"/>	Principal Structure (first structure on property) Pole Barn	(40 x 60)	2400
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
	<input type="checkbox"/>	with Loft	()	()
	<input type="checkbox"/>	with a Porch	()	()
	<input type="checkbox"/>	with (2 nd) Porch	()	()
	<input type="checkbox"/>	with a Deck	()	()
	<input type="checkbox"/>	with (2 nd) Deck	()	()
	<input type="checkbox"/>	with Attached Garage	()	()
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	()	()
	<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
	<input type="checkbox"/>	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Accessory Building (specify)	()	()
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
	<input type="checkbox"/>	Special Use: (explain)	()	()
	<input type="checkbox"/>	Conditional Use: (explain)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
	<input type="checkbox"/>	Special Use: (explain)	()	()
	<input type="checkbox"/>	Conditional Use: (explain)	()	()
Rec'd for Issuance	<input type="checkbox"/>	Other: (explain)	()	()
	<input type="checkbox"/>		()	()

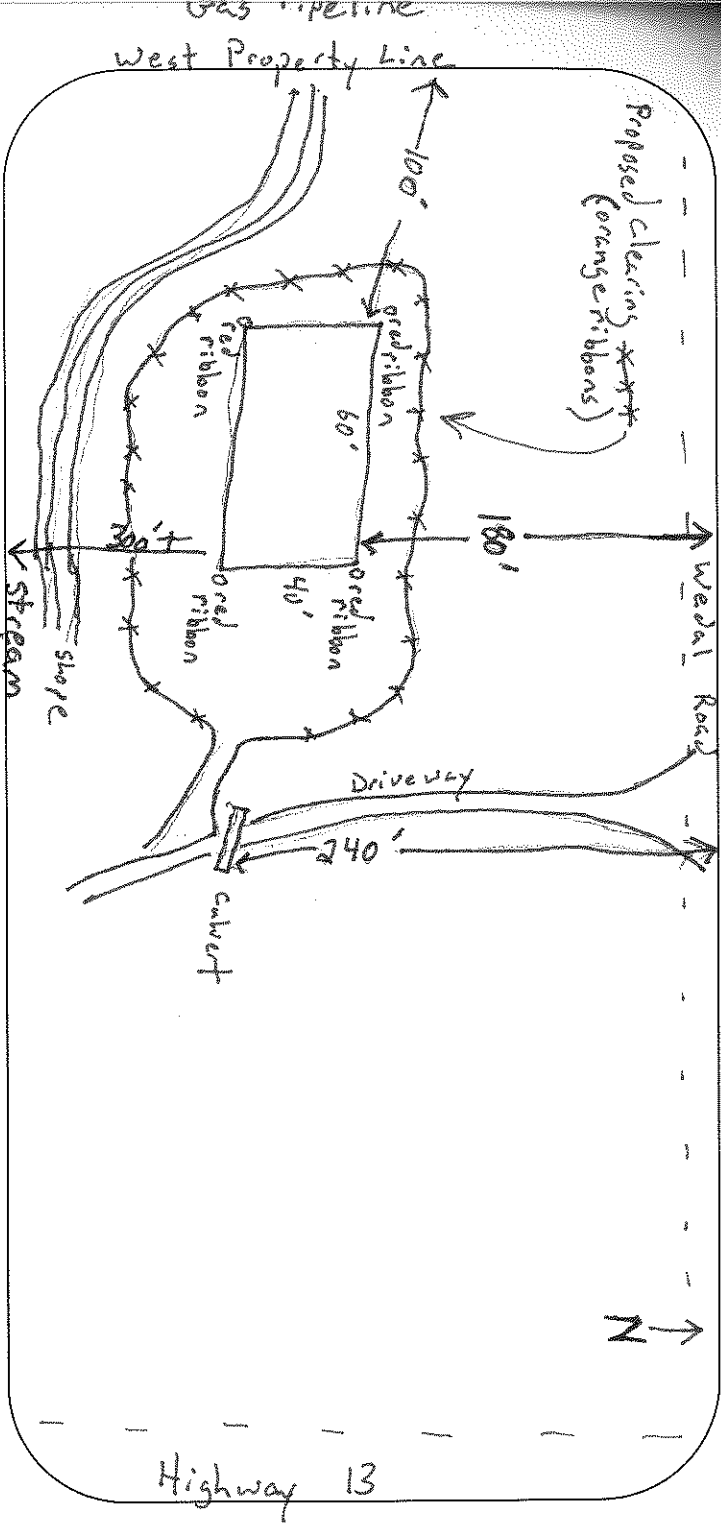
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): _____ Date: _____
 (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: 4-25-14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 14921 Excelsior Blvd, Minnetonka, MN 55345
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded 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: None All Existing Structures on your Property
- (5) Show: None (**) 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	150' +/-	Setback from the Lake (ordinary high-water mark)	924'
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	150' 300'
Setback from the North Lot Line	130'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	400' +	Setback from Wetland	Feet
Setback from the West Lot Line	100'	Setback from 20% Slope Area	25'
Setback from the East Lot Line	500'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	<u>None</u> 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: N/A # of bedrooms: N/A Sanitary Date: _____
 Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 14-0083 Permit Date: 5-27-14

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

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

Was Parcel legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Setbacks Was Property Surveyed Yes No

Inspection Record: Several noted wetlands around site per building, 44 FT Elevation wetlands

Date of Inspection: 5-6-14 Inspected by: Deborah Murphy Zoning District: (R-1)
 Conditions: town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: 3 streamy creeks

No human habitation permitted unless required w/c T sampling permits obtained. No disturbance of wetlands allowed w/o necessary permit from WNR. Erosion control measures near slopes required. Wetland management plan required.

Signature of Inspector: _____ Date of Approval: 5-6-14

Hold For Sanitary: _____ Hold For IBA: _____ Hold For Affidavit: _____ Hold For Fees: _____