

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
 JUN 26 2017
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 17-0259
 Date: 7-13-17
 Amount Paid: \$ 6,260-17
 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: **JASON AKL** Mailing Address: **1115 ELLIS AVE** City/State/Zip: **ASHLAND, WI 54806** Telephone: **715 682-5333**
 Address of Property: **7294 DANIELINE RD** City/State/Zip: **1204 RIVER, WI 54807** Cell Phone: **715 292-3432**
 Contractor: **MICHAEL CONSTRUCTION** Contractor Phone: **715 209-4363** Plumber: **BROWN PLUMBING** Plumber Phone: **715 292-0029**
 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: **1/4, 1/4** Gov't Lot _____ Lot(s) **1682** CSM **1049** Vol & Page **1** Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: _____ R- _____

Section **19**, Township **48th N. Range 208 W** Town of: **TRAPP** Lot Size _____ Acreage _____

Shoreland Non-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: **700** feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue 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
\$ 19K	<input checked="" type="checkbox"/> New Construction <input 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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: WOODEN TANK <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: **36'6"** Width: **38'6"** Height: **16'**
 Proposed Construction: Length: _____ Width: _____ Height: _____

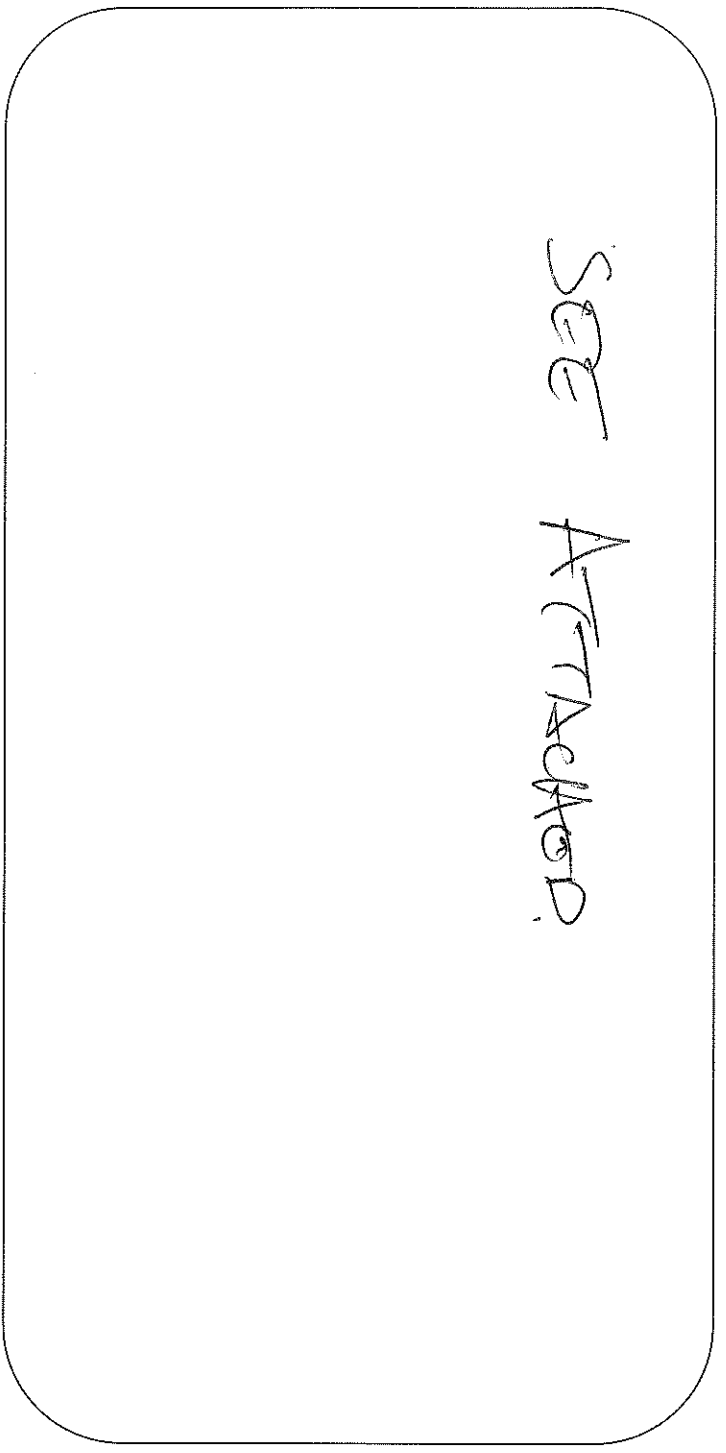
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<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 checked="" type="checkbox"/> Accessory Building (specify) POLE BARN <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (36 X 38) (_____)	 1368 1224
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	

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) and (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) and (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 **06/26/17**
 (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)

- (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)

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	135 Feet	Setback from the River Stream Creek	700 Feet
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	60 Feet	Setback from Wetland	400 Feet
Setback from the West Lot Line	135 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 700 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	200 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: _____ # of bedrooms: _____ Sanitary Date: _____
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 17-0889 Permit Date: 7-13-17 Parcel or Tract: Parcel 1570 IS

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.) Case #: _____
 Yes No

Was Parcel Legally Created Yes No CSN _____
 Was Proposed Building Site Delineated Yes No staked

Inspection Record: site staked. Were Property Lines Represented by Owner Was Property Surveyed Yes No
 Date of Inspection: 7-12-17 Inspected by: JK MURPHY
 Conditions(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached)
Building shall not be used for human habitation for sleeping purposes + shall not contain water plumbing

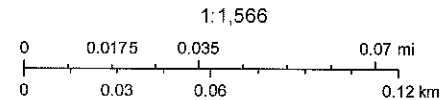
Signature of Inspector: _____ Date of Approval: 7-13-17
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

Bayfield County Web AppBuilder



June 26, 2017

- | | | | |
|--|------------------|-----------------------------|--------------------|
| Building | Recorded Map | State | Tie Line |
| Corner Tie Sheets | CFR | Town | Rivers |
| Section Corner Monument on File | Road Type | Municipal Boundary | Wetlands |
| Section Corner Monument Referenced on Survey | County | Section Lines | Douglas Co Parcels |
| Survey Maps | Federal | Approximate Parcel Boundary | Ashland Co Parcel |
| UnRecorded Map | Private | Meander Line | |



Bayfield County
Bayfield

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0259** Issued To: **Jason Akl**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **48** N. Range **8** W. Town of **Tripp**

Gov't Lot Lot **1** Block Subdivision CSM# **1682**

For: **Residential Accessory Structure: [1- Story; Pole Building (36' x 38') = 1,368 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall not contain indoor plumbing.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 13, 2017

Date