

**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**  
**DEED FILE**  
 Date Stamp (received)  
 NOV 09 2015  
 Bayfield Co. Zoning Dept.

Permit #:	1504510
Date:	11-23-15
Amount Paid:	\$1025
Refund:	11-23-15

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:** Mark & Patricia Bellamy  
**Address of Property:** 977 2nd Ave W, Ashland, WI 54806  
**City/State/Zip:** Ashland, WI 54806  
**Telephone:** (715) 682-5490  
**Cell Phone:** (715) 413-1252

**Contractor:** Tyler Larson  
**Contractor Phone:** (715) 685-9965  
**Plumber:**  
**Plumber Phone:**  
**Written Authorization Attached:**  Yes  No

**Authorized Agent:** (Person Signing Application on behalf of Owner(s))  
**Agent Phone:**  
**Agent Mailing Address (include City/State/Zip):**  
**Recorded Document (i.e. Property Ownership):** Volume 1132 Page(s) 523  
**Subdivision:**  
**Recorded Document (i.e. Property Ownership):** Volume 1132 Page(s) 523

**PROJECT LOCATION:** Legal Description: (Use Tax Statement)  
 SB 1/4, SB 1/4  
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.:  
 Section 22, Township 45 N, Range 5 W  
 Town of: Lincoln  
 Lot Size: Acreage 38.0

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 Floorage If Yes---continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet

Non-Shoreland

**Value at Time of Completion** \* Include donated time & material: \$25000

<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None	

**Existing Structure:** (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
**Proposed Construction:** Length: 74 Width: 32 Height: 20

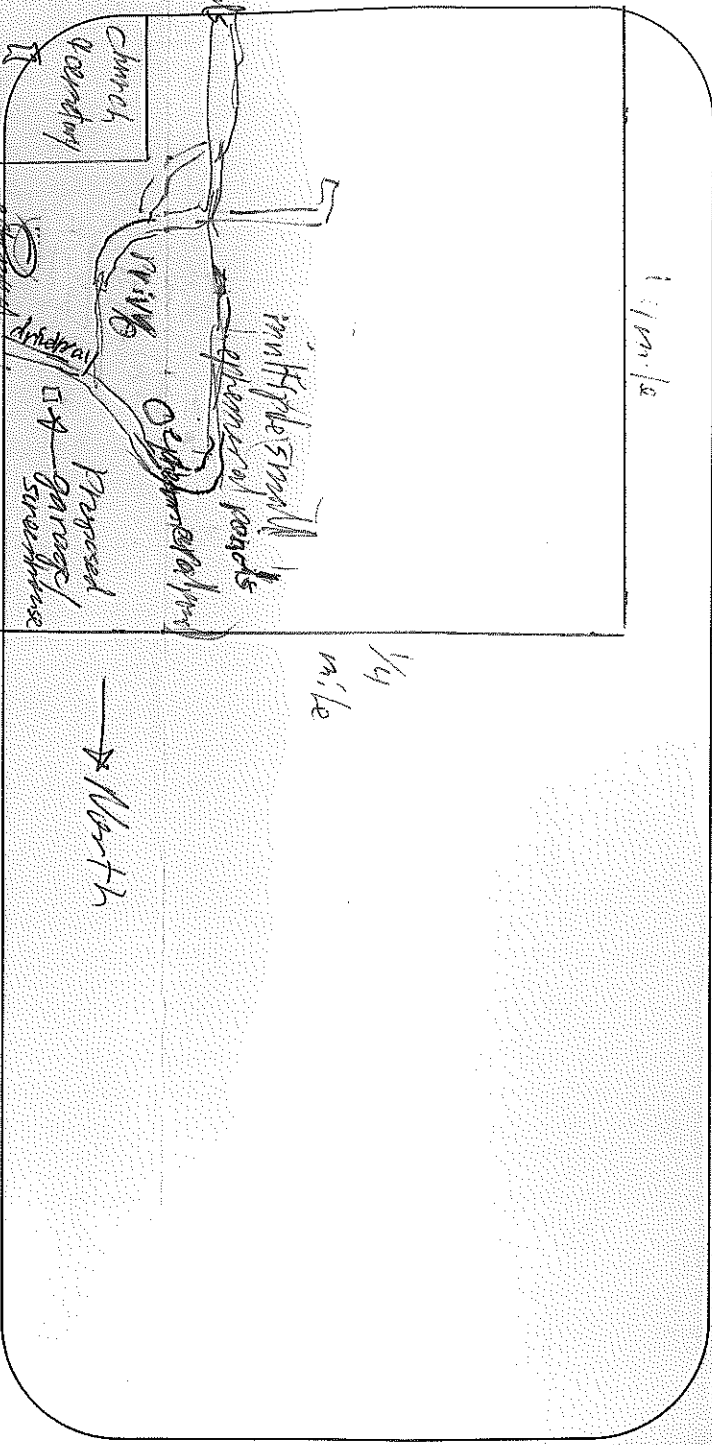
Proposed Use	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use NW 1/2 of the below Recreational Residential Use	Principal Structure (first structure on property) Garage & 5 room house	1	Seasonal	1	Municipal/City	City	(38 X 74)	768
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack etc.)	with Loft					( )	
<input type="checkbox"/> Commercial Use		with a Porch					( )	
<input type="checkbox"/> Commercial Use		with a Deck					( )	
<input type="checkbox"/> Commercial Use		with (2 <sup>nd</sup> ) Deck					( )	
<input type="checkbox"/> Commercial Use		with Attached Garage					( )	
<input type="checkbox"/> Commercial Use		Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)					( )	
<input type="checkbox"/> Commercial Use		Mobile Home (manufactured date)					( )	
<input type="checkbox"/> Municipal Use		Addition/Alteration (specify)					( )	
<input type="checkbox"/> Municipal Use		Accessory Building (specify)					( )	
<input type="checkbox"/> Municipal Use		Accessory Building Addition/Alteration (specify)					( )	
<input type="checkbox"/> Municipal Use		Special Use: (explain)					( )	
<input type="checkbox"/> Municipal Use		Conditional Use: (explain)					( )	
<input type="checkbox"/> Municipal Use		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 \_\_\_\_\_ 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):** Mark & Patricia Bellamy  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
**Authorized Agent:** Patricia Bellamy  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
**Date:** 11/2/2015  
**Address to send permit:** 922 2nd Ave W, Ashland, WI 54806  
 (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) Town Corner's Street Road  
 (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	90 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	350 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	645 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1180 +/- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	150 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 1504520	Permit Date: 11-23-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input 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.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District		
Date of Inspection: 11-18-15		Lakes Classification ( )		
Inspected by: JTC		Date of Re-Inspection:		
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Not for human habitation				
No water under pressure				
Signature of Inspector: JTC		Date of Approval: 11-20-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>