

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)
RECEIVED
 SEP 14 2017

ENTERED

| | |
|--------------|-----------------------|
| Permit #: | 17-0447 |
| Date: | 11-3-17 |
| Amount Paid: | 125.00 - 915.17 |
| Refund: | Reconnect 50 - 915.17 |

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 BY BAYFIELD CO. ZONING DEPT.

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

Owner's Name: Mark Johnson Mailing Address: 7045 Cleve H Rd City/State/Zip: Ashland WI 54806 Telephone: 705 685 9359

Address of Property: 7045 Cleve H Rd Ctrv/State/Zip: Ashland WI 54806 Cell Phone: _____

Contractor: Self Contractor Phone: _____ Plumber: _____ 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: NE 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page 76 4/49 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 32, Township 48 N, Range 5 W Town of: Barksdale Lot Size _____ Acreage 7.5

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: _____ 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 |
|--|--|---|--|---------------------------------------|--|-------------------------------|
| \$ <u>2500.00</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" 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 Specify Type: _____ | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>CONV</u> | |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | |

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

Proposed Construction: Length: 70 Width: 14 Height: P

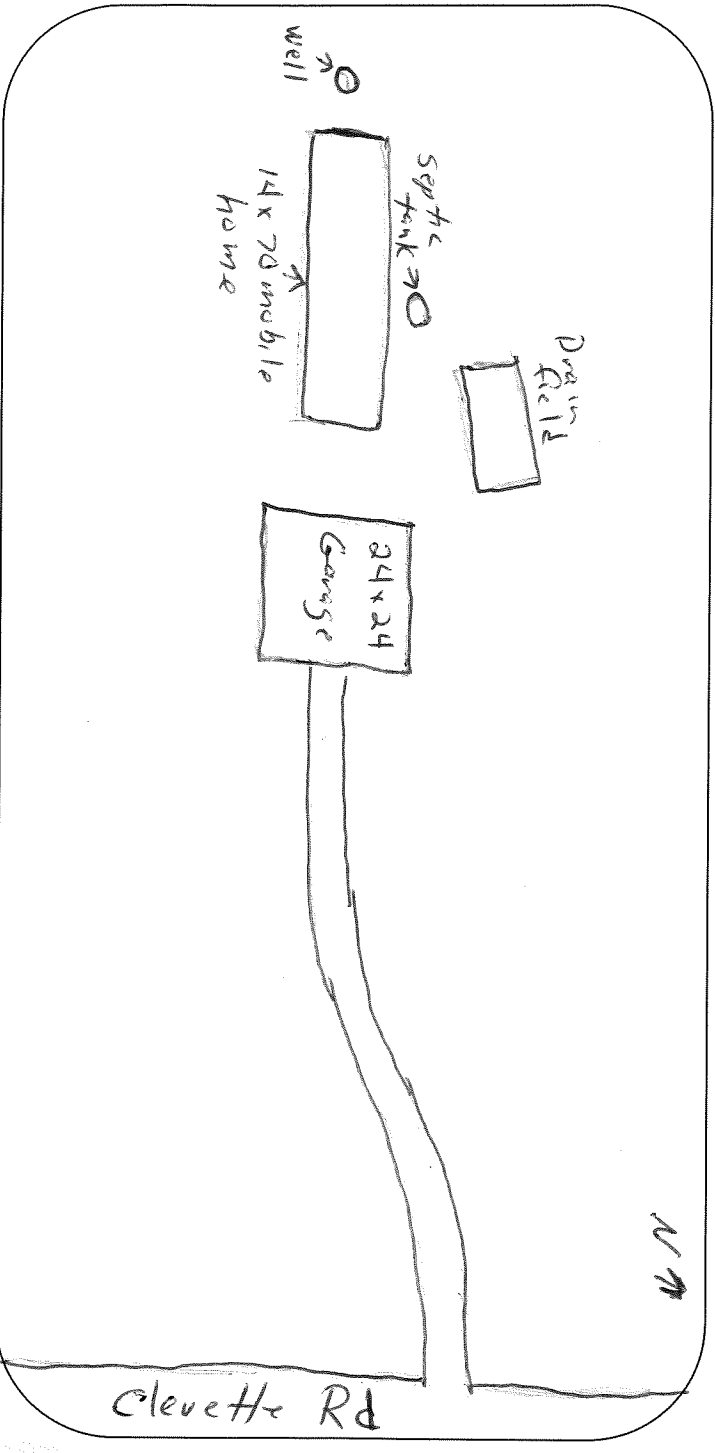
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-------------------------------------|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | (X X) | |
| <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X X) | |
| <input type="checkbox"/> | with Loft | (X X) | |
| <input type="checkbox"/> | with a Porch | (X X) | |
| <input type="checkbox"/> | with (2 nd) Porch | (X X) | |
| <input type="checkbox"/> | with a Deck | (X X) | |
| <input type="checkbox"/> | with (2 nd) Deck | (X X) | |
| <input type="checkbox"/> | with Attached Garage | (X X) | |
| <input type="checkbox"/> | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X X) | |
| <input checked="" type="checkbox"/> | Mobile Home (manufactured date) <u>1979</u> | (<u>14</u> X <u>70</u>) | <u>980</u> |
| <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X X) | |
| <input type="checkbox"/> | Accessory Building (specify) _____ | (X X) | |
| <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X X) | |
| <input type="checkbox"/> | Special Use: (explain) _____ | (X X) | |
| <input type="checkbox"/> | Conditional Use: (explain) _____ | (X X) | |
| <input type="checkbox"/> | Other: (explain) _____ | (X 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): Mark Johnson Date 9/13/17
 Authorized Agent: _____ Date _____
 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)

(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 | 450 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 100 Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 100 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 300 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 300 + Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 400 + Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 15 Feet | Setback to Well | 15 Feet |
| Setback to Drain Field | 30 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 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)

Permit Denied (Date): _____ Sanitary Number: 77425 # of bedrooms: 3 Sanitary Date: 8-27-86

Permit #: 17-0447 Permit Date: 11-3-17 *Plumber verification of a functioning system*

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

Is Parcel in Common Ownership Yes (Fused/contiguous lots) 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

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Inspection Record: _____ Zoning District: *Res-1*

Date of Inspection: 9-27-17 Inspected by: *J. Murphy* Lakes Classification: *(N/A)*

Date of Re-Inspection: _____

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

UDC permit + operations for posting tie down foundation required.

Signature of Inspector: _____ Date of Approval: 11-24

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

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal
May Also Be Required

LAND USE – X
SANITARY – 77475 (Reconnect)
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

No. **17-0447** Issued To: **Mark Johnston**

Par in
Location: **NE** ¼ of **NE** ¼ Section **32** Township **48** N. Range **5** W. Town of **Barksdale**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Use: [1- Story; Mobile Home (14' x 70') = 980 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspections for footing / tie down / foundation required.

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

November 3, 2017

Date