

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 RECEIVED
 OCT 05 2017

Permit #:	17-0495
Date:	10-18-17
Amount Paid:	75 10-6-17
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 BY THE Zoning Dept.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **DANA NOTEBOM** Mailing Address: **31700 STAR ROUTE BAYFIELD WI. 54814** Telephone: **715 779 5872**

Address of Property: **31700 STAR ROUTE** City/State/Zip: **BAYFIELD WI. 54814** Cell Phone: **715 292 4323**

Contractor: **OWNER** Contractor Phone: **SAME** Plumber: **NONE** Plumber Phone: **---**

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): **---** CSM: **---** Vol & Page: **---** Lot(s) No.: **---** Block(s) No.: **---** Subdivision: **---** Recorded Deed (i.e. # assigned by Register of Deeds) Document: **W823 P374**

E 1/2 SW 36; N 1/2 E 1/2 W 1/2 SW SE NW 1/8 23 Town of: **BAYFIELD** Lot Size: **---** Acreage: **25**

Section: **N 1/2 E 1/2 W 1/2 SW SE NW 1/8 23** Township: **P 374**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? **---** If Yes---continue **---**

Is Property/Land within 1000 feet of Lake, Pond or Flowage **---** If Yes---continue **---**

Distance Structure is from Shoreline: **---** feet

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: **\$ 6000**

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: ---
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Hot Ditch	<input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> ---
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> ---
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: **16'** Width: **20'** Height: **16'**

Proposed Construction: Length: **---** Width: **---** Height: **---**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> Residential Use	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 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 checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) ALTERING ROOFLINE ONLY	(16 X 20)	320
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) ON EXISTING BUILDING	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() X ()	()
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	() X ()	()
<input type="checkbox"/> Municipal Use	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): **DANA NOTEBOM** Date: **10-5-17**

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

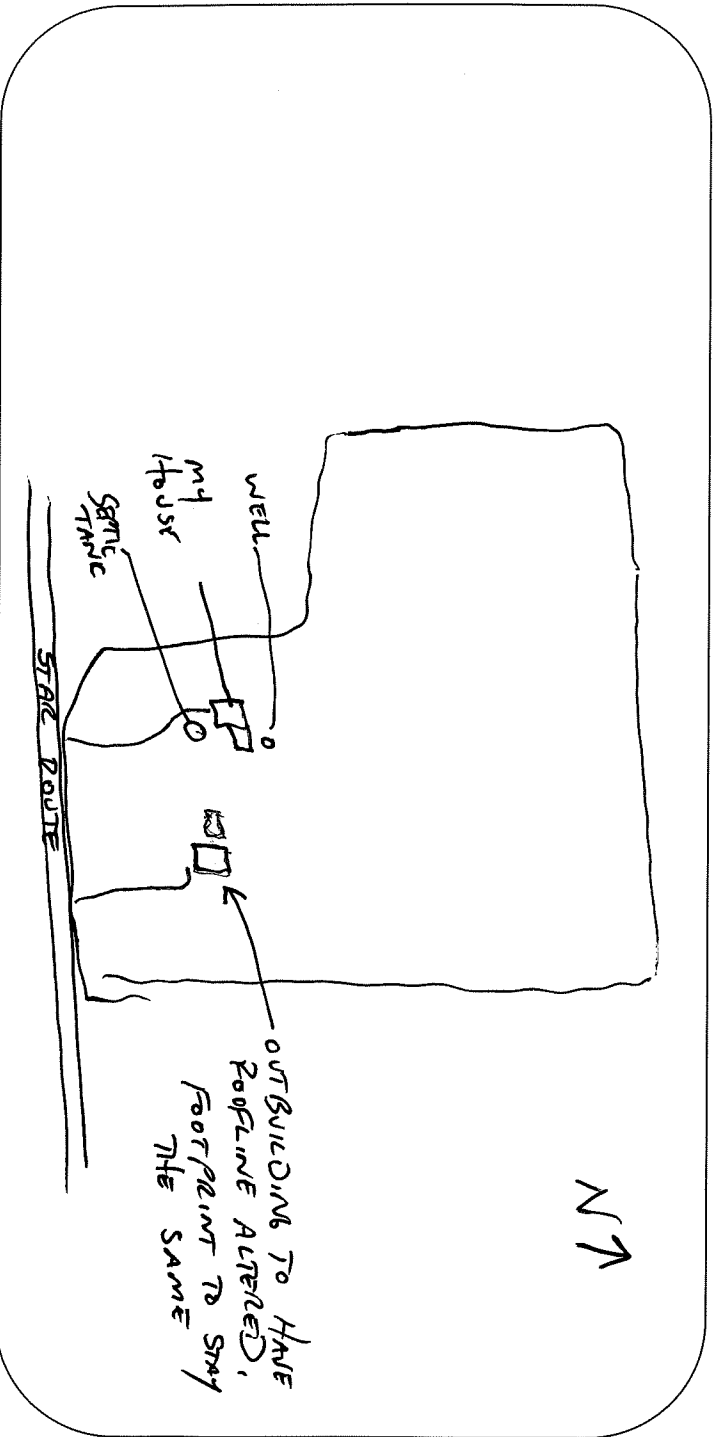
Authorized Agent: **---** Date: **---**

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

Address to send permit **31700 STAR ROUTE, BAYFIELD, WI. 54814**

Box 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	150 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	120 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	1200 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	106 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	175 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: 44 # of bedrooms: _____ Sanitary Date: _____
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 17-0485 Permit Date: 10-18-17

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ Yes No
 Is Parcel in Common Ownership Yes (Fused/contiguous lots) No No
 Is Structure Non-Conforming Yes _____ No 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 Yes No
 Was Proposed Building Site Delineated Yes No Yes No
 Inspection Record: _____ Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Date of Inspection: 10-17-17 Inspected by: J. Smurphy Zoning District (F-1)
 Lakes Classification (N/A)
 Conditions(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
Builder shall not be used for human habitation
+ for keeping purposes
 Signature of Inspector: _____ Date of Approval: 10.17.17
 Hold For Sanitary: _____ Hold For B.A.: _____ Hold For Affidavit: _____ Hold For Fees: _____

n, 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. **17-0425** Issued To: **Dana & Kathy Noteboom**

E1/2 SW SE & N1/2 E1/2 W1/2

Location: **SW** ¼ of **SE** ¼ Section **18** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure Alteration: [Altering Roof Line (16' x 20') = 320 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.

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

October 18, 2017

Date