

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
 MAY 18 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0172
Date:	10-5-15
Amount Paid:	\$125
Refund:	10-5-15

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: Sue Lynn Ryan Mailing Address: Same City/State/Zip: Same Telephone: 715-798-5151
 Address of Property: 14797 N. Riverside Rd Contractor Phone: 715-798-5151 Cell Phone: 715-798-5151
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-798-5151 Agent Mailing Address (include City/State/Zip): Washburn, WI 54891 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 6 Lot(s) 6 CSM 1132 Vol & Page 7+135 Lot(s) No. 01-02-2-43-07-17-1 Block(s) No. 01-02-07000 Subdivision: 1140 Recorded Document: (i.e. Property Ownership) 949 Page(s)

Section 17, Township 43 N, Range 7 W Town of: Cable Lot Size 3.5825 Acreage 3.5825

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

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

Distance Structure is from Shoreline: feet 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>30,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" 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: <u> </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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 28' Width: 16' Height: 12'
 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	(<u>28</u> X <u>16</u>)	<u>448</u>
<input type="checkbox"/> with Loft	with a Porch	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> with a 2 nd Porch	with a Deck	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> with (2 nd) Deck	with Attached Garage	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Addition/Alteration (specify) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Accessory Building (specify) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Special Use: (explain) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Conditional Use: (explain) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Other: (explain) <u> </u>		(<u> </u> X <u> </u>)	(<u> </u>)

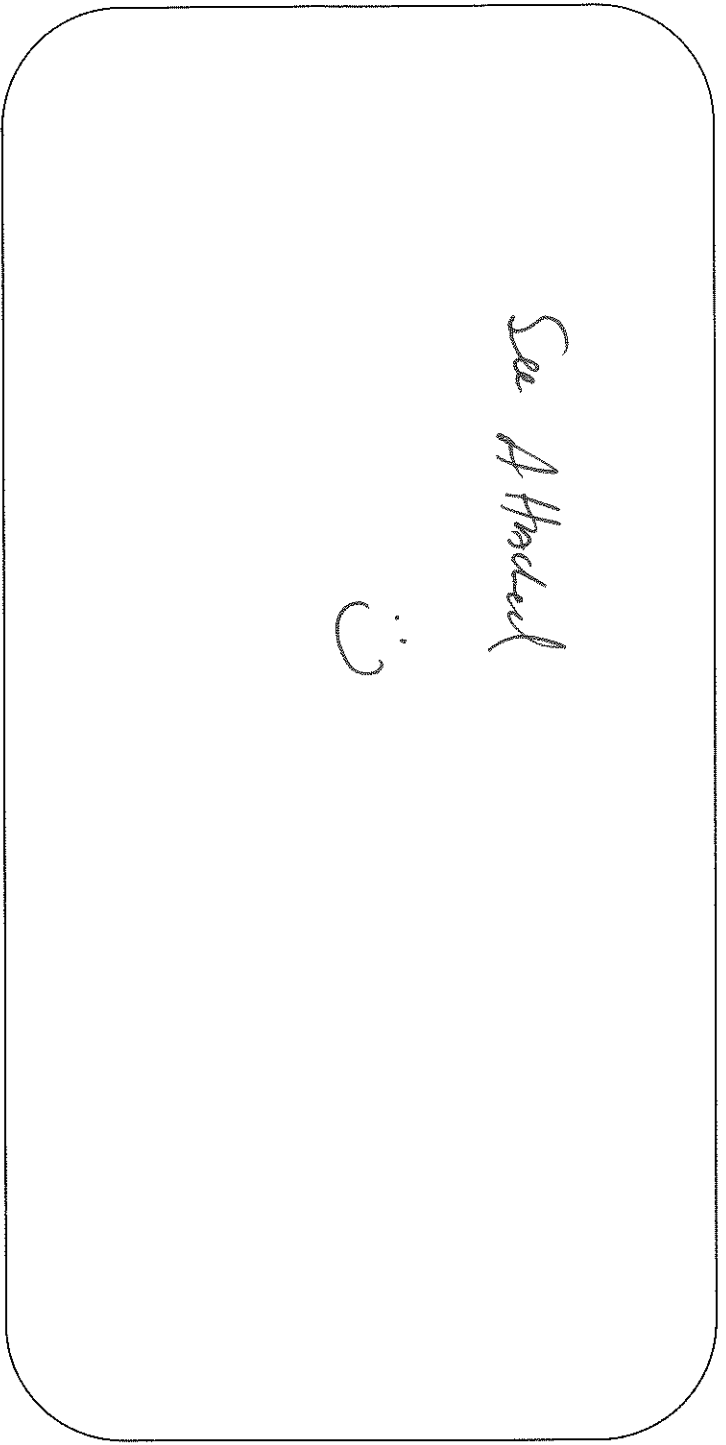
Commercial Use Rec'd for Issuance JUN 05 2015
 Municipal Use Secretarial Staff JUN 02 2015
 Rec'd for Issuance

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.
 Owners: M. Sue Lynn Ryan Date 5-18-2015
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Date
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Needs RECONSTRUCT APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

See 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: 485116 # of bedrooms: 3 Sanitary Date: 12-9-03
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 15-0178 Permit Date: 10-5-15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Used/Contiguous Lot(s)) Yes No
 Is Structure Non-Conforming Yes No
 Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____
 Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Was Property Surveyed Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record:
 Date of Inspection: 5/28 Inspected by: Grady Zoning District: (Res)
 Condition(s): OK to Approve Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)
Weld to Council to Sewing System Lakes Classification: ()

Signature of Inspector: Grady Date of Approval: 5/28
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

(7)
(2)
(1)

jab xog au

Wayfield County, WI

