

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 (Received)
 SEP 11 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-0853	ENTER
Date:	9-24-14	
Amount Paid:	750.00	HTS
Refund:	9-10-14	9-24-14

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: **BRYAN & MARY SISKKA** Mailing Address: **560 KOKESH FARM RD. MAPLE PLAIN MN 55359** Telephone: **952-221-4665**

Address of Property: **Lot 3 Oak Ridge Heights** City/State/Zip: **BAYFIELD, WISCONSIN 54814** Cell Phone:

Contractor: **CAPELLA CONSTRUCTION** Contractor Phone: **715-745-5672** Plumber: **John Mairiath** Plumber Phone: **715-745-5672**

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Greg Carver Agent Phone: **715-209-0983** Agent Mailing Address (Include City/State/Zip): **34780 South County Fair Hwy Bayfield WI 54814** Written Authorization: Yes No

PROJECT LOCATION: **N1/4, N1/4** Gov't Lot: **3** GSM: **104/789** Lot(s) No.: **10 A002** Block(s) No.: **10 A002** Subdivision: **Oak Ridge Heights** Volume: **10 A002** Page(s):

Section: **12**, Township: **5D** N. Range: **4** W. Town of: **BAYFIELD**

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
\$ 350,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Compost Toilet</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: **32** Width: **34** Height: **20'**

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

Proposed Use	Proposed Structure	Proposed Structure (first structure on property)	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Gym/Bankhouse WITH future house	(34 X 32)	768
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	Garage Bank House	(34 X 32)	768
	<input type="checkbox"/> with Loft	Bank 2nd Flr	(34 X 32)	768
	<input type="checkbox"/> with a Porch		(_____)	
	<input type="checkbox"/> with (2 nd) Deck		(_____)	
	<input type="checkbox"/> with (2 nd) Deck with Attached Garage		(_____)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Bankhouse w/ (sewery sleeping quarters, or cooking & food prep facilities)	Accessory only	(34 X 32)	768
	<input type="checkbox"/> Mobile Home (manufactured date) _____		(_____)	
	<input type="checkbox"/> Addition/Alteration (specify) _____		(_____)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify) _____		(_____)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(_____)	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____		(_____)	
SEP 24 2014	<input type="checkbox"/> Conditional Use: (explain) _____		(_____)	
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____		(_____)	

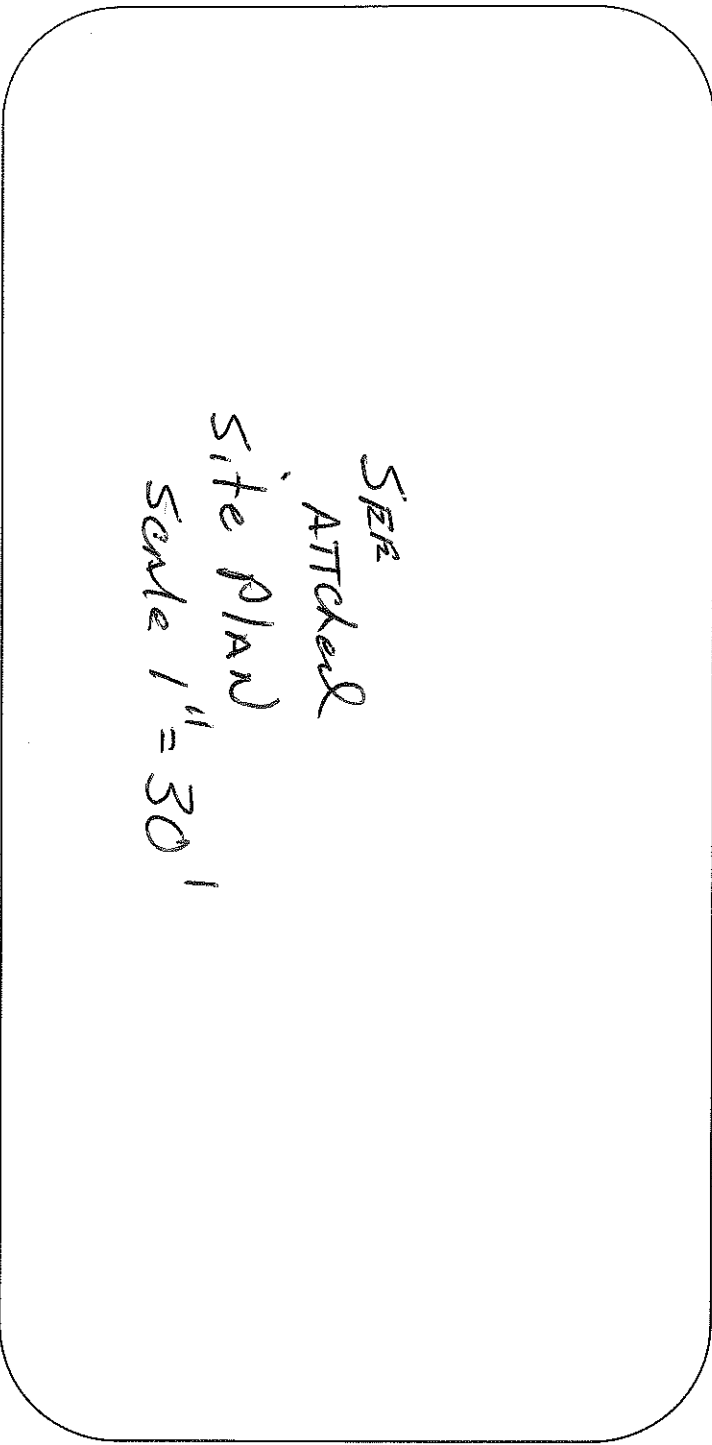
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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 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): **Bryan & Mary Siskka** Date: **9/10/14**
 (If there are Multiple Owners listed on the Deed All Owners must sign OR letter(s) of authorization must accompany this application)
 Authorized Agent: **Greg Carver** Date: **9/10/14**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: **34780 South County Hwy J Bayfield WI 54814** Attach
 Copy of Tax Statement
 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	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)		Sanitary Number: 14-835	# of bedrooms: _____	Sanitary Date: 9-17-14		
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 9-24-14				
Permit #: 14-0353						
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots)	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:			
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	
Inspection Record: BUILDING BUILT AS FUTURE DWELLING, HOWEVER A PRINCIPAL RES. STRUCTURE AT THIS TIME. UPSTAIRS CALC. FOR 50 FT. x 40 FT. = 576 + 8 (window dormer) = 494 sq. enclosed living space.		Date of inspection: 9-18-14		Inspected by: T. CORMACK, MURPHY	Zoning District: MS-1	Lakes Classification: (N/A)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Building shall be located at least 75 FT FROM SIDE PROPERTY BOUNDARIES. EROSION CONTROL - BEST MANAGEMENT PRACTICES SHALL BE OBSERVED TO CONTROL CONSTRUCTION SITE SOIL EROSION, NO PERMIT + INSPECTION REQUIRED						
Signature of Inspector: _____		Date of Approval: _____				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

