

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

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 BY Bayfield Co. Zoning Dept.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
 Date of Receipt: **MAY 09 2016**

ENTERED
 Permit #: **16-0114**
 Date: **5-24-16**
 Amount Paid: **\$875**
 Refund: **524-16**

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

Owner's Name: BRAD Stillings
Address of Property: 21555 N. Pratt Road
City/State/Zip: Bayfield WI
Contractor: Sold Ford Owner
Contractor Phone:
Agent Phone:
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **W/2 NE 1/4, W/4 NE 1/4**
 Gov't Lot: **1/4** Lot(s): **1/4** CSM: **910830** Vol & Page: **910830** Lot(s) No.: **108** Block(s) No.: **05** Subdivision:
 Section **08**, Township **5600 N**, Range **05 W** Town of **Bayfield** Lot Size: **10** Acreage: **10**

Distance Structure is from Shoreline: **04** feet (PIN: 23 digits) **04-056250050810100030000** Recorded Document: (i.e. Property Ownership) Volume **.997** Page(s) **838**

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No

Value at Time of Completion * include donated time & material: **\$ 7560**

| Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|---|--|--|---|--|
| <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input 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 | <input type="checkbox"/> Sanitary |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Single | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: AWW | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |

Existing Structure: (if permit being applied for is relevant to it) Length: **28'** Width: **24'** Height: **16'**
Proposed Construction:

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | 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 | () () | () |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | () () | () |
| | Mobile Home (manufactured date) | () () | () |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) | () () | () |
| | Accessory Building (specify) Pole Shed - gravel floor | (24 x 28) | (672) |
| | Accessory Building Addition/Alteration (specify) | () () | () |
| | Rec'd for Issuance | () () | () |
| | Special Use: (explain) | () () | () |
| | Conditional Use: (explain) | () () | () |
| | Other: (explain) | () () | () |

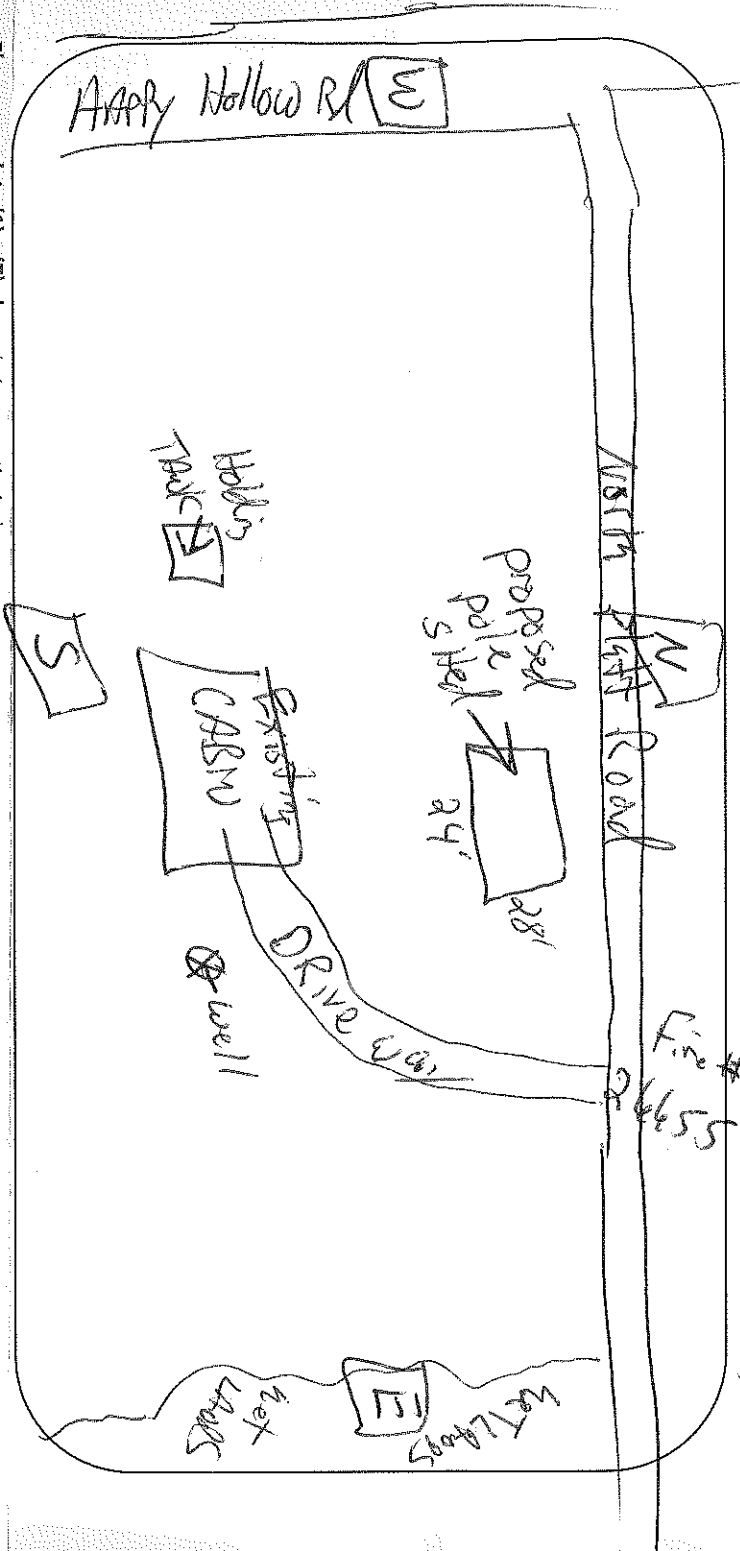
Secretarial Staff
 MAY 24 2016

ALLURE 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' changed with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): *Brad Stillings* *Michelle Luss*
 (If there are Multiple Owners listed on the Deed All Owners must sign letters(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 _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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%



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 | 80 Feet | Setback from the Lake (ordinary high-water mark) | — Feet |
| Setback from the Established Right-of-Way | 75 Feet | Setback from the River, Stream, Creek | — Feet |
| Setback from the North Lot Line | 70 Feet | Setback from the Bank or Bluff | — Feet |
| Setback from the South Lot Line | 800 Feet | Setback from Wetland | 125 Feet |
| Setback from the West Lot Line | 150 Feet | 20% Slope Area on property | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 200 Feet | Elevation of Floodplain | — Feet |
| Setback to Septic Tank or Holding Tank | 150 Feet | Setback to Well | 80 Feet |
| Setback to Drain Field | — 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: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | Reason for Denial: | | | |
| Permit #: 16-0114 | Permit Date: 5-24-16 | | | |
| 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 Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | Previously Granted by Variance (B.O.A.) | Case #: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: site well staked | | | | |
| Date of inspection: 5.25.16 | Inspected by: Jessie Murphy | Zoning District: A65 | Lakes Classification: N/A | Date of Re-Inspection: |
| Condition(s) of own, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) | | | | |
| <p>JUST APPROVED FOR HUMAN HABITATION ON SLEEPING PURPOSES. CONSTRUCTION OF INDOOR PUMPS TO PRESSURIZED WATER REQUIRED APPROVED CONNECTION TO EXISTING PIPES</p> | | | | |
| Signature of Inspector: | | Date of Approval: 5.25.16 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For FDA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | |