

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  
 RECEIVED  
 NOV 09 2016  
 Bayfield Co. Zoning Dept.

Permit #: 17-0051  
 Date: 3-27-17  
 Amount Paid: \$75 11-9-16  
 Refund: \$75 3-27-17 AMT

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: JEFF A. ADANK  
 Address of Property: 9125 STATE HIGHWAY 13  
 City/State/Zip: PORT WING, WI 54865  
 Contractor: PORT WING, WI 54865  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Phone: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Plumber Phone: \_\_\_\_\_  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: NW 1/4, NE 1/4  
 USE OF STATE HWY  
 Section 28, Township T.50 N, Range R.8 W  
 Town of: PORT WING

Legal Description: (Use Tax Statement) 04-042-2-50-08-28-1-02-00-7000-7000  
 Volume 1000 Page(s) 914

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property in Floodplain Zone?  Yes  No  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Are Wetlands Present?  Yes  No

Recorded Document: (i.e. Property Ownership) \_\_\_\_\_  
 PIN: (23 digits) 042-2-50-08-28-1-02-00-7000-7000

Value at Time of Completion * include donated time & material \$ 5900	Project	# of stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water

Existing Structure: (if permit being applied for is relevant to it) Length: 12 Width: 20 Height: 12  
 Proposed Construction: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/>	with Loft	( ) ( )	( )
<input checked="" type="checkbox"/>	Residential Use	( ) ( )	( )
<input type="checkbox"/>	with a Porch	( ) ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) ( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	( ) ( )	( )
<input checked="" type="checkbox"/>	Accessory Building (specify)	(12 X 20)	240
<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)	( ) ( )	( )

Rec'd for Issuance: MAR 27 2017  
 Secretarial Staff  
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that the 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.

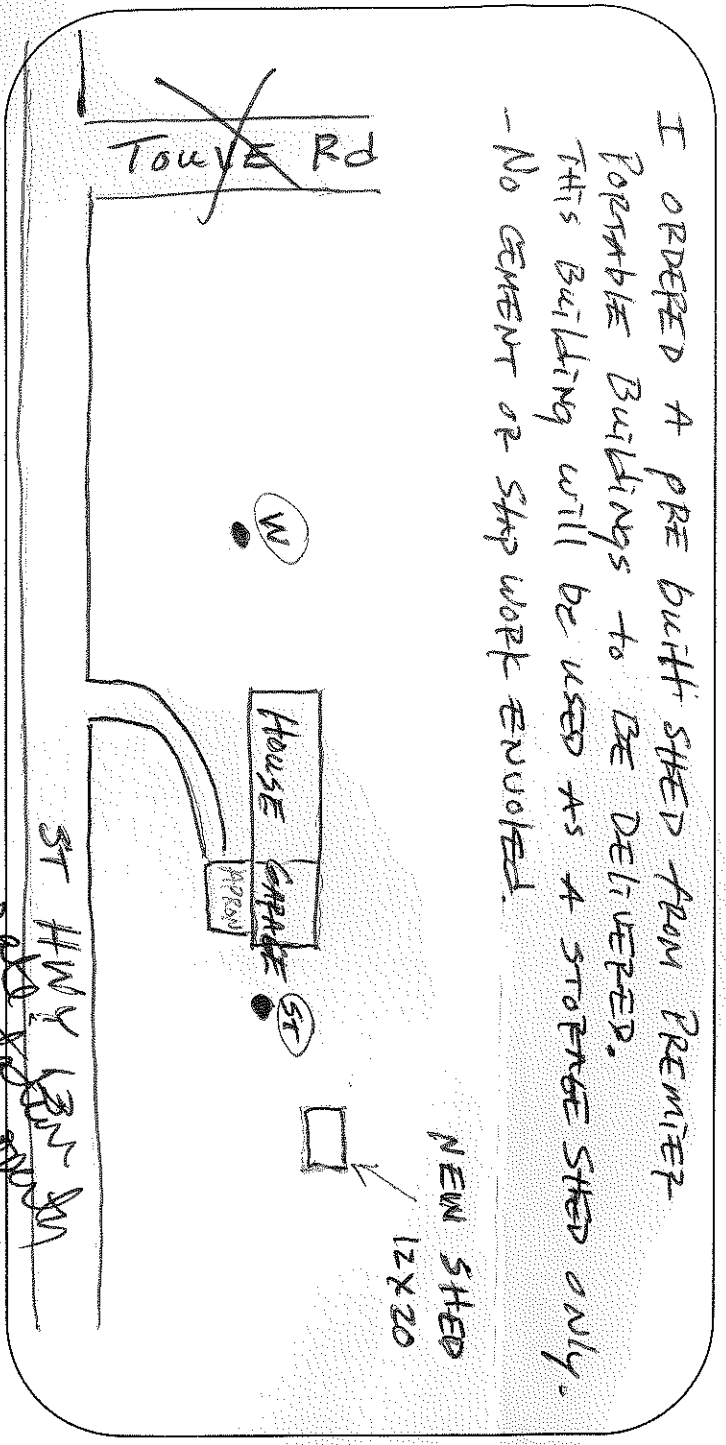
Owner(s): Jeff A. Adank  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: \_\_\_\_\_ Date: 11-7-16

Address to send permit: 9125 STATE HWY 13 PORT WING WI 54865  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 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.)

- (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%

I ORDERED A PRE BUILT SHED FROM PREMIER FORBABLE BUILDINGS TO BE DELIVERED. THIS BUILDING WILL BE USED AS A STORAGE SHED ONLY. - NO CEMENT OR SHIP WORK ENVOILED.



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

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

*Setbacks are measured to the closest point of the Planning & Zoning Dept.*

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	270' -	Setback from the Lake (Ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	150' -	Setback from the River, Stream, Creek	
Setback from the North Lot Line	270' -	Setback from the Bank or Bluff	
Setback from the South Lot Line	100' -	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	150' -	Elevation of Floodplain	
Setback from the East Lot Line		Setback to Well	
Setback to Septic Tank or Holding Tank	80' -		
Setback to Drain Field	100' -		
Setback to Privy (Portable, Composting)			

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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Permit #: 17-0081 Permit Date: 3-27-17

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

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

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No ATF \_\_\_\_\_

Inspection Record: ATF Building placed prior to permit.

Date of Inspection: 11-2016 Inspected by: J. Leonard Borek Muepitz

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

Building shall not be used for human habitation w/o sleeping purposes

Signature of Inspector: \_\_\_\_\_ Date of Approval: 8-27-17

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