

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
 BAYFIELD
 JUL 17 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-050X
Date:	7-28-14
Amount Paid:	\$725 7-17-14
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: Levi Leaflad Mailing Address: 826 Many penny Ave Bayfield, WI 54814 City/State/Zip: Bayfield, WI 54814 Telephone: 715-292-5923

Address of Property: 35250 Old St Rd City/State/Zip: Bayfield, WI 54814 Contractor Phone: 715-779-5151 Plumber: One Guy and Sons Cell Phone: 715-292-5923

Contractor: Leaflad Construction Authorized Agent: (Person Signing Application on behalf of Owner(s)) L. Agent Phone: 715-779-5151 Agent Mailing Address (include City/State/Zip): One Guy and Sons Plumber Phone: 715-779-5151 Written Authorization Attached Yes No

PROJECT LOCATION: POSS 1/4, SW 1/4, SE/5W together with 1/2 SE/5W PIN: (29 digits) 04-006-2-50-04-14-3 04-000-60000 Recorded Document: (i.e. Property Ownership) Volume: 258 Page(s): 268

Section: 14, Township: SD N, Range: 04 W Town of: Bayfield Lot Size: 382 Acres: 2.5

Shoreland Non-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/Land within 1000 feet of Lake, Pond or Flowage If yes---continue 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
\$ <u>4,298</u>	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</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: 80' Width: 24' Height: 18'

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> Residential Use	with Loft	() ()	()
<input checked="" type="checkbox"/> Residential Use	with a Porch	() ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Porch	() ()	()
<input type="checkbox"/> Residential Use	with a Deck	() ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() ()	()
<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)	() ()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date) _____	() ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Box Window</u>	(<u>2'</u> X <u>9'</u>)	<u>18</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	() ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	() ()	()
Rec'd for Issuance	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including 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.

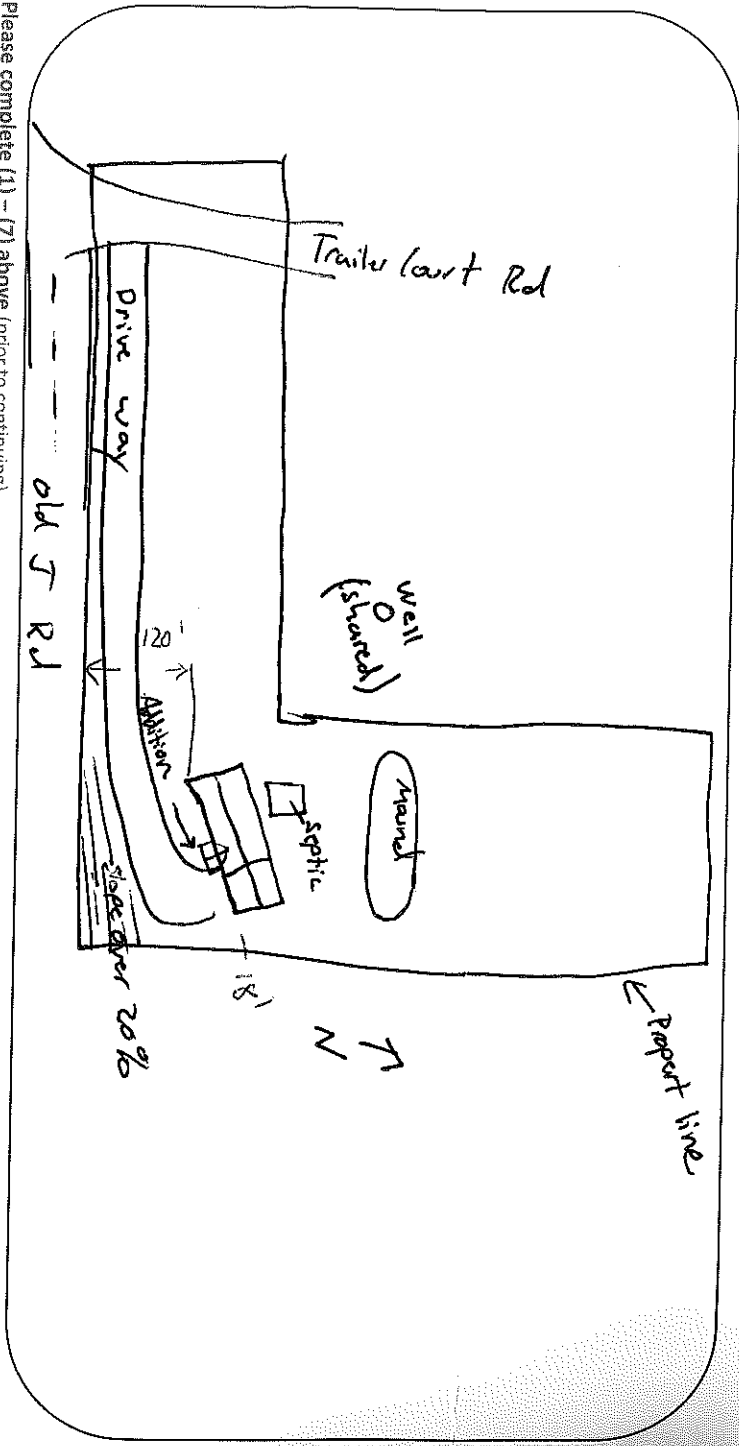
Owner(s): Levi Leaflad Date: 7-15-14

Authorized Agent: _____ Date: _____

Address to send permit 826 Many penny Ave, Bayfield, WI 54814 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- 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)

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	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	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)

Permit Denied (Date): _____ Sanitary Number: B-03 # of bedrooms: 1 Sanitary Date: 2-21-2013

Permit #: 14-02201 Permit Date: 7-28-14 Reason for Denial: PAVES DRIVEWAY STRUCTURE

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

Is Parcel in Common Ownership Yes No (Fused/Contiguous Lots) 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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: _____

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspected by: CHRISTOPHER MURPHY Date of Re-Inspection: _____

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

Signature of Inspector: _____

Hold For Sanitary: Hold For TPA: Hold For Affidavit: Hold For Fees:

Date of Approval: 7-25-14