

**SUBMIT: COMPLETED APPLICATION, TAX
\$7.00 PERM, 1/4" LAND 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)
MAY 20 2014
Bayfield Co. Zoning Dept.



Permit #:	140100
Date:	6-6-14
Amount Paid:	\$75 500-14
Return:	

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: Andrew S. Renice Mailing Address: P.O. Box 312 City/State/Zip: Cable, WI 54821 Telephone: 715-798 3112

Address of Property: 43240 2nd Ave City/State/Zip: Cable, WI 54821 Contractor Phone: 54821 Plumber: 54821 Plumber Phone: 54821

Contractor: SELF Agent Phone: 54821 Agent Mailing Address (include City/State/Zip): Cable, WI 54821 Written Authorization Attached Yes No

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

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 04 Lot(s) 018-2-43-07-18-2 CO-116-11400 Block(s) No. 17 Subdivision: Accessors Plot #2 Recorded Document: (i.e. Property Ownership) 1811 Page(s) 717

Section 18, Township 43 N, Range 07 W Town of: Cable Lot Size 1.040 Acres

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue 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>25,000</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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u> </u> <input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input 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: 30' Height: 19'

Proposed Construction: Length: Width: Height:

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) Deck with (2 nd) Deck with Attached Garage	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </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> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>)
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u>30' X 40'</u>) (<u>1200</u>)
Rec'd for Issuance	Special Use: (explain) Conditional Use: (explain) Other: (explain)	(<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>)
JUN 06 2014			
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 at any reasonable time for the purpose of inspection.

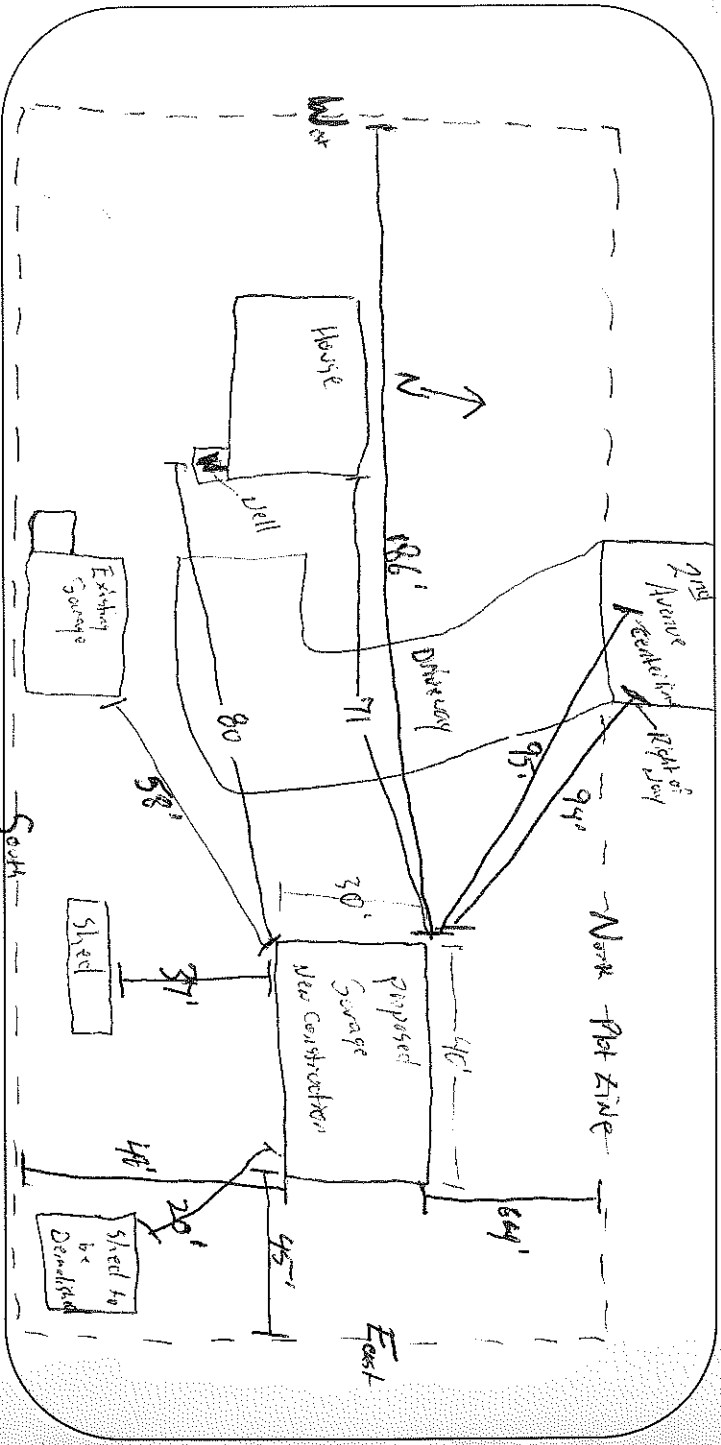
Owner(s): Date 5-15-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 P.O. Box 312, Cable, WI 54821 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)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



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	95' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	95' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	64' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	45' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	186' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	45' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	80' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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 #: 14-0100	Permit Date: 10-10-14				
Is Parcel a Sub-Standard Lot?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel In Common Ownership?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granted by Variance (B.O.A.)	<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
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: well staked. Metal setbacks.		Zoning District (A-1)			
Date of Inspection: 10-5-14		Inspected by: M. Futala		Date of Re-Inspection: N/A	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Lakes Classification (N/A)			
May not be used for human habitation. No water under pressure in structure.					
Signature of Inspector: Michael Sutels		Date of Approval: 10-6-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		