

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 DEC 14 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	116-0004
Date:	1-5-16
Amount Paid:	\$612.50
Refund:	1-5-16

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: WUSTERS Mailing Address: 84000 Bayfield Rd Bayfield, WI City/State/Zip: 54814 Telephone: _____
 Address of Property: 84000 Bayfield Rd City/State/Zip: _____ Cell Phone: _____
 Contractor: Buck Hawk Construction Contractor Phone: 715/779/3501 Plumber: N/A Plumber Phone: N/A
 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: SE1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol. & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
 Section 11, Township 50 N, Range 4 W Town of: Bayfield Lot Size _____ Acreage 4/0

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>85000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-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 type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement <input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 105' Width: 50' Height: 14'

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) Porch	() X ()	()
	with a Deck	() X ()	()
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>APPLE & PEAR COURTNEY</u>	(<u>50</u> X <u>105</u>)	<u>5250</u>
	Accessory Building Addition/Alteration (specify)	() X ()	()
Rec'd for Issuance		Special Use: (explain)	() X ()
		Conditional Use: (explain)	() X ()
		Other: (explain)	() X ()
JAN 05 2016			

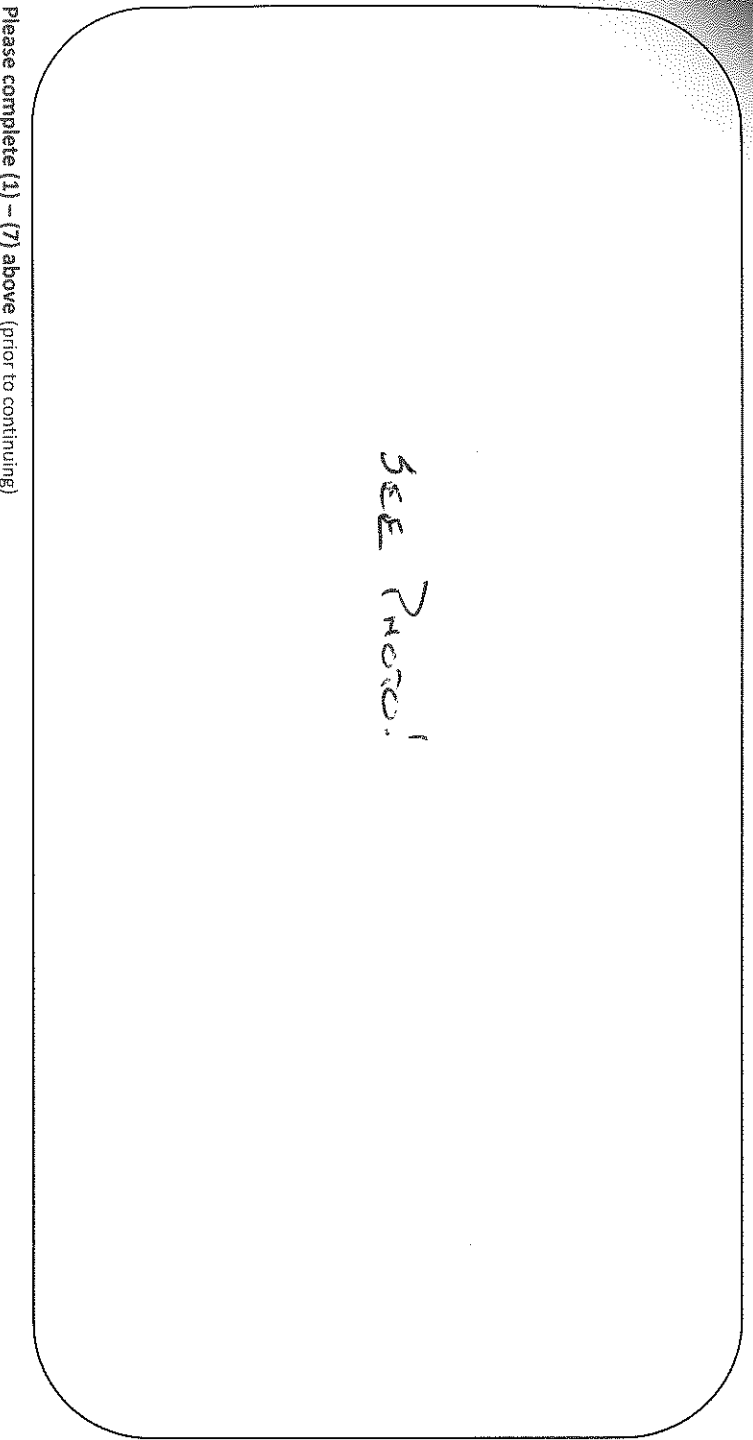
Secretarial Staff _____
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 The undersigned hereby certifies that the application and accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct 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): WUSTERS Date 1-4-16
 (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: _____ Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (*) North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (*) All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) Wetlands; or (*) Slopes over 20%

SEE PHOTO!



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	278 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	253 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	865 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	375 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	253 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1920 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	205 Feet	Setback to Well	300 Feet
Setback to Drain Field	205 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: NA # of bedrooms: _____ Sanitary Date: _____
Reason for Denial: _____

Permit #: 16-0004 Permit Date: 1-5-16

Is Parcel a Sub-Standard Lot Yes No Deed of Record Yes No
 Is Parcel in Common Ownership Yes No Fused/Contiguous Lot(s) 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: HOOD FAYLSON PRESENT FOR INSPECTION
TO REPRESENT PROJECT & PROPERTY LINES
1-4-16
 Inspected by: SCOTT BERBERA MURPHY
 Zoning District: (A-1)
 Lakes Classification: (NA)
 Date of Re-Inspection: _____

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)
COMMERCIAL TO BUILDING NO WOOD PLUMBERS UNLESS
CONNECTED TO APPROVED PAVTS.

Signature of Inspector: _____ Date of Approval: 1-5-16

Hold For Sanitary: Hold For Tax: Hold For Affidavit: Hold For Fees:



- A - WELL
- B - TANK - DRAIN FIELD
- C - NEW BUILDING LOCATION 50' x 105'