

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  
 DATE STAMP (RECEIVED)  
 JUN 24 2016  
 Bayfield Co. Zoning Dept.

Permit #: 16-0189  
 Date: 7-7-16  
 Amount Paid: \$075  
 Refund: 7-7-16



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: Scott & Ann Krausz  
 Mailing Address: 30900 Nola Lake Rd  
 City/State/Zip: Washburn WI 54891  
 Telephone: 715-373-5976  
 Call Phone: 715-209-1406

Contractor: Washburn WI 54891  
 Contractor Phone: 54891  
 Plumber: Washburn WI 54891  
 Plumber Phone: 715-209-1406

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: SE 1/4, SE 1/4  
 Legal Description: (Use Tax Statement) Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_  
 Section 13, Township 48 N, Range 5 W  
 Town of: Parkside

Recorded Document: (i.e. Property Ownership) PIN: (23 digits) 04-002-2-48-05-13-4  
 Volume 1152 Page(s) 27

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?  Yes--continue  No  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage?  Yes--continue  No  
 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: \$10,000

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 checked="" 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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 50 Width: 46 Height: 15  
 Proposed Construction: 2x2x10 Length: 50 Width: 46 Height: 15

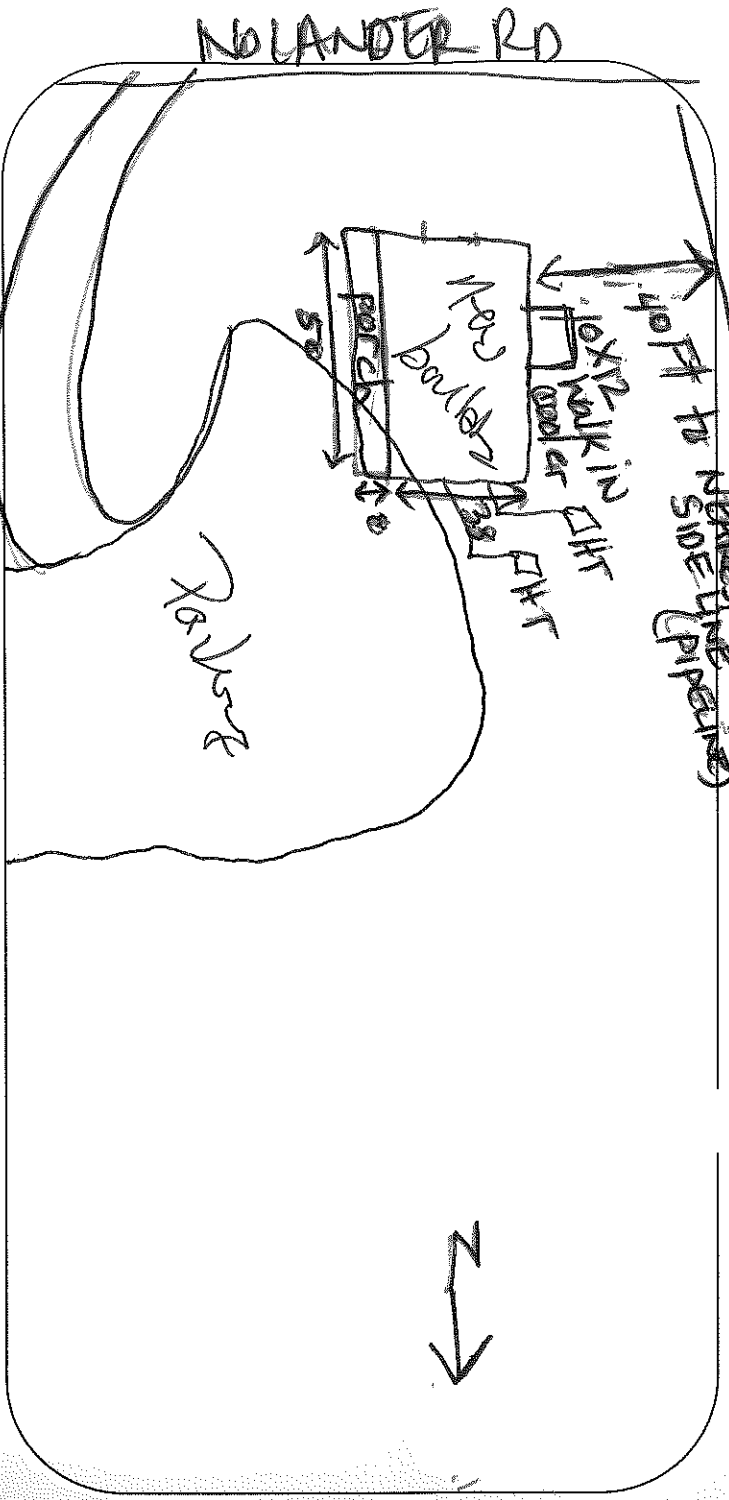
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	38x50	1900
<input checked="" type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	50x80	4000
<input type="checkbox"/> Municipal Use	with Loft	10x12	120
	with a Porch		
	with 2 <sup>nd</sup> Deck		
	with a Deck		
	with (2 <sup>nd</sup> ) Deck		
	with Attached Garage		
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	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 the 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 all reasonable times for the purpose of inspection.

Owner(s): Scott & Ann Krausz Date 6-24-16  
 (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

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; (\*) Slopes over 20%
  - (7) Show any (\*):



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	185 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	155 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1050 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	173 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	249 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)	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: 16-415 # of bedrooms: 2 Sanitary Date: 6-6-2016

Permit #: 16-0189 Reason for Denial: 16-425 > Two tanks (systems)

Is Parcel a Sub-Standard Lot  Yes  No  (Deed of Record)  Yes  No  Mitigation Required  Yes  No  Affidavit Required  Yes  No  No

Is Parcel in Common Ownership  Yes  No  (fused/Contiguous Lot(s))  Yes  No  Mitigation Attached  Yes  No  Affidavit Attached  Yes  No  No

Is Structure Non-Conforming  Yes  No  Previously Granted by Variance (B.O.A.)  Yes  No  Case #: \_\_\_\_\_

Granted by Variance (B.O.A.)  Yes  No  Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No  Were Property Lines Represented by Owner  Yes  No  Was Proposed Building Site Delineated  Yes  No  Was Property Surveyed  Yes  No  Inspection Record: zoning changed to C-1 @ 6-20-16 CB meeting. signed by chairman

Date of Inspection: 7-6-16 Inspected by: James M. Murphy Zoning District: C-1, Lakes Classification: R1/B

Condition(s) Town, Committee or Board Conditions Attached?  Yes  No  If No they need to be attached.

Signature of Inspector: \_\_\_\_\_ Date of Approval: 7-2-16

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

INSPECTION SHALL BE OBTAINED + COMPLETED WITH ALL NECESSARY COMMERCIAL BUILDING PERMITS, LICENSES, +