

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

RECEIVED
 MAR 15 2017
 BAYFIELD CO. ZONING DEPT.
 Date Stamp Received
 ENTERED
 MAR 15 2017

Permit #: 17-0046
 Date: 3-22-17
 Amount Paid: \$180345-17
 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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Randy W Eubank Mailing Address: BOY 678 City/State/Zip: Bayfield wis Telephone: 715-773-5608
 Address of Property: 3509D COURT E City/State/Zip: Bayfield wis Cell Phone: 209 4916
 Contractor: ? Contractor Phone: Plumber: Plumber Phone: 209 4916
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: ? Agent Mailing Address (include City/State/Zip): Plumber: Written Authorization Attached Yes No

PROJECT LOCATION: W/2 SW 1/4, SW 1/4 Gov't Lot: 4528 Lot(s): 4528 Vol & Page: 4528 Lot(s) No.: 4528 Block(s) No.: 73 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1008 R. 73

Section 11, Township 5D N, Range 4 W Town of: Bayfield Lot Size: 15 Acreage: 15

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue Distance Structure is from Shoreline: feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: feet

Non-Shoreland

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>60,000</u>	<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 type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CEP</u>	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> <u> </u>

Existing Structure: (if permit being applied for is relevant to it) Length: 100' Width: 60' Height: 18'
 Proposed Construction: Length: 100' Width: 60' Height: 18'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> with Loft	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> with a Porch	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> with (2 nd) Porch	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> with a Deck	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> with (2 nd) Deck	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Addition/Alteration (specify) <u> </u>	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Pole Barn</u>	(<u>60 X 100</u>)	(<u>60 X 100</u>)	(<u>60,000</u>)
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Special Use: (explain) <u> </u>	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Conditional Use: (explain) <u> </u>	(<u> </u>)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Other: (explain) <u> </u>	(<u> </u>)	(<u> </u>)	(<u> </u>)

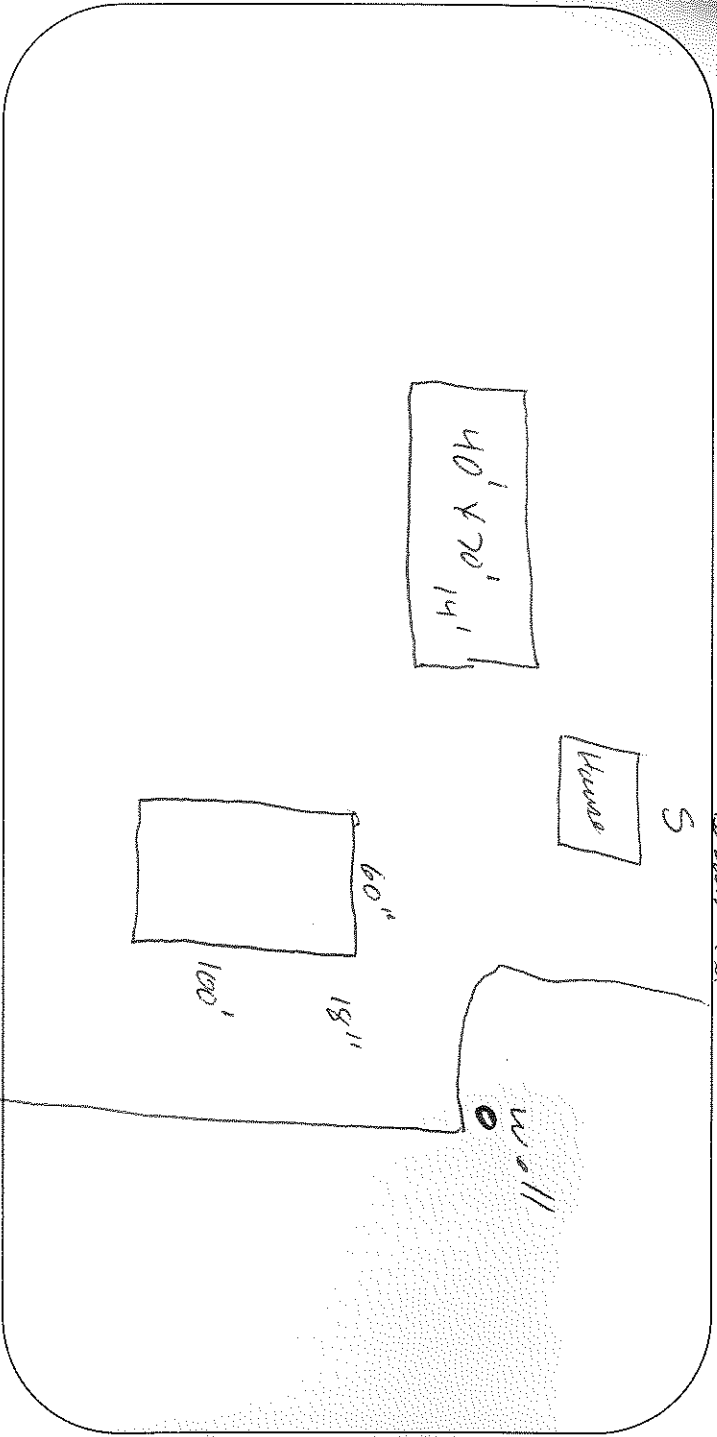
OWNER'S SIGNATURE: Randy W Eubank DATE: 3-15-17
 (If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

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: Attach 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)

- 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; or (*) Slopes over 20%
 - (7) Show any (*):



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

(8) Setbacks: (measured to the closest point) 7 Changes in plans must be approved by the Planning & Zoning Dept.

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	270'	Setback from Wetland	233'
Setback from the West Lot Line	500'	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	152'	Setback to Well	100' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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 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: 20902 # of bedrooms: _____ Sanitary Date: 83

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 17-0046 Permit Date: 3-22-17

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ No

Is Parcel In Common Ownership Yes (Fused/contiguous Lot(s)) No

Is Structure Non-Conforming Yes _____ No

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

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: PERMIT IS-0411 NEVER BUILT. APPROX 15-0411 NEVER BUILT. APPROX 15-0411 NEVER BUILT. APPROX 15-0411 NEVER BUILT. APPROX 15-0411 NEVER BUILT.

Date of Inspection: 3-21-17 Inspected by: SPENCER MURPHY Zoning District: AR-1

Conditions: Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Lakes Classification: N/A

Signature of Inspector: _____ Date of Approval: 3-22-17

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

95' FROM EAST PROPERTY LINE.