

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 Stamp (Received) **OCT 27 2014**
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0461
Date:	10-18-14
Amount Paid:	\$195 10-07-14
Refund:	\$100 Shoreland w/ tie-in

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: **David Zepczyk** Mailing Address: **30015 C. Hgt Mason WI 54856** Telephone: **715 765-4415**

Address of Property: **30015 Co Hgt** Ctry/State/Zip: **Mason WI 54856** Cell Phone:

Contractor: **Self David Zepczyk** Contractor Phone: **761-5415** Plumber: **WIS** Plumber Phone:

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: **MLD 1/4, MLD 1/4** Legal Description: (Use Tax Statement) **04-030-2-45-05-01-2-03-000-3000** P/N: (23 digits) **04-030-2-45-05-01-2-03-000-3000** Volume: **439** Page(s): **360**

Section **1**, Township **45 N, Range 5 W** Town of: **Lincoln** Lot Size: Acreage **0.90**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? **175** feet Distance Structure is from Shoreline: **175** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? **175** feet Distance Structure is from Shoreline: **175** feet

If Yes—continue → If Yes—continue →

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
\$4200.00	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: tile tile <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Bols Room	<input type="checkbox"/> slabs				

Existing Structure: (if permit being applied for is relevant to it) Length: **40** Width: **30** Height: **16**

Proposed Construction: Length: **40** Width: **30** Height: **16**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" 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 type="checkbox"/> Residential Use	with a Porch	() ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Residential Use	with a Deck	() ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck with Attached Garage	() ()	()
<input type="checkbox"/> Residential Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
<input type="checkbox"/> Residential Use	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Residential Use	Addition/Alteration (specify)	() ()	()
<input checked="" type="checkbox"/> Commercial Use	Accessory Building (specify) Bols Room + wood storage	(20 X 40)	800
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() ()	()
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	() ()	()
<input type="checkbox"/> Municipal Use	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): **David Zepczyk & David Magon** Date: **10/25/14**

Authorized Agent: **David Magon** Date: _____

If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.

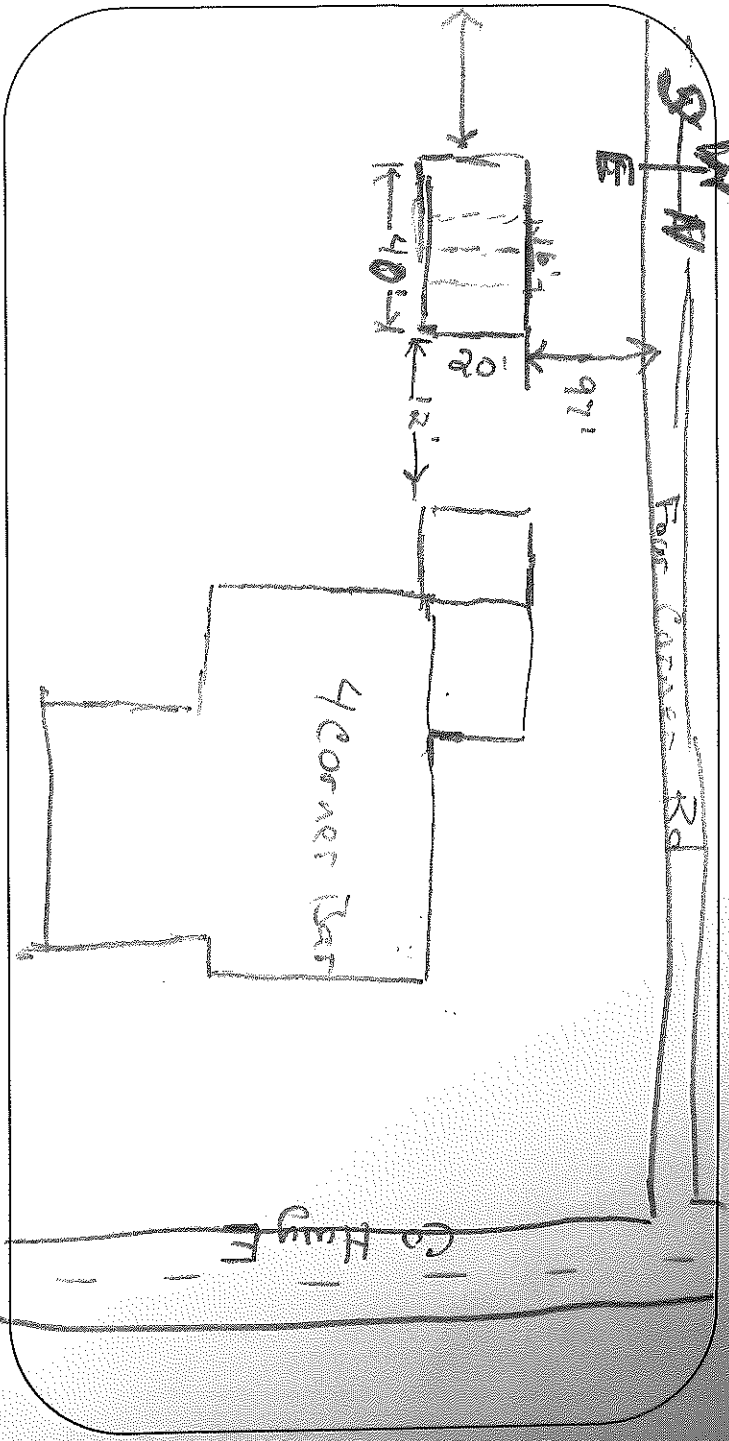
Address to send permit: **30015 Cottage Mason WI 54856**

Attach Copy of Tax Statement

If you recently purchased the property send your Record

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	160 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	130 Feet	Setback from the River, Stream, Creek	160 Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	150 Feet
Setback from the South Lot Line	150 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	97 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	175 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	85 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.

submitted by state or mark proposed location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).
 completed for 12-18-14
 reviewed 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): _____ Reason for Denial: _____

Permit # 14-0461 Permit Date: 12-18-14

Sanitary Number: _____ # of Bedrooms: _____ Sanitary Date: _____

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

Is Parcel in Common Ownership Yes (Fused/contiguous lots) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No slab poured Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delimited Yes No

Inspection Record: MITIGATION required for 20% IMPROVED SURFACE
WJM 300' AT CREASE. ATTACHED + RECORDED.

Date of Inspection: _____ Inspected by: _____

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

Construction or maintenance of building should be implemented by 1 year
 + maintained in perpetuity. Building should not be used for
 habitation or open to general public unless all applicable codes observed.

Signature of Inspector: _____ Date of Approval: 12-18-14

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