

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 (Required)  
 JUN 23 2014  
 Bayfield Co. Planning Dept.

Permit #:	14-0166
Date:	7-1-14
Amount Paid:	\$75.00 4-14
Refund:	

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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: David & Susan Thurn  
 Address of Property: 12205 E. Leonard School Rd  
 City/State/Zip: Cable, WI 54821  
 Telephone: 715-798-3847  
 Cell Phone:

Contractor: David Thurn  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Contractor Phone: 715-798-3847  
 Plumber: N/A  
 Agent Phone:  
 Agent Mailing Address (include City/State/Zip):  
 Written Authorization Attached  Yes  No

PROJECT LOCATION: NW 1/4, NW 1/4  
 Legal Description: (Use Tax Statement)  
 PIN: (23 digits) 04 013-2-43-08-36-2-01-000-30000  
 Volume 1108  
 Recorded Document: (i.e. Property Ownership) 826  
 Gov't Lot: Lot(s) G5M Vol & Page: Lot(s) No. Block(s) No. Subdivision:  
 Section 36, Township 43 N, Range 8 W, Town of: Cable  
 Lot Size 5.01 + Acres 4.78  
 Acres 10.00

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain?  If yes---continue -->  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue -->

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

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 11,000	<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"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

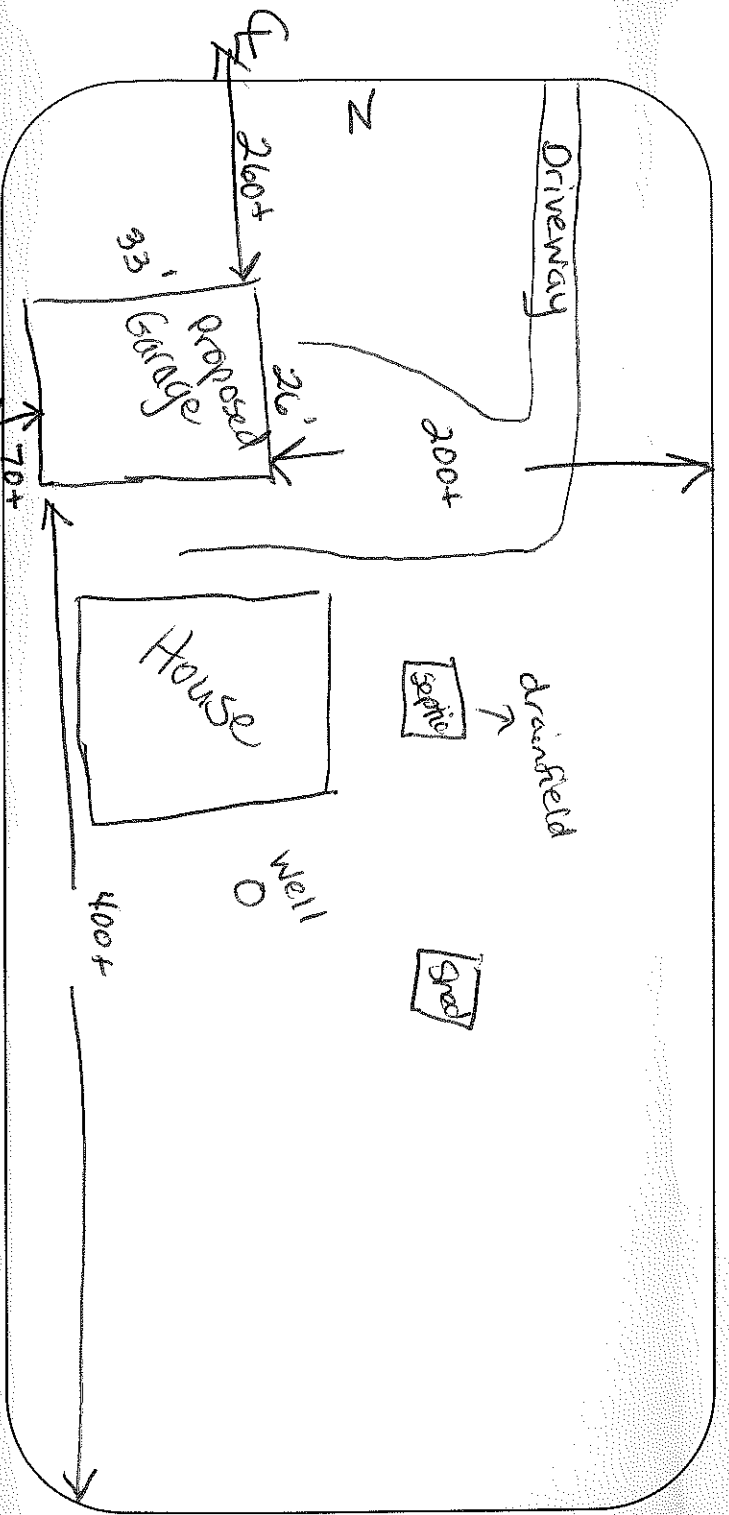
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<input type="checkbox"/> Commercial Use	Bunthouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) <u>Garage - Metal</u> Accessory Building Addition/Alteration (specify) _____	( X ) ( X ) ( X ) ( 26 X 33 ) ( X )	
<input type="checkbox"/> Municipal Use		( X ) ( X ) ( X )	
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( X ) ( X ) ( X )	
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) David Thurn Susan M Thurn Date 6-20-2014  
 (If therefore 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 PO Box 314 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)

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	260+ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	250+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line Town Rd	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	400+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	70+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	40+ Feet
Setback to Drain Field	40+ 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: <b>14-Dilele</b>	Permit Date: <b>7-1-14</b>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Eased/Contiguous lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: <b>Well staked! Metal setback.</b>	Date of Inspection: <b>6-26-14</b>	Inspected by: <b>Mr. Furtak</b>	Zoning District: <b>(A-1)</b>	Date of Re-Inspection:
Condition(s): <b>May not be used for human habitation. No water under pressure or plumbing fixtures in structure.</b>	Condition(s): <b>Town Committee or Board Conditions Attached?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Condition(s): <b>Do they need to be attached?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Signature of Inspector: <b>Michael Furtak</b>	Date of Approval: <b>6-26-14</b>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	