

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

Greg will send imp. surface form

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 SEP 11 2017
 Bayfield Co. Zoning Dept.

Permit #:	1703946
Date:	9-27-17
Amount Paid:	240 - 9-11-17
Refund:	Imp. Surf. 100 - 9-11-17

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 →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER				
Owner's Name:	JAMES E AND ALIZABETH HASTROW	Mailing Address:	5876 RWD TR	City/State/Zip:	533562	Telephone:	608-335-1177					
Address of Property:	34915 CHIZOUAMEGON RD.	City/State/Zip:	BAYFIELD WI 54814			Cell Phone:						
Contractor:	DAEWIK CONSTRUCTION	Contractor Phone:	715-209-0983	Plumber:	N/A	Plumber Phone:	N/A					
Authorized Agent:	Greg Darrin	Agent Phone:	715-209-0983	Agent Mailing Address (include City/State/Zip):	34700 South County Hwy J BAYFIELD, WI 54814	Written Authorization Attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	36253	Recorded Deed (i.e. # assigned by Register of Deeds) Document #:	8812 R. 517282							
	1/4, — 1/4	Gen's lot	1	CSM	1758	Vol & Page	10/226	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage
	Section 23, Township 50 N, Range 4 W						Town of: BAYFIELD					1.35

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Distance Structure is from Shoreline: <u>80</u> feet	<input type="checkbox"/> Is Property in Floodplain Zone?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> Distance Structure is from Shoreline: <u>80</u> feet						

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>80,000</u>	<input checked="" type="checkbox"/> New Construction	<input 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	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 36' Width: 28' Height: 24'
 Proposed Construction: _____

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 nd) Deck	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	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 ()	()
	Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

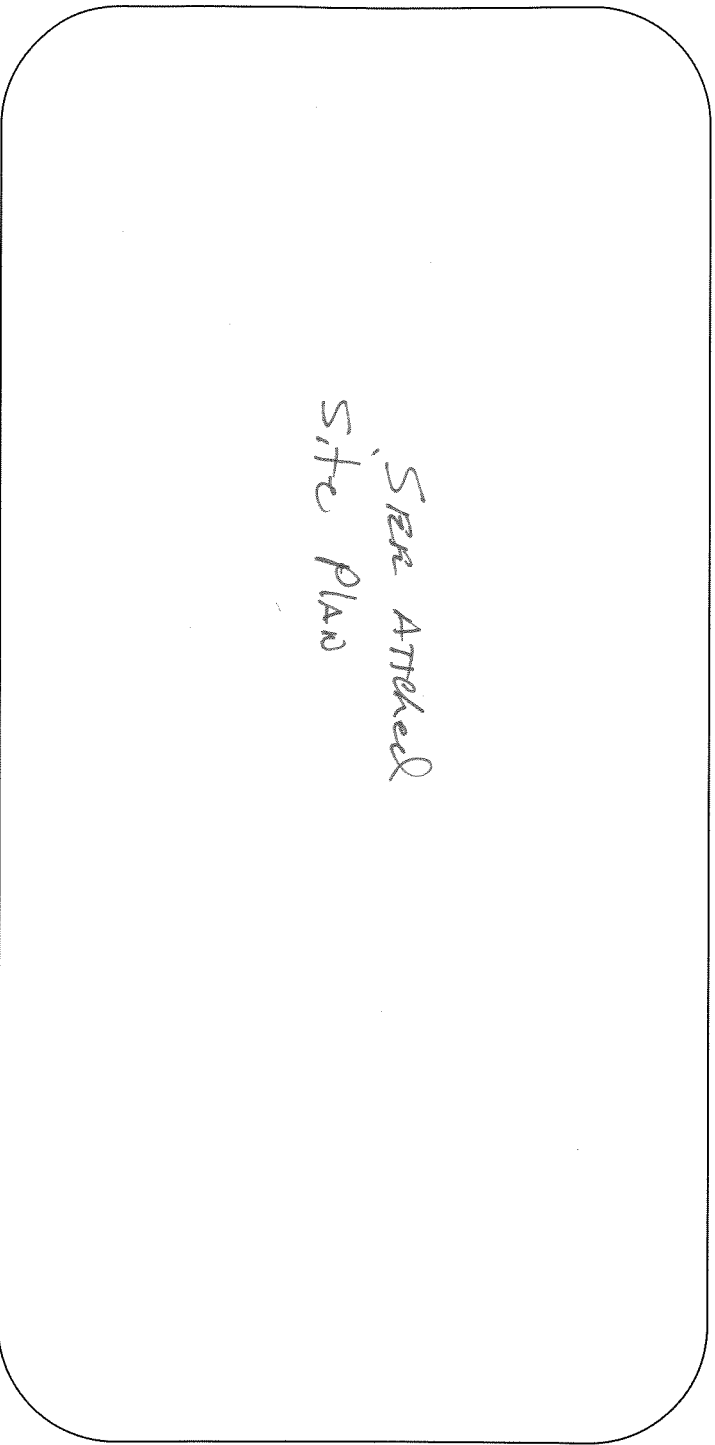
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): _____ Date _____
 (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 9/11/17
 (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%**

*SRR Attached
Site Plan*



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

(8) **Setbacks:** (measured to the closest point) *newer portion of plan* **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)	80 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	75 Feet
Setback from the North Lot Line	55 Feet	Setback from the Bank or Bluff	75 Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	100 +/- Feet	Elevation of Floodplain	605 Feet
Setback from the East Lot Line	28 Feet	Setback to Well	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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.

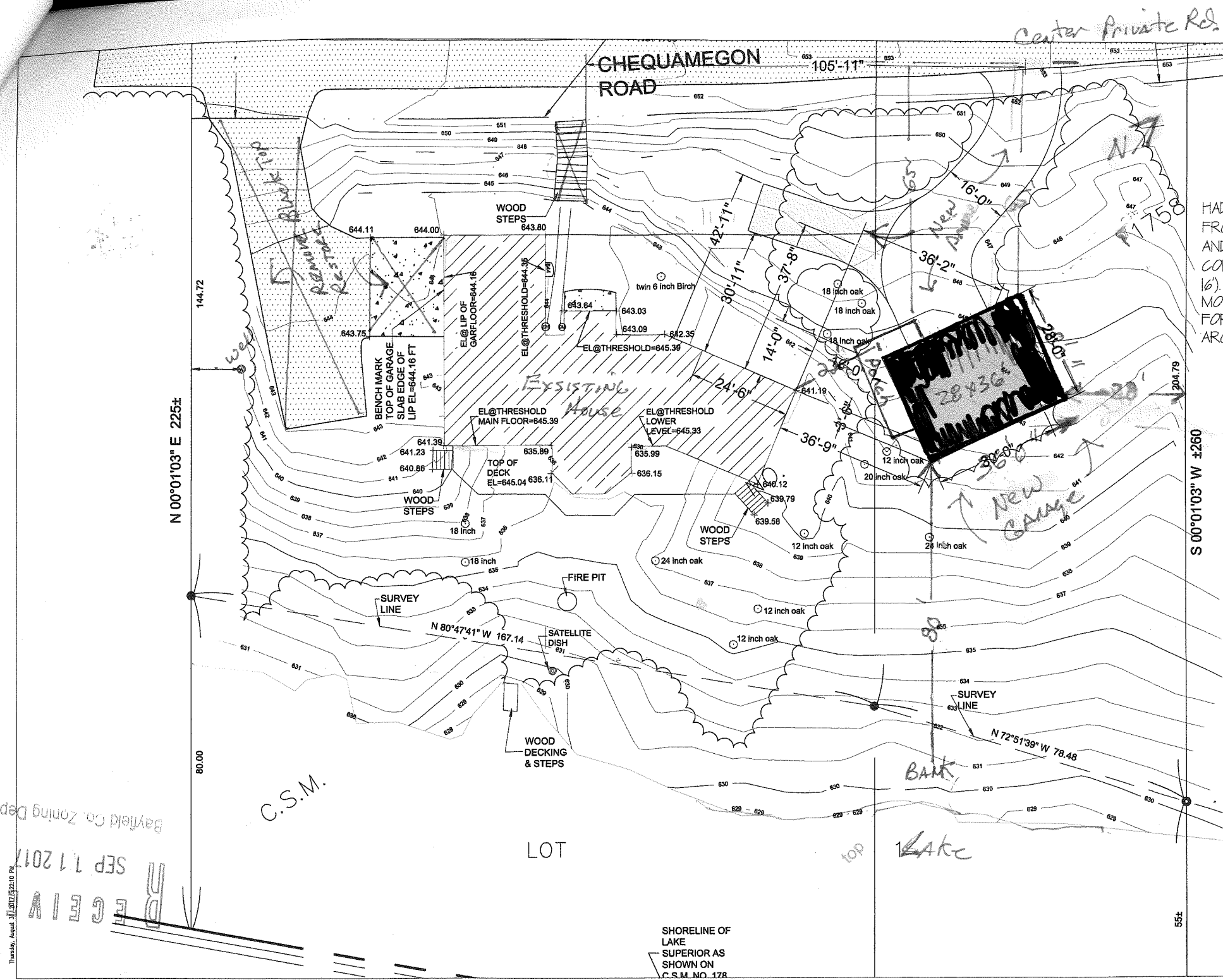
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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 #: <i>170896</i>	Permit Date: <i>9-27-17</i>		<i>IS call attached</i>
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(fused/Contiguous Lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <i>Inspector for Carrier present during inspection to represent project & stakeholders.</i>	Mitigation Required	Mitigation Attached	Affidavit Required
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Previously Granted by Variance (B.O.A.)	Case #:	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Were Property Lines Represented by Owner	Was Property Surveyed	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Inspection: <i>9-25-17</i>	Inspected by: <i>J. Murphy</i>	Zoning District	Date of Re-Inspection:
		<i>residential (RES)</i>	
Conditions: <i>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)</i>	<i>Buildings shall not be used for human habitation or sleeping purposes. Existing drive & garage apron shall be reverted to previous surface.</i>		
Signature of Inspector:	Date of Approval: <i>9-26-17</i>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

- (1) Show Location of:
- (2) Show Location of (*)
- (3) Show:
- (4) Show any (*)
- (5) Show:
- (6) Show any (*)
- (7) Show any (*)

Draw or Sketch your Property (Legal Description)



Center Private Rd.

N 00°01'03" E 225±

80.00

LOT

SHORELINE OF LAKE SUPERIOR AS SHOWN ON C.S.M. NO. 178

55±

RECEIVED
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 Bayfield Co. Zoning Dept.

C.S.M.

BANK

LAKE

SATELLITE DISH

FIRE PIT

WOOD DECKING & STEPS

WOOD STEPS

SURVEY LINE

WOOD STEPS

TOP OF DECK

EL@THRESHOLD MAIN FLOOR=645.39

EL@THRESHOLD LOWER LEVEL=645.33

EL@THRESHOLD=645.39

EL@THRESHOLD=644.35

EL@LIP OF GARAGE FLOOR=644.18

WOOD STEPS

WOOD STEPS

WOOD STEPS

WOOD STEPS

WOOD STEPS

Village, State or Federal
May Also Be Required

USE - X
SANITARY - City
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0396** Issued To: **James & Alizabeth Hagstrom / Greg Carrier, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **22** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot **1** Block Subdivision CSM# **1758**

For: **Residential Accessory Structure: [2- Story; Garage (28' x 36') = 1,008 sq. ft.;
Covered Porch (6' x 32') = 192 sq. ft.] Total Overall = 1,200 sq. ft.**

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

Condition(s): Building shall not be used for human habitation or sleeping purposes. Existing drive and garage apron shall be reverted to pervious surface.

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

September 27, 2017

Date