

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

ATF

APPLICATION FOR PERMIT



BAYFIELD COUNTY WISCONSIN
PERMIT FEE
 Date Stamp (Received)
JUL 11 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0212
Date:	7-19-16
Amount Paid:	\$352
Refund:	7-19-16

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: LAURA HEDRICH
Mailing Address: 5609 PLEASANT AVE
City/State/Zip: BOZ WING, WI 54891
Telephone: 612 866 2801
Call Phone: 612 386 6516

Address of Property: 9105 LAVERGUE RD.
Contractor: BOZ WING, WI
Contractor Phone: _____
Plumber: _____
Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: FUSCO, ADRIAN
 Agent Phone: 715 373 6138
 Agent Address: 1015 W. 1ST ST.
 Agent City/State/Zip: WAUBesaun, WI 54881
 Written Authorization: [Signature]

PROJECT LOCATION: Legal Description: (Use Tax Statement) Gov't Lot: 1/4, 1/4
 Lot(s): 2
 CSM: 1688
 Vol & Page: 9/412
 Lot(s) No.: _____
 Block(s) No.: _____
 Subdivision: _____

Section: 28, Township SD, N. Range 08, W. TOWN OF BOZ WING

Shoreland: Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (e.g. from Ownership) Volume _____ Page(s) _____

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
\$ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Replicate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> with a Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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 <input type="checkbox"/> _____

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

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) Deck	(_____)	(_____)
	with a Deck	(_____)	(_____)
	with (2 nd) Deck	(_____)	(_____)
	with Attached Garage	(_____)	(_____)
<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)	(_____)	(_____)
	Mobile Home (manufactured date) _____	(_____)	(_____)
	Addition/Alteration (specify) _____	(_____)	(_____)
	Accessory Building (specify) _____	(_____)	(_____)
	Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
<input type="checkbox"/> Municipal Use	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 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.

Owners: Laura Hedrich
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 7/19/16

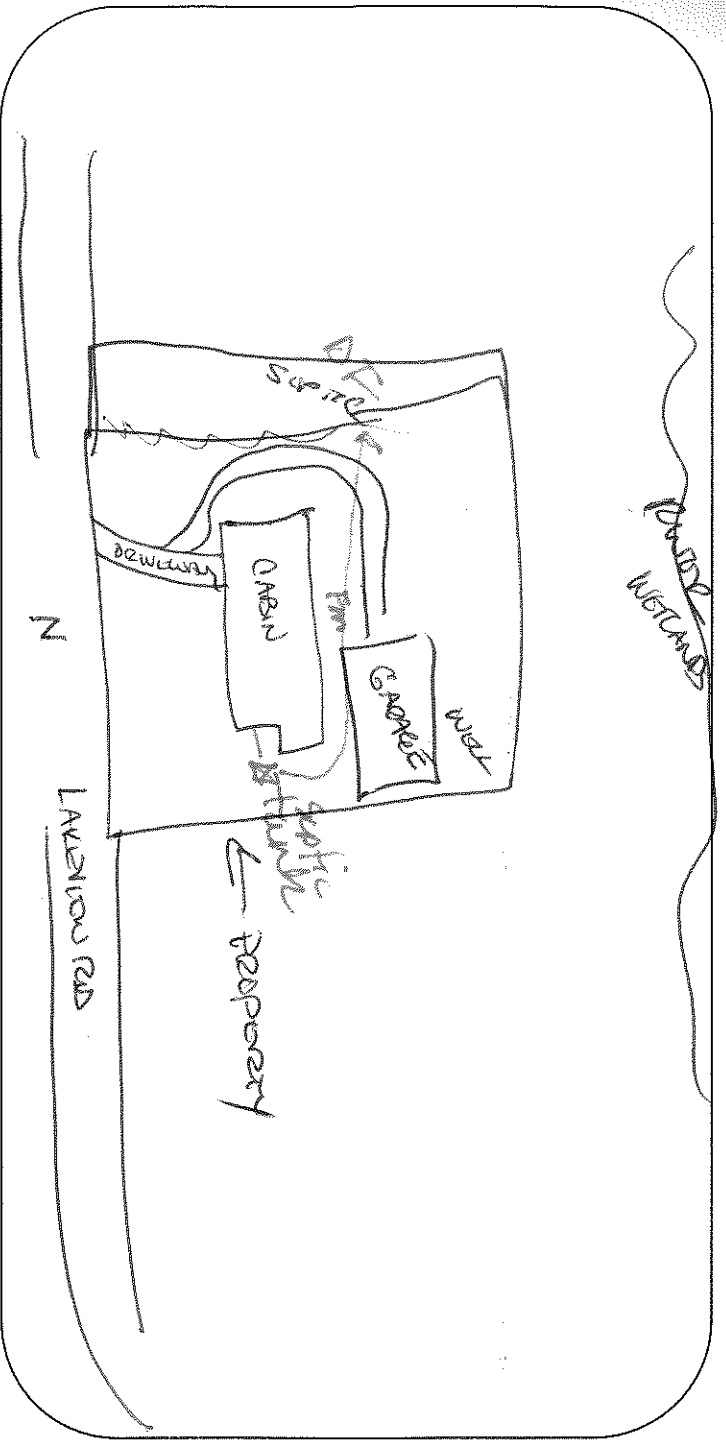
Authorized Agent: _____ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: _____

Address to send permit: _____

Copy of Tax Statement
 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)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point) use over

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	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 Dwelling: 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: new 2016 # of bedrooms: Sanitary Date:
 Permit Denied (Date): Reason for Denial:

Permit #: 16-0818 Permit Date: 7-19-16

Is Parcel a Sub-Standard lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No 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
 Was Proposed Building Site Delineated Yes No

Inspection Record: Were Property Lines Represented by Owner Was Property Surveyed Yes No

Date of Inspection: Inspected by: Aspenberg-Norphy Zoning District: 12RB
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: 1. Suburban Date of Re-Inspection:

Signature of Inspector: Maurain Date of Approval: 7-19-16
 Hold For Sanitary: Hold For B.A.: Hold For Affidavit: Hold For Fees: