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 OCT 11 2012 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	12-0431
Date:	10-29-12
Amount Paid:	$190 10-12-12
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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER ____

Owner's Name: Magasheen Resort Sykes Family Trust	Mailing Address: 23380 Missionary Pt. Rd.	City/State/Zip: Cable, WI 54821	Telephone: 715 794-2113 Cell Phone:
Address of Property: 23380 Missionary Pt. Rd.	City/State/Zip: Cable, WI 54821		
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	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-021-2-44-06-34-4 05-007-10000						Recorded Document: (i.e. Property Ownership) Volume 267 Page(s) 20	
E 20 rods 1/4, 1/4	Gov't Lot 7	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Maple cabin		
Section 34, Township 44 N, Range 6 W				Town of: Grand View			Lot Size	Acreage 15.129	

☒ 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 in Floodplain Zone? ☒ Yes No	Are Wetlands Present? ☒ Yes No
	☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 110+ feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$ 36,000	☐ New Construction	☒ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☐ 2	☐ (New) Sanitary Specify Type: ____	☒ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☒ Sanitary (Exists) Specify Type: Conv	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☒ 4	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☐ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ ____	☐ ____			☐ None	

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

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
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 (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☒ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
☐ Municipal Use	☐	Addition/Alteration (specify) ____	(X)	
	☐	Accessory Building (specify) ____	(X)	
	☒	Accessory Building Addition/Alteration (specify) enlarge living room	(10 X 15.5)	155
		new bedroom / no net gain, change roof pitch		
	☐	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: Henry Reichhoff Date 10-11-12
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance
OCT 29 2012
Secretarial Staff

Address to send permit ____

Attach Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Sketch your Property (regardless of what you are applying for)

Location of:	**Proposed Construction**
Show / Indicate:	**North** (N) on Plot Plan
Show Location of (*):	(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(3) Show:	All **Existing Structures** on your Property
(4) Show:	(*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(5) Show any (*):	(*) **Lake**; (*) **River**; (*) **Stream/Creek**; or (*) **Pond**
(6) Show any (*):	(*) **Wetlands**; or (*) **Slopes over 20%**
(7) Show any (*):	

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

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**		Feet	Setback from the **Lake** (ordinary high-water mark)	110	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line		Feet			
Setback from the **South** Lot Line		Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line		Feet	Setback from **20% Slope Area**	NA	Feet
Setback from the **East** Lot Line	55	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	12	Feet	Setback to **Well** (By Tennis Court)	200+	Feet
Setback to **Drain Field**		Feet			
Setback to **Privy** (Portable, Composting)	NA	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 Dwelling: 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 #: 12-0431	Permit Date: 10-29-12		

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record) _____ ☒ No	Mitigation Required ☒ Yes ☐ No	Affidavit Required ☒ Yes ☐ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s)) ☒ No	Mitigation Attached ☒ Yes ☐ No	Affidavit Attached ☒ Yes ☐ No
Is Structure Non-Conforming	☒ Yes 110' from OHWM ☐ 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 _____	Were Property Lines Represented by Owner ☒ Yes _____ ☐ No
Was Proposed Building Site Delineated ☒ Yes ☐ No _____	Was Property Surveyed ☒ Yes _____ ☐ No

Inspection Record: Structure is non-conforming (110' from OHWM in MUD). Meets open space requirements.

Zoning District (RRB-)R-1

Lakes Classification (1)

Date of Inspection: 10-11-12

Inspected by: M. Fustak

Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No –(If No they need to be attached.)

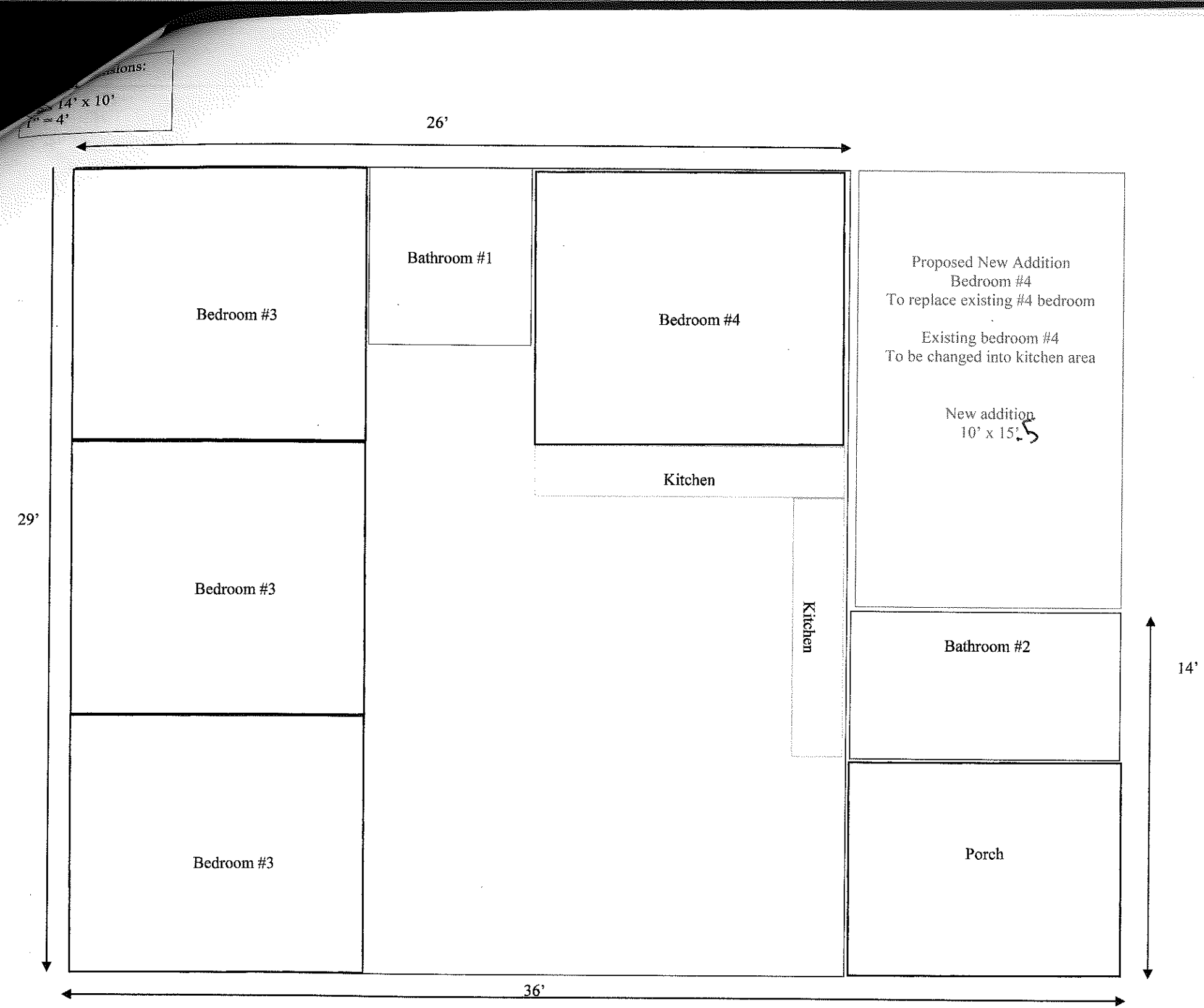
see mitigation affidavit.

Signature of Inspector:

Date of Approval:

Hold For Sanitary: ☒ _____ Hold For TBA: ☐ _____ Hold For Affidavit: ☒ _____ Hold For Fees: ☐ _____ ☐ _____

Verification


14' x 10'
1" = 4'
26'
29'
36'
14'
Bedroom #3
Bathroom #1
Bedroom #4
Proposed New Addition
Bedroom #4
To replace existing #4 bedroom
Existing bedroom #4
To be changed into kitchen area
New addition
10' x 15'.5
Kitchen
Bedroom #3
Kitchen
Bathroom #2
Bedroom #3
Porch