

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
RECEIVED
 Date (Month/Day/Year)
 MAY 13 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0153
 Date: 5-27-15
 Amount Paid: \$2900
 Refund: \$2915

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: Brian & Nancy Siska Mailing Address: 560 Kokesk Farm Rd, S53579 City/State/Zip: Maple, MN Telephone: _____

Address of Property: DAK Ridge Heights Lot 3 City/State/Zip: BAYFIELD, WI 54814 Cell Phone: 952-221-4665

Contractor: Archie Construction Inc Contractor Phone: 715-209-0983 Plumber: John Mizanetto 223686 Plumber Phone: 715-774-5857

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Breg Carren Agent Phone: 715-209-0983 Agent Mailing Address (include City/State/Zip): 34780 S County Hwy J Written Authorization Attached: Yes No

PROJECT LOCATION: UW 1/4, UW 1/4 Gov't Lot: 3 Lot(s): _____ GSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: DAK Ridge Heights

Section 12, Township 50 N, Range 4 W Town of: BAYFIELD Lot Size: _____ Acreage: 10 Acres

Legal Description: (Use Tax Statement) PLN: (23 digits) 04-006-2-50-04-12-202-000-2000 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River Stream (incl. intermittent) Is Property/Land within 1000 feet of Lake, Pond or Flowage

Is Property/Land within 300 feet of Floodplain? If yes---continue If yes---continue

Distance Structure is from Shoreline: _____ feet
 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
\$ <u>900,000</u>	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 44 Width: 50 Height: 44

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

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.) <u>1 story lake house</u> with Loft with a Porch <u>several windows</u> with (2nd) Porch <u>front/rear</u> with a Deck with (2nd) Deck with Attached Garage	(<u>44</u> x <u>50</u>) (<u>15</u> x <u>12</u>) (<u>18</u> x <u>17</u>) (<u>20</u> x <u>32</u>) (_____) (_____) (_____)	<u>3368</u> <u>162</u> <u>301</u> <u>640</u>)))
<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) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(_____) (_____) (_____) (_____)))))
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(_____) (_____) (_____))))

Secretarial Staff
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 Every structure that an applicant constructs 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 listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date: 4/10/15
 (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 Attach _____
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed

