

SUBMITTER: 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)
AUG 20 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0310
Date:	8-26-15
Amount Paid:	\$ 975
Refund:	8-26-15

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: **DEONIS + MARY NECHAKASH** Mailing Address: **73185 OUDOSSAGOON** City/State/Zip: **WASHBURD, WI 54891** Telephone: **715-573-0455**

Address of Property: **SAME** City/State/Zip: **SAME** Cell Phone: **715-208-0904**

Contractor: _____ Contractor Phone: _____ Plumber: _____ 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: Legal Description: (Use Tax Statement) **SE 1/4, SE 1/4** P.D.N: (23 digits) **04-002-2-43-05-15-404-000-10000** Recorded Document: (i.e. Property Ownership) _____

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section **15**, Township **48** N, Range **05** W Town of: **BAKESDALE** Lot Size **500 X 1286** Acreage **15**
 Acres **495**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes---continue → Distance Structure from Shoreland **235 to Bono Creek** Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure from Shoreline **730 ft to Intermittent Stream** 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
					City	Well	
\$ 2,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<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: HIT	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)		<input type="checkbox"/>
	<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"/>	<input type="checkbox"/>	<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: **14'** Width: **17'** Height: **13'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	()
	<input type="checkbox"/> with a Porch	() X ()	()
	<input type="checkbox"/> with (2 nd) Porch	() X ()	()
	<input type="checkbox"/> with a Deck	() X ()	()
	<input type="checkbox"/> with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	() X ()	()
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	()
	<input checked="" type="checkbox"/> Accessory Building (specify) GARAGE SHEB	(14' X 17')	289 #
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	()
	<input type="checkbox"/> Special User: (explain) _____	() X ()	()
	<input type="checkbox"/> Conditional User: (explain) _____	() X ()	()
	<input type="checkbox"/> Other: (explain) _____	() X ()	()

FAILURE TO OBTAIN A PERMIT OF 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): *Marie & Paul Baker* *Henry Nechakash* Date *8-20-15*
 (If there are Multiple Owners listed on the Deed All Owners must sign letter(s) of authorization must accompany this application)

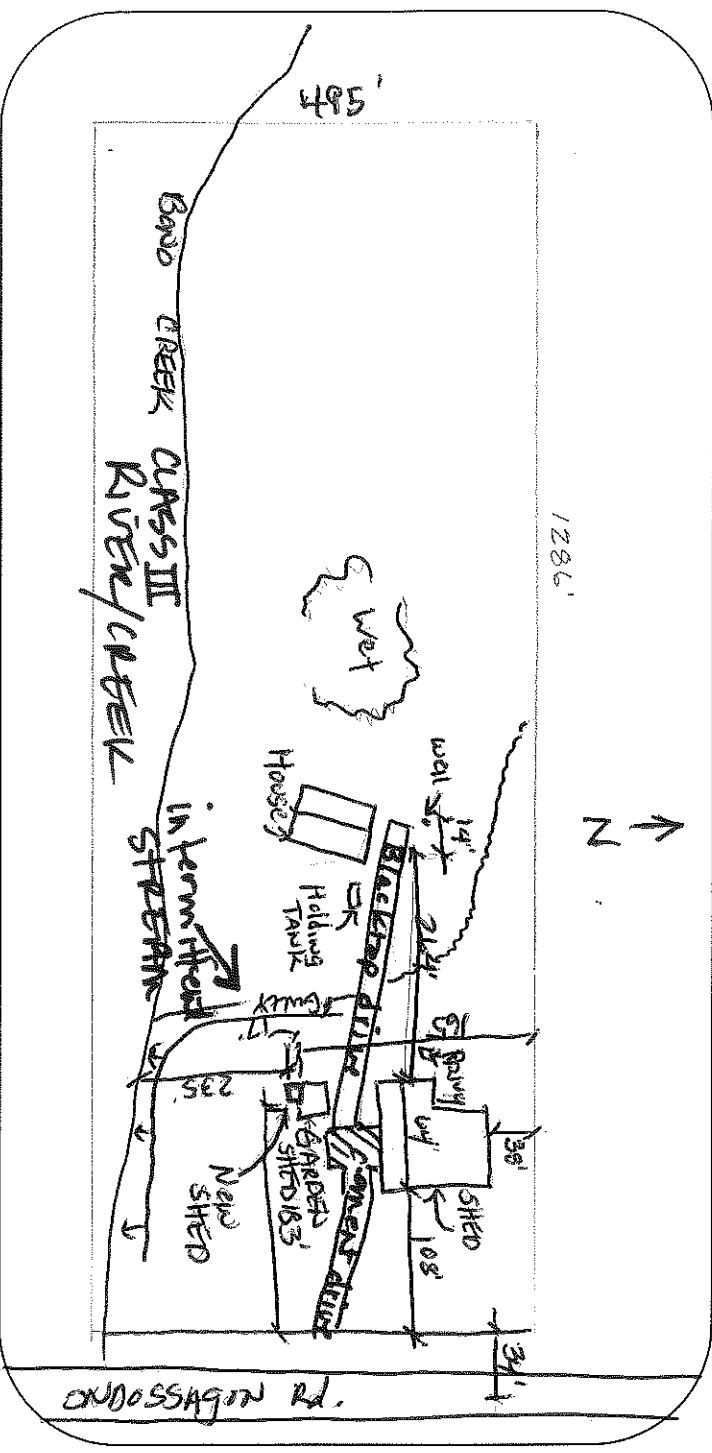
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit *73185 OUDOSSAGOON Rd. Washburn WI. 54891* Copy of Tax Statement Attach
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	217 Feet	Setback from the Lake (ordinary high-water mark)	235 ^{Backlot} 235 Feet
Setback from the Established Right-of-Way	183 Feet	Setback from the River, Stream, Creek	180 Feet
Setback from the North Lot Line	165 Feet	Setback from the Bank or Bluff	304 ^{Intermittent} 304 Feet
Setback from the South Lot Line	313 Feet	Setback from Wetland	100? ^{Intermittent} 100 Feet
Setback from the West Lot Line	1089 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	183 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	214 Feet	Setback to Well	278 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	97 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.

1D-1399 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

HT area For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
 3 yr SCHEDULE The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: **1D-1395** # of bedrooms: **3** Sanitary Date: **11-24-10**

Permit Denied (Date): Reason for Denial:

Permit #: **15-0310** Permit Date: **8-26-15**

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

Is Parcel In Common Ownership Yes (Fused/Contiguous Lot(s)) Yes No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No Was Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: **Property owners present to represent application + property. checked holding tank.**

Date of Inspection: **8-25-15** Inspected by: **J. CROWBOLD, MWRPH**

Condition(s) from Committee or Board Conditions Attached? Yes No (if No they need to be attached.)

SHALL NOT BE USED FOR THRUWAY HABITATION/ SUEPINE PURPOSES.

Signature of Inspector:

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: **8-25-15**