

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  
 ENTERED  
 Date Stamp Received: AUG 29 2014  
 Bayfield Co. Zoning Dept.

Permit #:	14-0489
Date:	11-14-14
Amount Paid:	\$125,000-14
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: Brandon & Candice Davis Mailing Address: P.O. Box 43 City/State/Zip: Cable, WI 54821 Telephone: 715 360-0174

Address of Property: XXX Co. Hwy M (1694D) City/State/Zip: Cable, WI 54821 Cell Phone: \_\_\_\_\_

Contractor: Clayton Davis 715 558-0510 Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Clayton Davis Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached:  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot Lot(s) GSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Pineview Recorded Document: (i.e. Property Ownership) Volume 936 Page(s) 937

Section 15, Township 43 N, Range 7 W Town of: Cable Lot Size \_\_\_\_\_ Acreage 1.57

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  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
\$20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<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 checked="" type="checkbox"/> None	<input type="checkbox"/> _____	

Existing Structure: (If permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <u>CHART 15 FT? port bldg.</u>	( 30 x 50 )	1,500
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/> Residential Use	with Loft	( )	( )
<input type="checkbox"/> Residential Use	with a Porch	( )	( )
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Porch	( )	( )
<input type="checkbox"/> Residential Use	with a Deck	( )	( )
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Special Use: (explain)		( )	( )
<input type="checkbox"/> Conditional Use: (explain)		( )	( )
<input type="checkbox"/> Other: (explain)		( )	( )

NOV 13 2014  
 Secretarial Staff

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, list them on the Deed. All Owners must sign or letter(s) of authorization must accompany this application.)  
 Authorized Agent: Clayton Davis Date 8-28-14  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.)  
 Address to send permit PO Box 134, Cable, WI 54821 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed ✓



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APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date (Print) (Received)  
 NOV 14 2014  
 Bayfield Co. Zoning Dept.

ENTRANCE #:  
 Date: 11-14-14  
 Amount Paid: \$725-11-14-14  
 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Clayton L. Davis Mailing Address: P.O. Box 134 Cable, WI 54821 Telephone: 715 558-0510

Address of Property: 16985 Old D Rd City/State/Zip: Cable, WI 54821

Contractor: SELF Contractor Phone: Plumber: Written Authorization Attached  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Alfa 1/4, SE 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: 7 Lot(s) No.: Block(s) No.: Subdivision: Pineview

Section 15, Township 43 N, Range 7 W Town of: Cable Lot Size: 1.57 Average

Legal Description: (Use Tax Statement) Pin: (23 digits) 04-00-2-43-07-15-400-254-7000 Recorded Document: (i.e. Property Ownership) Volume 1133 Page(s) 671

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: \_\_\_\_\_ feet

If Yes--continue → If Yes--continue →

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
\$ 2,000	<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 type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cow</u> <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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 16 Height: 16

Proposed Construction: Length: 40 Width: 16 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<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	( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) <u>wood shed / storage</u> Accessory Building Addition/Alteration (specify) <u>leqg-to</u>	( X ) ( X ) ( 16 x 30 ) ( 10 x 16 )	480 160
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Other: (explain)	( X )	

Rec'd for Issuance: NOV 14 2014

Secretary's Signature: [Signature] Date: 11-13-14

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. 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 for the purpose of inspection.

Authorized Agent: [Signature] Date: 11-13-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit same as above

Attach  Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

