

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 Stamp (Received)
 NOV 24 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0457
 Date: 11-30-15
 Amount Paid: \$175
 Refund: 11-30-15

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.

\$1750 \$100 Imp Sur field

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **John & Amy Higgins** Mailing Address: **2217 E. Lake of the Minnecapolls, MN 55105** Telephone: _____
 Address of Property: **14520 Reart Rd** City/State/Zip: **Cable, WI 54821** Cell Phone: _____
 Contractor: **WADE SPEARS** Contractor Phone: **715-739-6696** Plumber: **Rasmussen** Plumber Phone: **715-798-3355**
 Authorized Agent: _____ Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4** PIN: (23 digits) **04-012-2-43-07-05-105-003-2000** Recorded Document: (i.e. Property Ownership) Volume **7** Page(s) **318**
 Gov't Lot **3** Lot(s) **1** CSM **1221** Vol & Page **7/318** Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section **05**, Township **43 N**, Range **07 W** Town of: **Cable** Lot Size **150,200** Acreage **3.450**

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: **40'-65'** feet
 Non-Shoreland

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
\$19,000.00	<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"/> 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: sewer/sewer <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: **7'** Width: **7'** Height: **9'**
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Deck	() X ()	()
	with a Deck	() X ()	()
<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)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) Bathroom	(7) X (7)	(49)
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain) Deck	(4) X (8)	(32)

RECORD FOR LIENSANCE
 NOV 30 2015

SECRETARIAL STAFF
 FULLY 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): **John Higgins** Date **11-8-15**
 (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 **permanDESIGNS, 13444 Hollywood Ln, Hayward, WI 54843** Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Fill in the 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%

* see attachment

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	670 Feet	Setback from the Lake (ordinary high water mark)	~50 Feet
Setback from the Established Right-of-Way	660 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	55 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	680 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	520 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	20 Feet
Setback to Drain Field	~80 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: 10332	# of bedrooms: 3	Sanitary Date: 28-12-824-07				
Permit Denied (Date):		Reason for Denial:						
Permit #: 15-0457		Permit Date: 11-30-15						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<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	(to lake)	<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			
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Inspection Record:	OK							
Date of Inspection:	11-24-15	Inspected by:	JL					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)								
Address is 775' From OHW								
Signature of Inspector:	J. Kelly						Date of Approval:	11-25-15
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>	

Wayfield County, WI



04012243070510500310000

Cable

040122430705105003200001

012100000001

RESORT RD

30 m

100 ft

RESORT RD

Barney
Dec 1

