

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 of Permit: AUG 19 2014  
 Bayfield Co. Zoning Dept.



Permit #: 14-0289  
 Date: 8-20-14  
 Amount Paid: \$180  
 Refund: 8-20-14

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.

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

Owner's Name: ANTHONY AGOSTINE  
 Address of Property: 2665 S. PRATT RD  
 City/State/Zip: BAYFIELD, WI 715-292-5608  
 Contractor: SELF  
 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)  
 ERSSFT 1/4, WIKSFT N1/4 GOV'T LOT 109 320 S E ASHLAND, WI  
 AND ERSSFT WIKSFT S1/4 S500 NW NE  
 PIN: (23 digits) 5200  
 Section 17, Township SD N, Range S W  
 Town of: BAYFIELD  
 Lot Size: 18.11

Shoreland  Non-Shoreland

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

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage:  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
\$100,000	<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"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input checked="" 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 <input type="checkbox"/> NONE

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 30 Height: 10  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

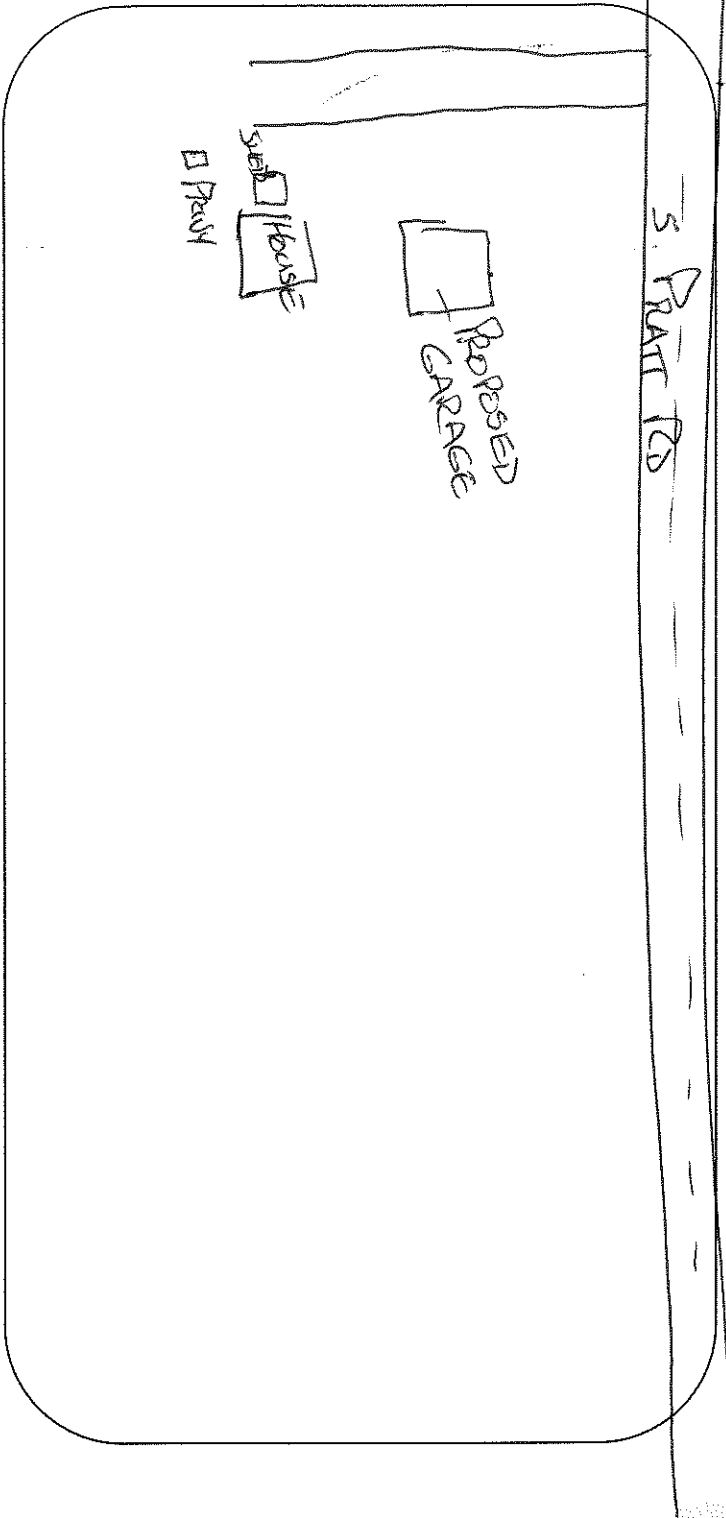
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) ( ) ( )	( )
	with a Porch	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) ( ) ( )	( )
	with a Deck	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
	with Attached Garage	( ) ( ) ( )	( )
	Bunkhouse 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)	( ) ( ) ( )	( )
<input checked="" type="checkbox"/>	Accessory Building	(30x40)	1200
	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
	Special Use: (explain)	( ) ( ) ( )	( )
	Conditional Use: (explain)	( ) ( ) ( )	( )
	Other: (explain)	( ) ( ) ( )	( )

Securariat Staff  
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 an (are) responsible for the detail and accuracy of all information. (level) 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: 8-19-14  
 (If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Tony Agostine  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: 2109 3rd St E, Ashland 54806  
 (If you recently purchased the property send your Recorded Deed)

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	180 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	180 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	580 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	70 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	660 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	110 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).

92-1540

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: 92-1540 # of bedrooms: 2  
 Reason for Denial: PLOWING Sanitary Date: 1/30/92

Permit Denied (Date): Permit #: 14-0289 Permit Date: 8-26-14

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lots)  Yes  No  
 Is Structure Non-Conforming  Yes  No  
 Granted by Variance (B.O.A.)  Yes  No Case #:   
 Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No

Inspection Record: NO NEW WORK THAT I COULD FIND. PREVIOUS NOT IN PROPER LOCATION OR 1992 PERMIT + LINES NOT PROPERLY MARKED  
 Date of Inspection: 8-22-14 Inspected by: J. DEWBERRY MURPHY  
 Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
 BUILDING SHALL NOT BE USED FOR HABITATION AND SHALL NOT BE CONNECTED TO WATER WORK PRESSURE OR CONTAIN INDOR PLUMBING FIXTURES.  
 Signature of Inspector: [Signature] Date of Approval: 8-22-14  
 Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: