

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)
RECEIVED
 JUN 10 2014

ENTERED

Permit #:	14-0814
Date:	7-24-14
Amount Paid:	\$375 6-10-14
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.
 Bayfield County Zoning Department
 www.bayfieldcounty.org/zoning/asp

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

Owner's Name: Town of Bayfield Mailing Address: 27050 St. Rd Bayfield, WI Telephone: 715-779-3130

Address of Property: Next to 36600 City S City/State/Zip: Bayfield, WI 54814 Cell Phone:

Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Brian Matthews Agent Phone: 715-682-5528 Agent Mailing Address (include City/State/Zip): 220 3rd Ave W, Ashland, WI 54806 Written Authorization Attached Yes No

PIN: (23 digits) 04-00625004010400010000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

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. _____ Subdivision: _____

Section 1, Township 50 N, Range 4 W Bayfield, Bayfield, WI Township: _____

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

Is Property/Land within 1000 feet of lake, Pond or Flowage If Yes---continue 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 (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 150,000	<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 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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 80 Width: 25 Height: 2,000

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property) <u>TANK + SUPPORTS</u>	(<u>80</u> X <u>25</u>)	<u>2000</u>
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2 nd) Porch	() X ()	
<input type="checkbox"/>	with a Deck	() X ()	
<input checked="" type="checkbox"/>	Commercial Use with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/>	Special Use: (explain) _____	() X ()	
<input checked="" type="checkbox"/>	Conditional Use: (explain) <u>GASOLINE FOR OIL (BANK STORAGE)</u>	() X ()	
<input type="checkbox"/>	Other: (explain) <u>TANKS + related facilities</u>	() X ()	

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)

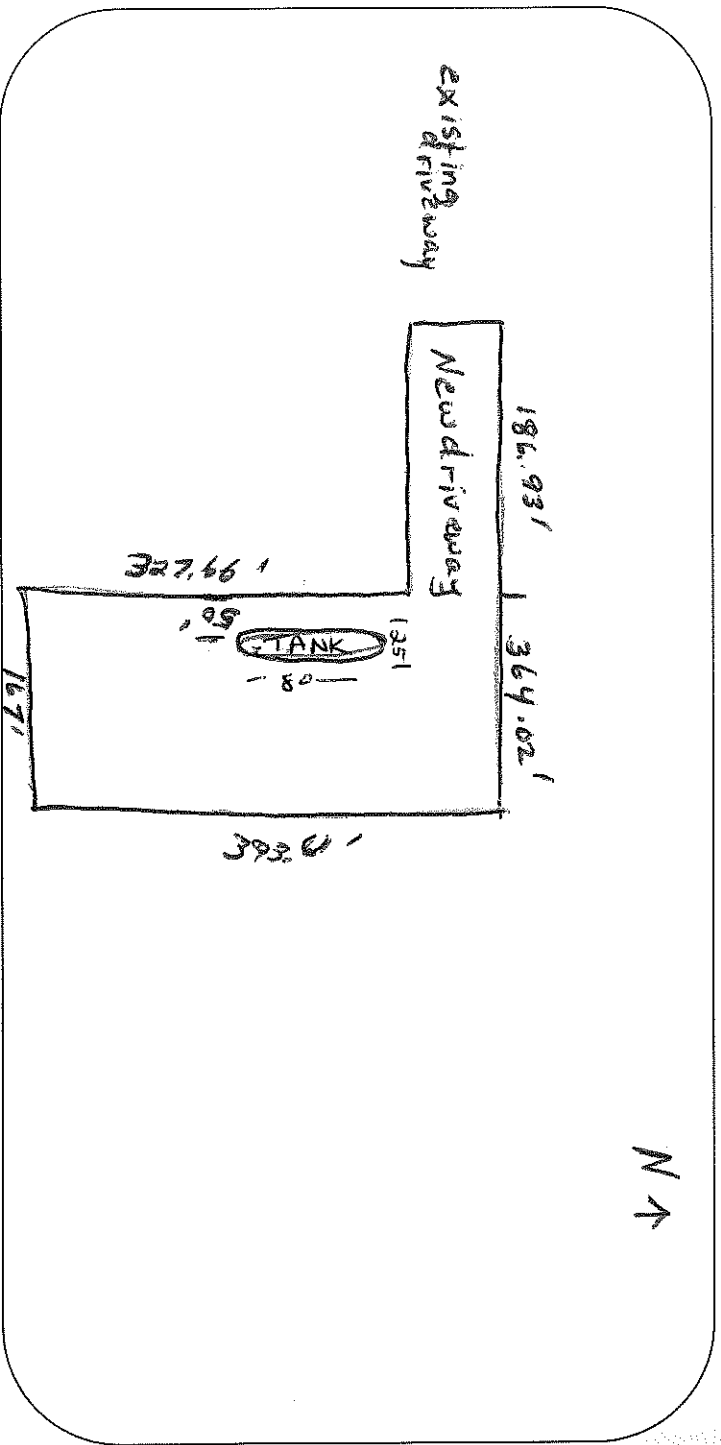
Authorized Agent: Brian Matthews Date: 6/9/2014
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Midland Services, 220 3rd Ave W, Ashland, WI 54806 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed



the box 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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 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 #: 14-00814		Permit Date: 7-24-14			
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Fused/Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input 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 Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:					
Date of Inspection: 5-14-14	Inspected by: J. GONZALES, MURPHY	Zoning District: (C)		Date of Re-Inspection:	
Condition(s): Town, Committee of Board Conditions Attached? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached.)		Lakes Classification: (NA)			
<p>STATE REQUIREMENTS PERMITS SETBACKS + SAFETY</p> <p>SHARON BEWET</p>					
Signature of Inspector:					Date of Approval: 7-23-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

