

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Bayfield Co. Zoning Dept.  
 Date Stamp (Received)  
**FEB 01 2017**



Permit #:	17-0006
Date:	2-20-17
Amount Paid:	\$75 2-2-17
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: RAYMOND DISOCKY  
 Address of Property: 10120 CDR SWIFT RD  
 City/State/Zip: CDR WI 54821  
 Mailing Address: 10120 CDR SWIFT RD  
 City/State/Zip: CDR WI 54843  
 Telephone: 715-795-3555  
 Cell Phone: 715 699 0795

Contractor: \_\_\_\_\_  
 Contractor Phone: \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Plumber Phone: \_\_\_\_\_

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: S 1/2 NE 5050 SW 1/4  
 Legal Description: (Use Tax Statement) PLN: (23 digits) 04-012-2-43-08-34-3-03-000-16000  
 Recorded Document: (i.e. Property Ownership) 980-9322 Page(s) 208

Section 34, Township 43 N, Range 8 W  
 Town of: CDR  
 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Lot Size \_\_\_\_\_ Acreage 2.10

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? None  
 If yes---continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage None  
 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

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>23,000</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<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"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>RAW</u> <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

Existing Structure: (if permit being applied for, is relevant to it) Length: 50' Width: 40' Height: 12'

Proposed Construction: Length: 40' Width: 40' Height: 12'

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 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) X ( )	
<input type="checkbox"/> FFD/merch/office	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>RAW to</u>	( <u>40</u> X <u>40</u> )	<u>1600</u>
	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	

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): Raymond Disocky Mable L Disocky  
 Date: 1/13/17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

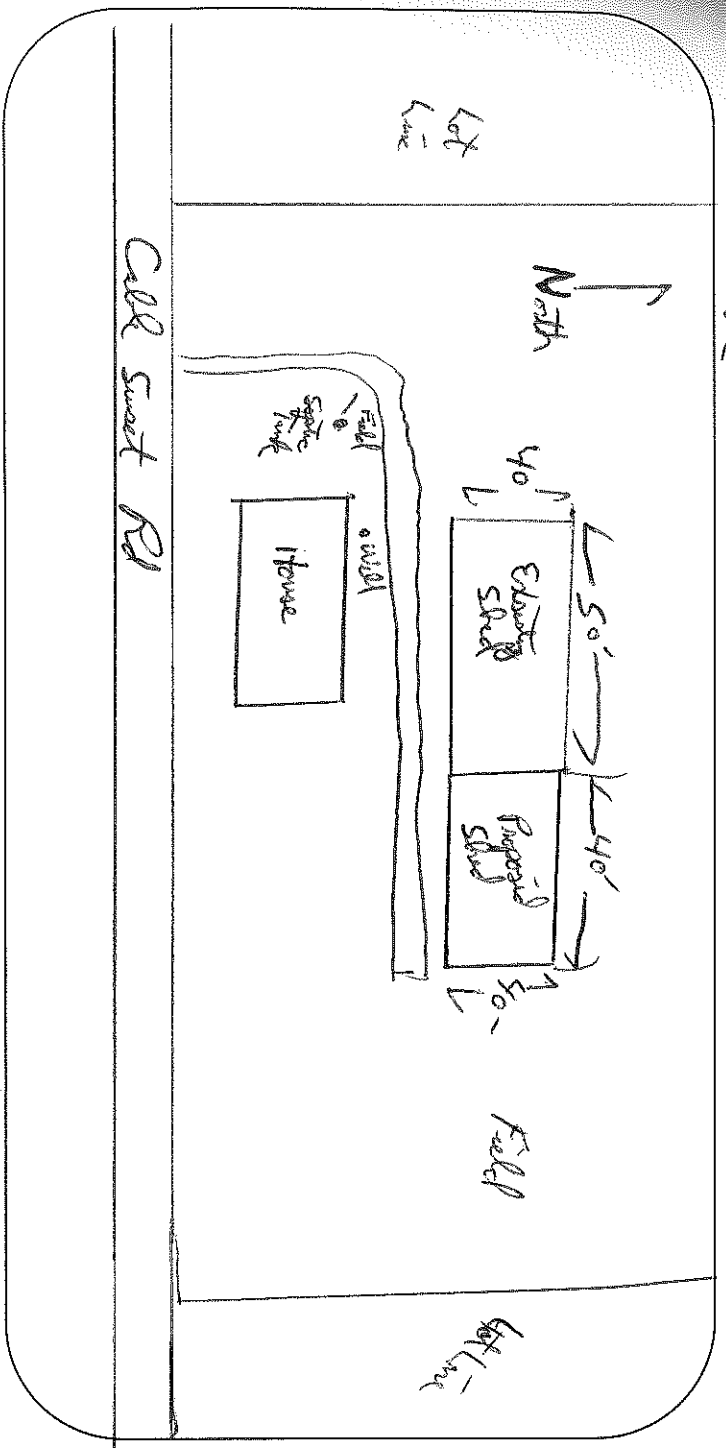
Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 10120 CDR SWIFT RD CDR WI 54821  
 Attach Copy of Tax Statement

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: > 50' All Existing Structures on your Property  
 (5) Show: None (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)  
 (6) Show any (\*): None (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond  
 (7) Show any (\*): None (\* ) Wetlands; or (\* ) Slopes over 20%



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	> 1000' Feet	Setback from the Lake (ordinary high-water mark)	None Feet
Setback from the Established Right-of-Way	> 1000' Feet	Setback from the River, Stream, Creek	None Feet
Setback from the North Lot Line	280' Feet	Setback from the Bank or Bluff	None Feet
Setback from the South Lot Line	346' Feet	Setback from Wetland	None Feet
Setback from the West Lot Line	595' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	184' Feet	Elevation of Floodplain	None Feet
Setback to Septic Tank or Holding Tank	> 500' Feet	Setback to Well	> 500' Feet
Setback to Drain Field	> 500' 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: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 17-0086 Permit Date: 2-20-17

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  Yes  No  
 Is Structure Non-Conforming  Yes  No

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

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: Adkins will not meet 75' setback to Adjacency

Date of Inspection: 2-13 Inspected by: JZ

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

TAX ID 9980 + 9896 Need to be combined creating 1 parcel, as Addition will encroach on Property Line.

Not for human habitation, no water under pressure

Signature of Inspector: JZ

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

Zoning District: A91  
 Date of Re-Inspection: