

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
 OCT 24 2017
 Bayfield Co. Zoning Dept.



Permit #:	17-0449
Date:	11-6-17
Amount Paid:	880 10-26-17
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: UNION AIRPORT Mailing Address: 2 City/State/Zip: _____ Telephone: _____
 Address of Property: 42905 TeleMark Rd City/State/Zip: _____ Cell Phone: _____
CABLE UNION AIRPORT Contractor Phone: _____ Plumber: _____
 Contractor: SEIF Authorized Agent: (Person Signing Application on behalf of Owner(s))
Harold Burton Agent Phone: 715-634-2009 Agent Mailing Address (include City/State/Zip):
15760 W Norway St Wausau WI 54821 Written Authorization Attached Yes No
 PROJECT LOCATION: SW 1/4, NE 1/4 Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 8958 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 162882 R: 52-350

Section 21, Township 43 N, Range 7 W Town of: CABLE Lot Size 70 x 70 Acreage 39.01

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 -->
 Non-Shoreland

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	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?		Water
					Municipal/City	Sanitary (Exists) Specify Type: _____	
\$ <u>60,000</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"/> (New) Sanitary Specify Type: _____	<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"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None		<u>N/A</u>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____			

Existing Structure: (if permit being applied for is relevant to it) Length: 60 Width: 60 Height: 24
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	<u>60 x 60</u>	<u>3600</u>
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		
<input type="checkbox"/>	with Loft		
<input type="checkbox"/>	with a Porch		
<input checked="" type="checkbox"/>	with (2 nd) Porch		
<input type="checkbox"/>	with a Deck		
<input checked="" type="checkbox"/>	with (2 nd) Deck		
<input type="checkbox"/>	with Attached Garage		
<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 type="checkbox"/>	Accessory Building (specify)		
<input type="checkbox"/>	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.

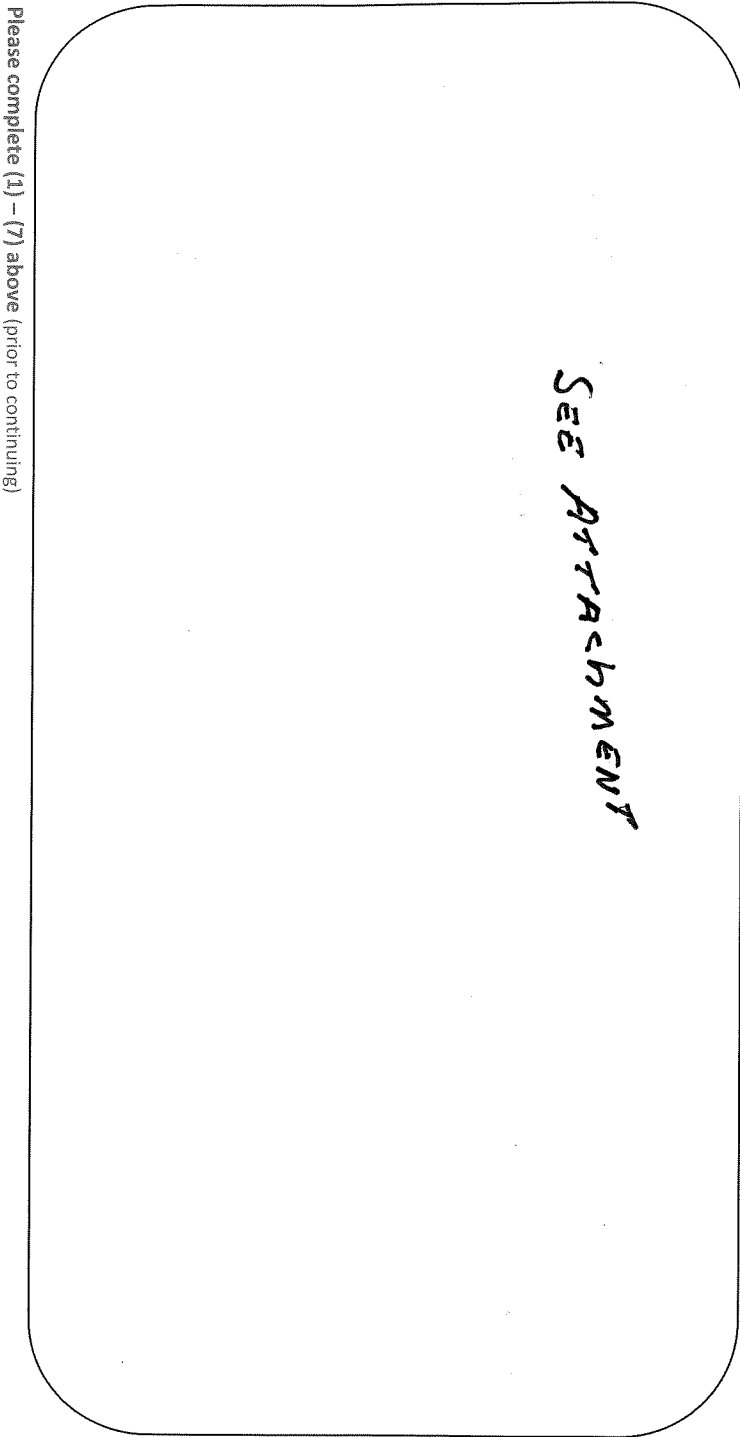
Owner(s): Harold Burton Date 10-24-17
 Authorized Agent: _____ Date _____
 Address to send permit: _____ Attach _____
 Copy of Tax Statement

NEED TO CHANGE OWNERSHIP AND APP (SEE BACK)
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**

SEE ATTACHMENT



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	950 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	930 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1000 Feet	Setback from Wetland	27 Feet
Setback from the West Lot Line	2000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	140 Feet	Elevation of Floodplain	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 #: 17-0449		Permit Date: 11-6-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel In Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:	Staked in Back of lot top CUB - 15-0006			
Date of Inspection:	10/30/17	Inspected by:	M. Staller	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Condition: A permit from the commercial building inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.				
Signature of Inspector:	M. Staller			Date of Approval: 10/31/17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

@October 2016 WHAT BUDG #? CONS BACK AND CONTACT TO BE ISSUED 11-6-17 - NO GRASS
 CAUT ISSUE W/ INFR PROVIDED - MAP SHOWS REG TRAIL INDICATES COMM TO APP MADE

215+00

220+00

SEE DETAIL

A
2.04

60x60
70x70

#559 Ren

2542
2592 options

RECEIVED
OCT 24 2017

Bayfield Co. Zoning Dept.

TAXIWAY A

620+00

R=30'

615+00

125'

R=25'

SEE DETAIL

B
2.04

PROPOSED INFILTRATION AREA 2

TAXILANE B2

710+00

711+35

TAXILANE B1

40'

40'

40'

40'

40'

40'

40'

40'

40'

40'

40'

40'

40'

R=25'

TAXILANE B1'

40'

ULT. B.R.L.
(25' HEIGHT)

WETLANDS

PROPOSED INFILTRATION AREA 4

78.5'

20'

#3

NH

#2

60x60'

TYP.

#1

294'

WETLAND SETBACK 25'

WETLAND SETBACK 25'

PROPOSED INFILTRATION AREA 3

WETLANDS

HAROLD BURTON

HANGAR AREA SITE PLAN

CABLE UNION AIRPORT
PARALLEL TAXIWAY AND HANGAR AREA DEVELOPMENT
AIP 3-55-0011-03

100'

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

LAND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL - Goes with CUP #15-0006
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-** Issued To: **Union Airport / Harold Burton, Agent**

Location: **SW** ¼ of **NE** ¼ Section **21** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Commercial Principal Structure: [1- Story; Hanger (60' x 60') = 3,600 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A Commercial building permit from the commercial building inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

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.

Tracy Pooler

Authorized Issuing Official

November 6, 2017

Date