

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)
 JUN 02 2014
 Bayfield Co. Zoning Dept

Permit #:	1401071
Date:	6-9-14
Amount Paid:	1500
Refund:	86-2-14

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: MARK JOHNSON Mailing Address: 28305 Luthkie Rd Ashland Wis 54806 Telephone: 715 682-4913

Address of Property: 27915 Luthkie Rd City/State/Zip: Ashland Wis 54806 Cell Phone: 715 209 7866

Contractor: MARK JOHNSON Contractor Phone: Plumber: Plumber Phone: Plumber:

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) PIN: (23 digits) 04-002-2-48-05-28-0010000 Recorded Document: (i.e. Property Ownership) Volume 9103 Page(s) 584

AE 1/4 SW 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acres 40

Section 28, Township 48N N. Range 5 W Town of: BARKSDALE

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 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

Non-Shoreland

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
\$ 5,000,000	<input 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 checked="" 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 checked="" 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 type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input 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 checked="" type="checkbox"/> Ag. Leach			<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 24 Height: 12
 Proposed Construction: Length: 32 Width: 24 Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
<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)	(X)	
	Mobile Home (manufactured detel)	(X)	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>ADDITION TO ACCESSORY</u>	(32 X 24)	768
	Accessory Building (specify) _____	(X)	
	Accessory Building Addition/Alteration (specify) _____	(X)	
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) <u>Ag Leach to</u>	(32 X 24)	768

Rec'd for Issuance
 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 within 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.

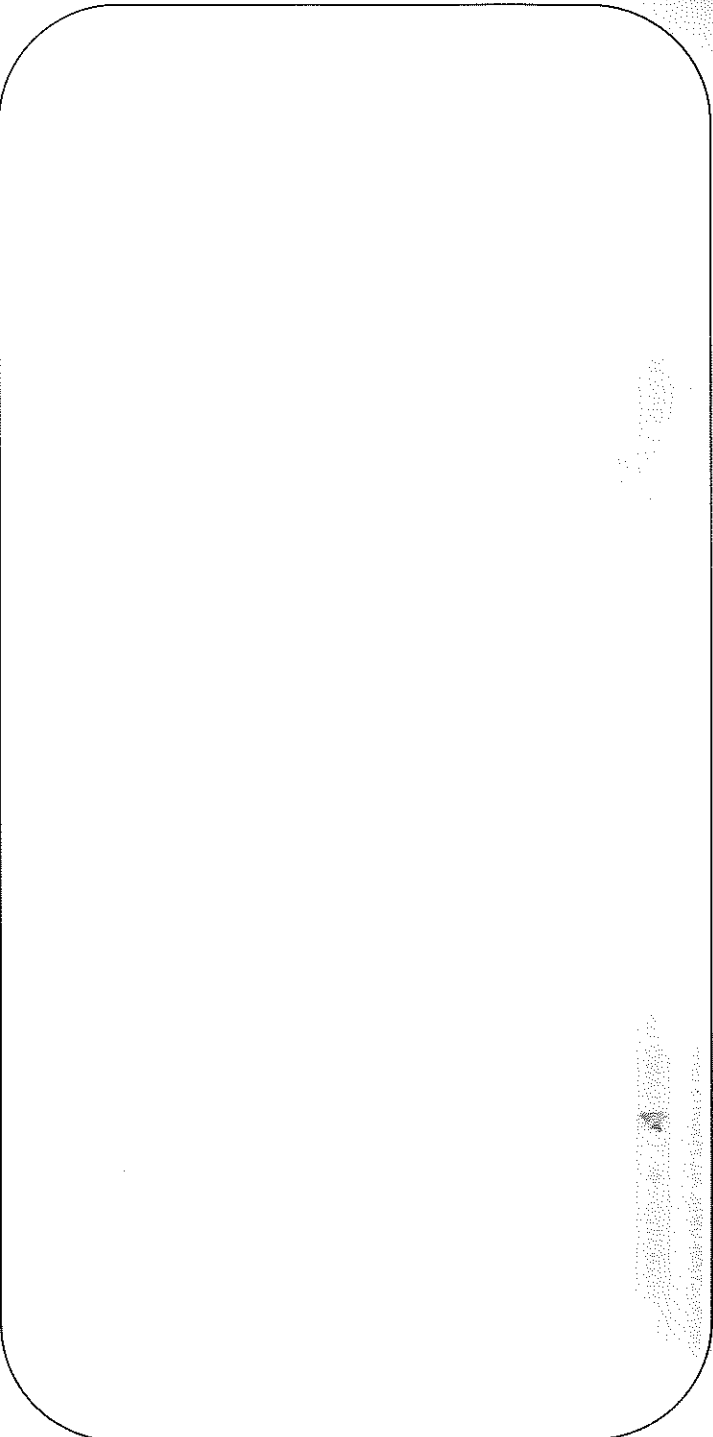
Owner(s): Mark Johnson Date 6-2-2014
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 28305 Luthkie Rd Ashland Wis 54806 Attach Copy of Tax Statement
 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 (*): (*) 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)

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	240 Feet	Setback from the Lake (ordinary high-water mark)	None Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	240 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	980 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	700 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	970 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	None Feet	Setback to Well	200 Feet
Setback to Drain Field	1 Feet		
Setback to Privy (Portable, Composting)	1 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 Date: 6-9-14

Permit #: 14-0107

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No

Is Parcel In Common Ownership Yes No (Fused/Contiguous Lot(s)) Yes No

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No (enclosure pile)

Inspection Record: Cattle loan to approved by D.C. as a residential accessions on farm property. following previous interpretation.

Date of Inspection: 6-6-14 Inspected by: C. Greenberg - Muepitz

Conditions: Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)

Agriculture use not approved for this habitation.

Signature of Inspector: [Signature] Date of Approval: 6-6-14

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

probably should have required commercial building use fees initially

UN



© Copyright 2008 ESRI. All rights reserved. Printed on Mon May 5 2014 03:21:15 PM.

WEST +/- 700 FT
NORTH +/- 240 FT
EAST +/- 570
SOUTH +/- 900