

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

Temporary
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date: (Printed)
 SEP 29 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-00037
 Date: 10-13-16
 Amount Paid: \$50 9.29-16
 Refund:

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: Marc Dissler Mailing Address: 304 So 1st St, Keneshaw, WI 54855 Telephone: 320 226

Address of Property: 26176 MAURKINE RD City/State/Zip: BAFFIELD, WI 54814 Cell Phone: 75 39

Contractor: BAYFIELD WIS 94814 Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 507 430 2216 Agent Mailing Address (include City/State/Zip): 8155 MAURKINE RD, BAFFIELD, WI 54814 Written Authorization Attached: Yes No

PROJECT LOCATION: SW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04-00695105 1748300020000 Volume: 109 on 2014 Recorded Document: (i.e. Property Ownership) Page(s):

Section 17, Township S1 N, Range 5 W, Barbould Lot Size: 20,700 Acreage: 20,700

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Distance Structure Is from Shoreline: feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure Is from Shoreline: feet

If Yes---continue No 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
\$ 2,000	<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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> NONE
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) 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 checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 33' Width: 13' Height: 12'

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(33 X 13)	429
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	<input type="checkbox"/> with Loft	()	
	<input type="checkbox"/> with a Porch	()	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with (2 nd) Porch	()	
	<input type="checkbox"/> with a Deck	()	
	<input type="checkbox"/> with (2 nd) Deck	()	
<input type="checkbox"/> Commercial User	<input type="checkbox"/> with Attached Garage	()	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	
	<input type="checkbox"/> Mobile Home (manufactured date)	()	
	<input type="checkbox"/> Addition/Alteration (specify)	()	
	<input type="checkbox"/> Accessory Building (specify)	()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	
	<input type="checkbox"/> Special Use: (explain)	()	
	<input type="checkbox"/> Conditional Use: (explain)	()	
	<input type="checkbox"/> 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.

Owner(s): _____ Date _____
 (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 Oct 29 2016
 (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

Sally Rn # 507-430-2216
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%

attached

(8) Setbacks: (measured to the closest point) *per plan*

Please complete (1) - (7) above (prior to continuing)

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100 FT = Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	90 FEET Feet	Setback from Wetland	Feet
Setback from the West Lot Line	270 FT = Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line		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)	Sanitary Number: <i>N/A</i>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <i>16-00081</i>	Permit Date: <i>10-13-16</i>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" 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 #: _____	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <i>Owner states (10-12-16) the structure is a house or shed (the line goes around the house but she states he told her to apply for a temporary storage shed which she placed in front of the house)</i>	Inspected by: <i>Steno</i>	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Inspection: <i>10-3-16</i>	Specified by: <i>Steno</i>	Zoning District Lakes Classification (N/A)	(F-1)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)		Date of Re-Inspection:	
Signature of Inspector: <i>[Signature]</i>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TRM: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

NO THINER THINNING OR REMOVAL. BUILDING SHALL NOT BE USED FOR SLEEPING PURPOSES. NO INDOOR PLUMBING FIXTURES ALLOWED UNLESS CONVERTED TO APPROVED POSTS. VENTILATION OF THESE CONDITIONS SHALL BE ACHIEVED UPON PERMITS PERMITS EXPIRE ONE YEAR FROM DATE OF ISSUANCE.

(2)
(1)
below

