


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  
  
 OCT 08 2014  
 Bayfield Co. Zoning Dept.



Permit #:	14-0410
Date:	10-27-14
Amount Paid:	\$75 10-10-14
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.

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

Owner's Name: Robert Patrick Rode Mailing Address: 25135 Freshme Herbster 57844 Telephone: 715 747 3231  
 Address of Property: same City/State/Zip: Port Wing WI Cell Phone:  
 Contractor: same Contractor Phone: Plumber: Plumber Phone:  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): 10000 Written Authorization Attached  Yes  No

PROJECT LOCATION: 2nd 1/4, SE 1/4 Gov't Lot: Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume: Page(s)  
 Section 14, Township 52 N, Range 08 W Port Wing Lot Size: Acreage 20

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interstreams)  Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 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

Is Property in Floodplain Zone?  Yes  No  Are Wetlands Present?  Yes  No

Value at Time of Completion <small>* include donated time &amp; material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$25000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Priv) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: 24 Width: 16 Height: 20

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	
<input type="checkbox"/> with Loft		( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( ) X ( )	
<input type="checkbox"/> Addition/Alteration (specify)		( ) X ( )	
<input checked="" type="checkbox"/> Accessory Building (specify)	<u>garage</u>	( <u>16</u> X <u>24</u> )	<u>384</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( ) X ( )	
Rec'd for Issuance	Special Use: (explain) _____	( ) X ( )	
	Conditional Use: (explain) _____	( ) X ( )	
	Other: (explain) _____	( ) X ( )	

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

(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): Robert Rode Date 8 October 2014

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_

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)  
 Setback is subject per call.  
 new driveway is 10 feet on  
 changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	+1-200 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	+1200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	+1000 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	+700 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	+1000 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)	+1000 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 #: 14-8410 Permit Date: 10-27-14

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous lots)  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 shown present

Were Property Lines Represented by Owner  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: Builder (S) - (PAST - NOT CURRENT PROPOSED) ARE FIT TO DO A PROPERTY BOUNDARY OR DO NOT MET SETBACK FOR INTERIOR PROPERTY BOUNDARY. AFFIDAVIT FUTURE SUBDIVISION OF YOUR STATE IS APPROVED BY TOWN.

Date of Inspection: 10-24-14 Lakes Classification: (N/A)

Conditions: Town, Committee or Board Conditions Attached? Multiple they need to be attached.

Builder shall not be used for habitation/sleeping purposes.

Signature of Inspector: \_\_\_\_\_ Date of Approval: 10-27-14

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:



# Bayfield County GIS

X: 706102.22, Y: 537533.53

Current Action: Select by Point

## Parcel Search

Search Layer: **By Tax ID#**

Search by Tax ID (Ex: 32029)

**Search** **Clear**

04042250081440300030000

04042250081440300030000

04042250081440300030000

Port Wing

04042250081440300010000

04042250081440400010000

04042250081440400010000

COOK FIREPLACE RD

*New Garage*

*Fireplace Rd*

04042250081440300030000

100m

400ft

Current theme: Land Records