

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
DEFERRED
 SEP 22 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0408
Date:	10-14-15
Amount Paid:	\$820.96
Refund:	10-14-15

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: Robin and Anthony Rosvick
 Mailing Address: 1041 ShadyDak Ct, Champlin MN 55316
 City/State/Zip: Bayfield, WI 54814

Address of Property: Apple Hill Lot H
 City/State/Zip: Bayfield, WI 54814

Contractor: Steve Leafblad
 Contractor Phone: (715) 779-5151
 Plumber: One Guy Plumbing
 Agent Phone: (715) 779-5081

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: (715) 779-5151
 Plumber: One Guy Plumbing
 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Apple Hill
 Section 14, Township 50 N, Range 04 W Town of: Bayfield Lot Size: 3.820 Acreage

Distance Structure is from Shoreline: _____ feet
 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
\$ 290,300.00	<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 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>POSD</u> <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input 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: 40 Width: 33 Height: 22
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use 1,807.20 sq ft 3,446.8 dwelling	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(33 x 40) (24 x 26) (10 x 29.2) (12 x 12) (10 x 19.5) (10 x 18) (10 x 18)	1320 639.6 28.2 144 195 120
<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	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	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
 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): Robin Rosvick
 Date: 9/20/2015

Authorized Agent: _____
 Date: _____

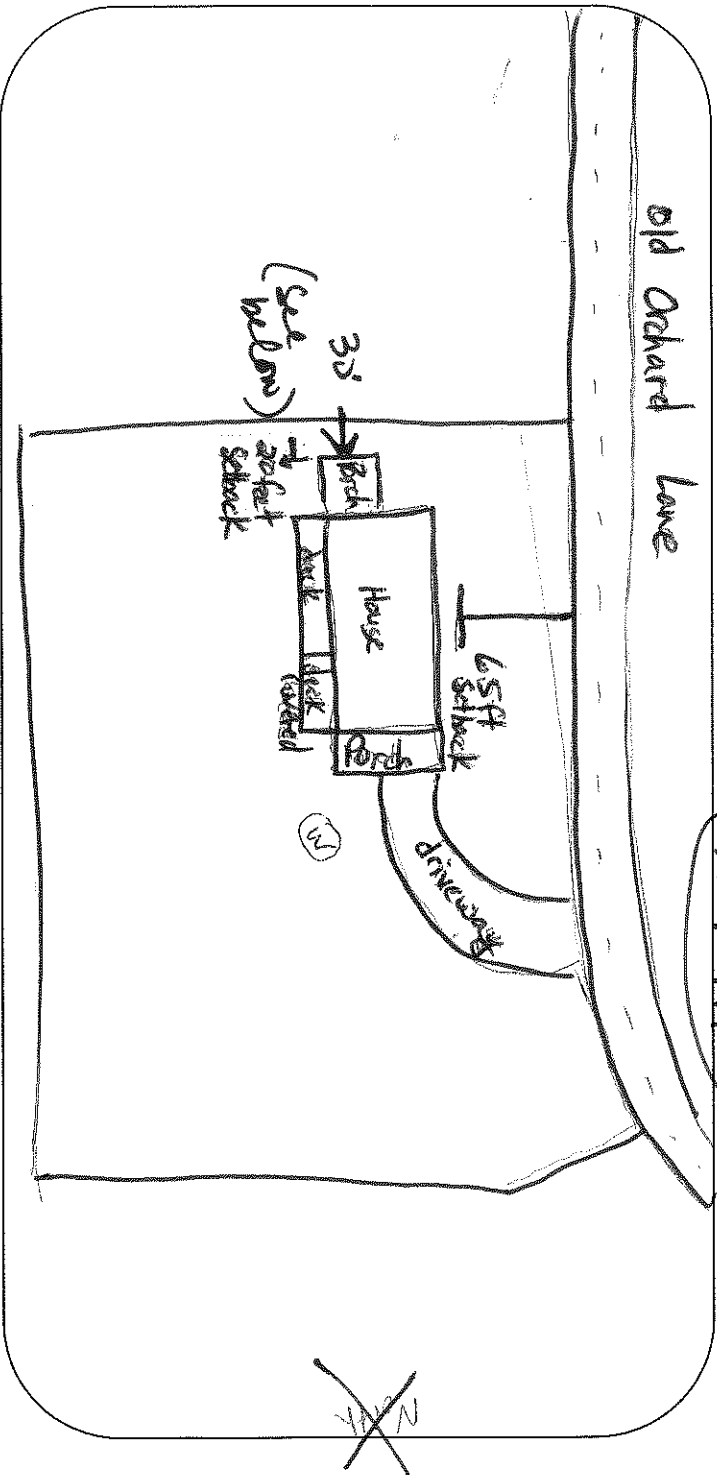
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit: _____
 Attach Copy of Tax Statement If You Recently Purchased the Property send Your Recorded Deed

Need Letter from Sanitary Districts PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 763 772 4997

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)

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

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	45 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	32 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	32, 31.0 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	32, 30 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	65 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	331, 222.84 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	85 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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)

Permit Denied (Date): _____ Sanitary Number: _____ Sanitary Date: _____

Reason for Denial: municipal hook-up approved per attached PIKE'S Bay LETTER

Permit #: 15-0408 Permit Date: 10/14-15

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

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

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No Yes No Yes No Yes No

Was Proposed Building Site Delineated Yes No Yes No Yes No Yes No

Inspection Record: could not find monuments on site. Required owner to dig nearest gold property line. Setbacks met to dig nearest gold property line.

Date of Inspection: _____ Inspected by: Jacobson, Murphy Date of Re-Inspection: _____

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

Furthest extension (including one) of the house shall be at least 10 ft from nearest property line and 30 ft from Row on 63 ft from center of road, wherever is greater.

Signature of Inspector: _____ Date of Approval: 10-14-15

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