

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
 DATE RECEIVED
 JUN 26 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 15-0408
 Date: 10-14-15
 Amount Paid: Paid 75.00 CASH
 Refund: 6/26/2015 ROS

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: Town A Ronchi Mailing Address: 2640 Oulu Pioneer Rd. Brule WI 54820 Telephone: _____
 Address of Property: 2640 Oulu Pioneer Rd. City/State/Zip: Brule WI 54820 Cell Phone: 218-341-6236
 Contractor: SELF Contractor Phone: Plumber: SELF Plumber: SELF 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: SW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ GSM _____ Vol & Page V. 910 P. 273 Lot(s) No. _____ Block(s) No. _____
 Section 08, Township 48 N, Range 09 W Town of: Oulu Subdivision: E705, F5522.2 IM SW NE NW V 910 P 273 1234 IM 200SR-496875 Recorded Document: (i.e. Property Ownership) _____ Volume 910 Page(s) 273
 PIN: (23 digits) 04-038-2-48-09-08-103-008

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 is from Shoreline: _____ feet
 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 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>20,000</u>	<input type="checkbox"/> New Construction <input checked="" 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"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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>411 tank</u> <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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 30 FT Width: 20 FT Height: 15 FT
 Proposed Construction: Length: 28 FT Width: 28 FT Height: 15 FT

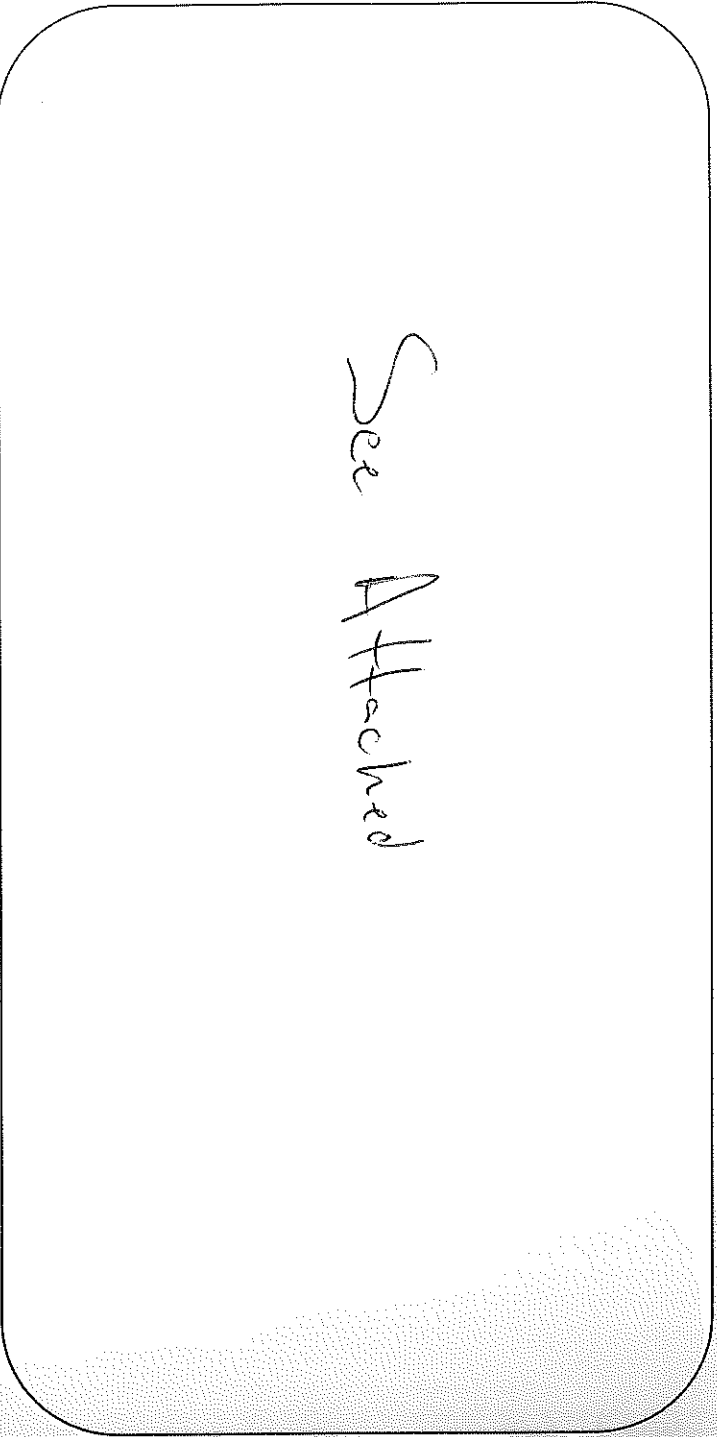
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() () ()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() () ()	()
<input type="checkbox"/> Municipal Use	with Loft	() () ()	()
	with a Porch	() () ()	()
	with (2 nd) Porch	() () ()	()
	with a Deck	() () ()	()
	with (2 nd) Deck	() () ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() () ()	()
	Mobile Home (manufactured date) _____	() () ()	()
	Addition/Alteration (specify) <u>Basement + 1 story Addition</u>	(<u>28</u> x <u>28</u>)	<u>784</u>
	Accessory Building (specify) <u>2 Bedrooms + 2 Decks</u>	() () ()	()
	Accessory Building Addition/Alteration (specify) _____	() () ()	()
	Special Use: (explain) _____	() () ()	()
	Conditional Use: (explain) _____	() () ()	()
	Other: (explain) _____	() () ()	()

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): Anthony & Janet Date: 6/26/15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 2640 Oulu Pioneer Rd. Brule, WI. 54820 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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	750 Feet	Setback from the Lake (ordinary high-water mark)	-- Feet
Setback from the Established Right-of-Way	62 Feet	Setback from the River, Stream, Creek	-- Feet
Setback from the North Lot Line	189 Feet	Setback from the Bank or Bluff	-- Feet
Setback from the South Lot Line	62 Feet	Setback from Wetland	-- Feet
Setback from the West Lot Line	104 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	860 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	30 Feet
Setback to Drain Field	62 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).

13-0178

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

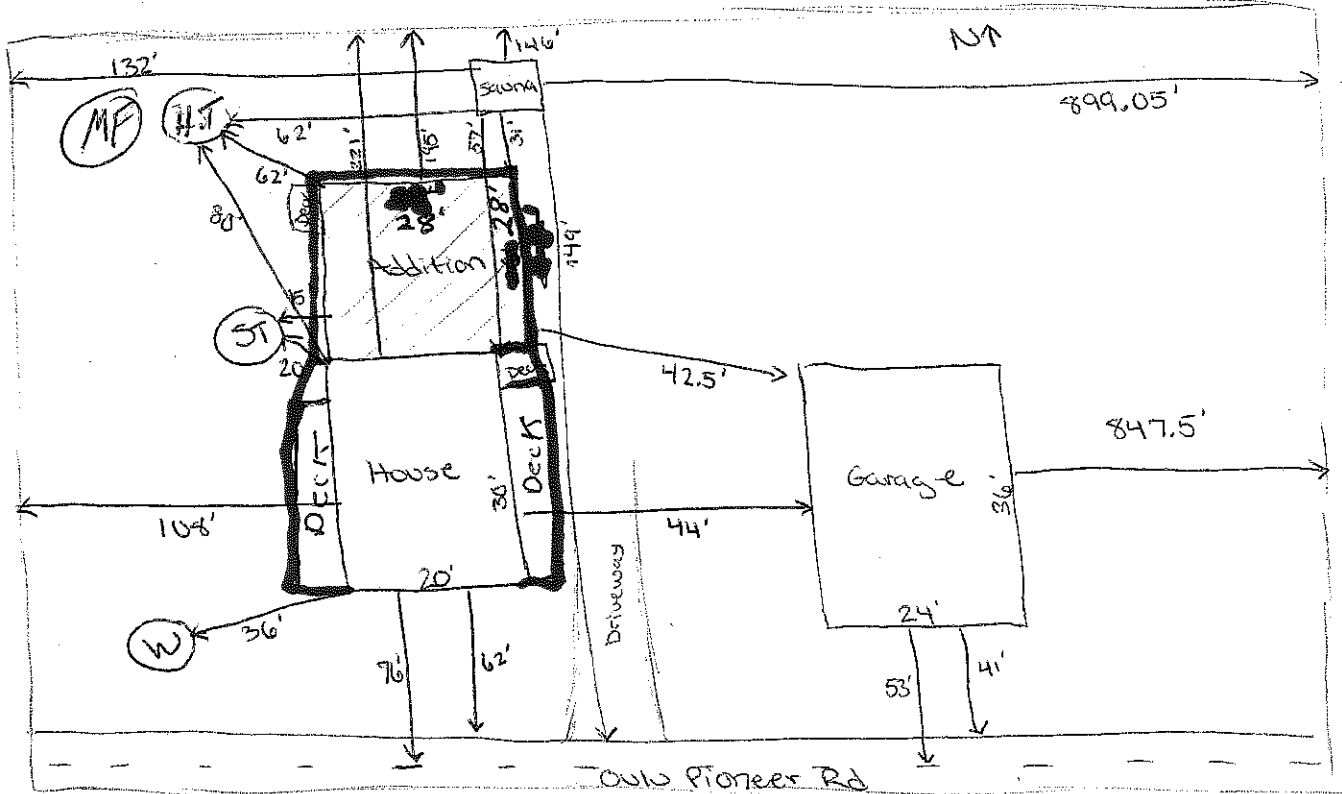
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Special Agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>B-20178</u>	# of bedrooms: _____	Sanitary Date: <u>5-29-82</u>	
Permit Denied (Date): _____		Reason for Denial: _____			
Permit #: <u>15-0403</u>	Permit Date: <u>10-14-15</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	_____
Granted by Variance (B.O.A.)	Case #: _____	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: <u>out base paper corrected</u>	<u>13-01782</u>	Zoning District	<u>AG-1</u>		
<u>previous permit for addition rebuilt before permit expired</u>		Take Classification	<u>NA</u>		
Date of Inspection: _____	Inspected by: _____	Date of Re-Inspection: _____			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
<u>Any necessary work permit + inspection shall be obtained prior to construction.</u>					
Signature of Inspector: _____		Date of Approval: <u>10-14-15</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TIA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

Proposed Construction

Length: 26 ft Width: 24ft Height: 26 ft
 Basement & 2-story Addition
 to House



Setback to Drain field: 62 ft
 Setback from the North Lot Line: 195 ft

M. Futch meets all requirements.
 2-27-14