

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
 Date Stamp (Received)
JUN 19 2017
 Bayfield Co. Zoning Dept.



Permit #:	17-03882 ✓
Date:	9-18-17
Amount Paid:	\$1295 9-18-17
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: Town of Cable Mailing Address: PO Box 476 Cable WI 54821 Telephone: 715-798-3584

Address of Property: 16745 Frels Road City/State/Zip: Cable WI 54821 Cell Phone: 715-580-0161

Contractor: _____ Contractor Phone: _____ Plumber: _____

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: SW 1/4, SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Legal Description: (Use Tax Statement) _____ P.L.N.: (23 digits) 9819 Recorded Document: (i.e. Property Ownership) _____ Volume 108 Page(s) 63

Section 22, Township 43 N, Range 7 W Town of: Cable Lot Size _____ Acreage 23

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

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>45,000</u>	<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 type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 54' Width: 36' Height: 25'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(X)	
<input type="checkbox"/>	Residential Use with a Porch	(X)	
<input type="checkbox"/>	Residential Use with (2 nd) Porch	(X)	
<input type="checkbox"/>	Residential Use with a Deck	(X)	
<input type="checkbox"/>	Residential Use with (2 nd) Deck	(X)	
<input type="checkbox"/>	Commercial Use with Attached Garage	(X)	
<input type="checkbox"/>	Commercial Use Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Commercial Use Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Municipal Use Addition/Alteration (specify)	(X)	
<input checked="" type="checkbox"/>	Municipal Use Accessory Building (specify) <u>Salt Sand Storage</u>	(54 X 36)	1944
<input type="checkbox"/>	Municipal Use 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 list on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Bob Lang Date 8/17/17

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

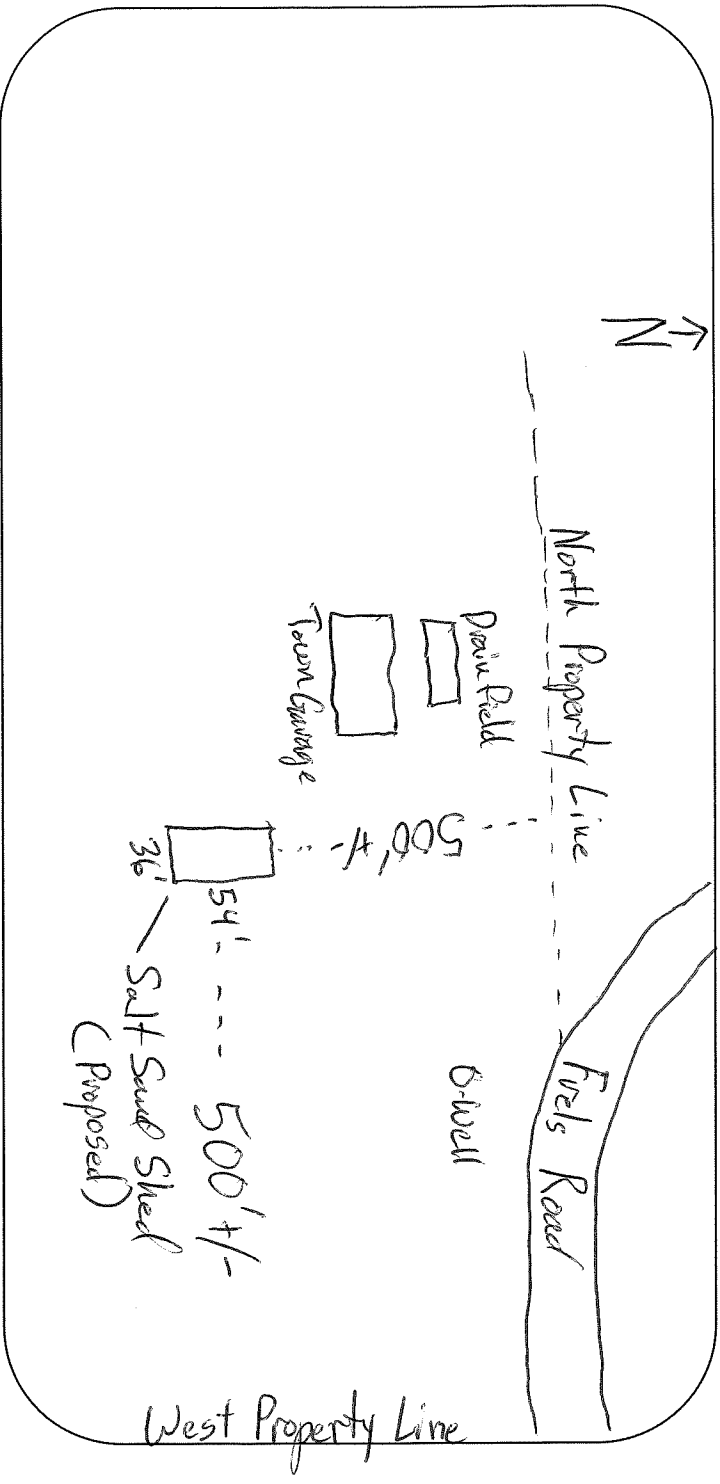
Copy of Tax Statement Attach

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%



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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	500' Feet	Setback from the River, Stream, Creek	1700' Feet
Setback from the North Lot Line	500' Feet	Setback from the Bank or Buff	Feet
Setback from the South Lot Line	800' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	800' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	500' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200' Feet	Setback to Well	300' Feet
Setback to Drain Field	200' 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-03882	Permit Date: 9-18-17			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: NA	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: NA	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Located in middle of town property with P.I. & transfer station.		Inspected by: Robert Schirmerman		
Date of Inspection: 8/3/17		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Per Conditions of Zoning Committee approval				
Signature of Inspector: <i>[Signature]</i>		Date of Approval: 8/5/17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

SENT BY ZONING

City, Village, State or Federal
May Also Be Required

LAND USE - X
SANITARY -
SIGN -
SPECIAL - Class B
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0382** Issued To: **Town of Cable / Bob Lang, Agent**

Par in
Location: **SW** ¼ of **SE** ¼ Section **22** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Municipal Accessory Structure: [1- Story; Salt Sand Storage (54' x 36') = 1,944 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per conditions of the Zoning Committee approval. ZC Conditions: No conditions placed.

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.

Rob Schierman
Authorized Issuing Official

September 18, 2017
Date