

SUBMITTER: 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)
 RECEIVED
 JUN 09 2014

Permit #:	14-0185
Date:	6-16-14
Amount Paid:	\$756.00
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: Michael J. Schill Mailing Address: 241 S. 59th St Milwaukee, WI 53214 Telephone: 414-778-0880

Address of Property: 53755 Four Corners Store Rd Ctr./State/Zip: MASON, WI 54856 Call Phone: 414-531-1215

Contractor: SELF Contractor Phone: 715-765-4631 Plumber: NONE Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) NONE Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. 10000 Recorded Document: (i.e. Property Ownership) _____ Volume 160 Subdivision: _____ Page(s) 39

Section 27, Township 45 N, Range 05 W Town of: Lincoln Lot Size _____ Acreage 39.5

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes---continue No

Distance Structure is from Shoreline: 850 ft feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes---continue No

Distance Structure is from Shoreline: _____ feet

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
\$ 16,000	<input type="checkbox"/> New Construction <input checked="" 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 type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<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"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u> <input type="checkbox"/> Privy (pit) or 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: 30' Width: 30' Height: 9'

Proposed Construction: _____ Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" 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 ()	()
	with (2 nd) 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 date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify) <u>garage/storage</u>	(30 X 30)	900
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

REC'D FOR ISSUANCE JUN 16 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): Michael J. Schill J. Schill Date 6/3/14

(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)

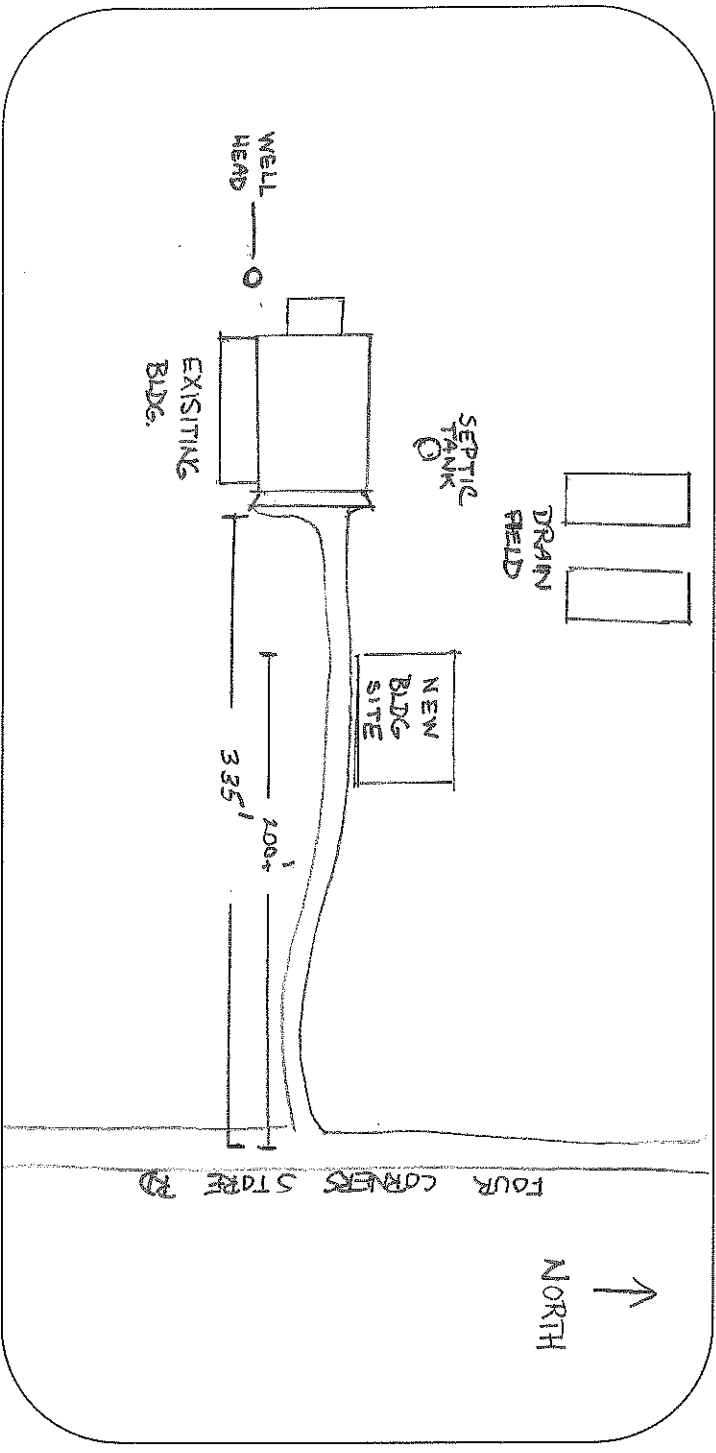
Address to send permit Robert Bernier, 9451 N. Hwy K, Hayward, WI 54843 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Below: 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	170 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	160 Feet	Setback from the River, Stream, Creek	350 Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	100+ Feet		
Setback from the South Lot Line	100+ Feet	Setback from Wetland	400+ Feet
Setback from the West Lot Line	100+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	50+ Feet
Setback to Drain Field	35+ 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 #: 14-0185	Permit Date: 6-16-14				
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Zoning District (E-1)			
Date of Inspection: 6-13-14		Inspected by: M. Funtak		Lakes Classification: (3)	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-inspection:			
Many not be used for human habitation.					
No water under pressure in structure.					
Signature of Inspector: Michael Funtak		Date of Approval: 6-16-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		