

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
 AUG 10 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0318
Date:	8-26-15
Amount Paid:	\$75
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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Reginald D. and Sybil A. Mallis Mailing Address: PO Box 492 City/State/Zip: Bayfield, WI 54814 Telephone: (715) 779-1919
 Address of Property: 85475 Sunset Drive City/State/Zip: Bayfield, WI 54814 Cell Phone: (715) 779-1919
 Contractor: SELF Contractor Phone: (715) 269-1919 Plumber: N/A Plumber Phone: N/A
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: (715) 269-1919 Agent Mailing Address (include City/State/Zip): Bayfield, WI 54814 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Legal Description: (Use Tax Statement) 04-006-2-5G-04-15-200 PIN: (23 digits) 340-200 Recorded Document: (i.e. Property Ownership) 10 Page(s) 334
1/4, 1/4 Gov't Lot 1809 Vol & Page 10+334 Lot(s) No. 183 Block(s) No. 10 Subdivision: Sunset Ridge
 Section 15, Township 50 N, Range 4 W Town of: BAYFIELD Lot Size 2.47 Acreage 2.47

Shoreland → Is Property/Land within 300 feet of River, Stream (and tributent)? Creek or Landward side of Floodplain? If Yes---continue → Distance Structure is from Shoreline: 60 feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue → Distance Structure is from Shoreline: 60 feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

WDR = LANDSCAPE POND LAWS LIST → NOT A NATURAL WATERBODY

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
\$10,000	<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"/> 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>CELINE</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" 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: 24 Width: 24 Height: 16
 Proposed Construction: Length: 24 Width: 24 Height: 16

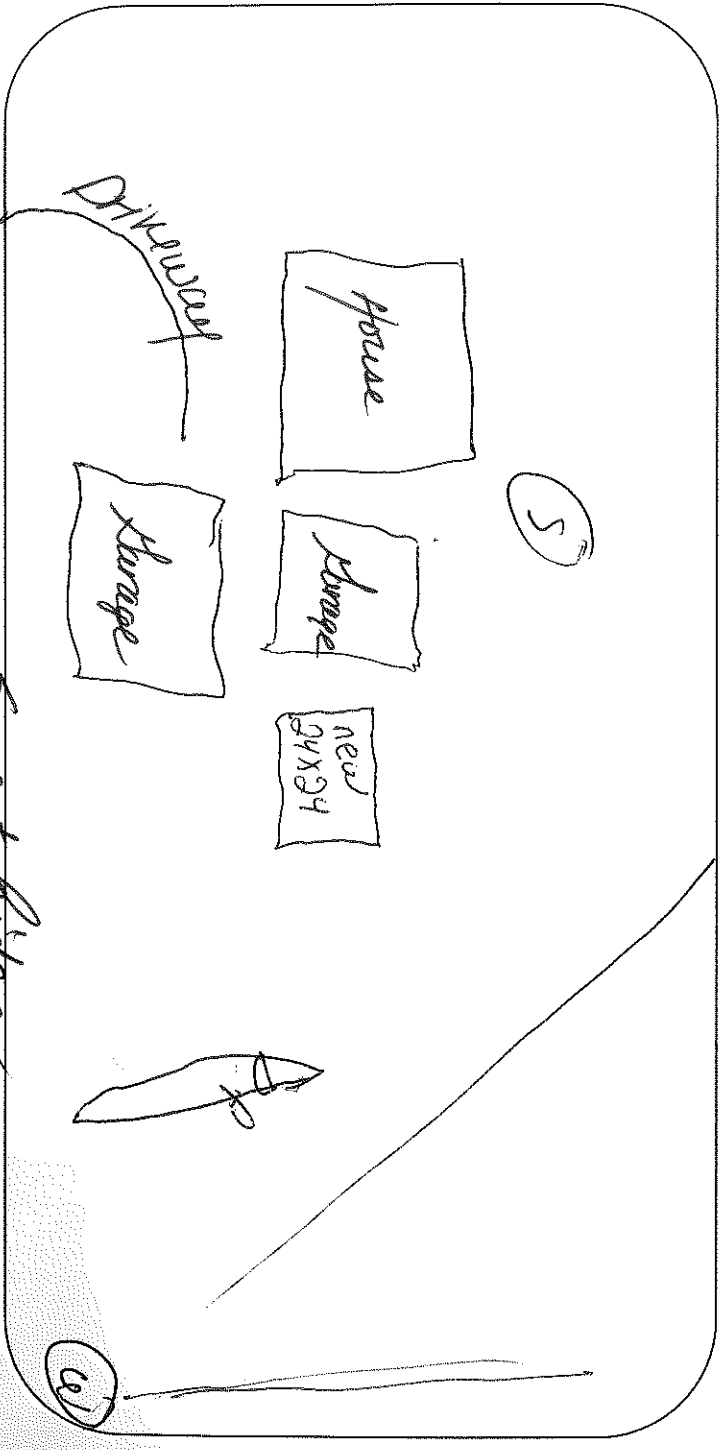
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	()
<input type="checkbox"/> with Loft		()	()
<input checked="" type="checkbox"/> Residential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

REC'D for ISSUANCE AUG 26 2015
 Rec'd for Issuance 24x24 (576)

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): Reginald D. Mallis Date 8-10-15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Reginald D. Mallis Date 8-10-15
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit P.O. Box 492 Bayfield WI 54814 Copy of Tax Statement Attach
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

- (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)

Sunset Ridge
Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	60 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	300 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	250 Feet
Setback to Drain Field	50 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 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.

12-0283 REVERSAL
 (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.
 12-011 RES AVE

Issuance Information (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 15-0318 Permit Date: 8-20-15

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes No
 Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: *questioned owner about use of existing garage and spring. she said it is not used for water collection.*
 Date of Inspection: 8-24-15 + 1x prior Inspected by: *C. SM*
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached)

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Affidavit Attached Yes No

Zoning District (R-1) Lakes Classification (NA) Date of Re-Inspection:

Signature of Inspector: *Handwritten signature* Date of Approval:

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

ENTER THE BUILDING UNLESS APPROVED CONNECTION TO...