

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)
 OCT 24 2012
 Bayfield Co. Zoning Dept.

Permit #:	12-045X
Date:	11-16-12
Amount Paid	\$175-10.35 B
ENTERED	(a177-a17a)
Return:	

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: LAVERN GREVICK Mailing Address: 16100 Eagle Creek Rd City/State/Zip: Cable, WI 54821 Telephone: _____
 Address of Property: 53580 Juwinda Road Contractor Phone: 7795000, WI. 54856 Plumber: _____ Plumber Phone: 715-222-9887
 Call Phone: _____
 Contractor: North Country Vacation Rentals Agent Phone: 715-739-2445 Agent Mailing Address (include City/State/Zip): Box 130 Drummond, WI 54882 Written Authorization Attached: Yes No
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Kathleen Johnson PLN: (23 digits) 04-030-2-45-05-28-1 02-000-07000 Recorded Document: (i.e. Property Ownership) Volume 1075 Page(s) 558
 PROJECT LOCATION: NW 1/4 NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 28, Township 45 N, Range 5 W Town of: Lincoln Lot Size _____ Acreage 1.5

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue 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: _____ feet No

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
					Municipal/City	(New) Sanitary Specify Type: _____	
\$ _____	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<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 checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Con U</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/ service contract)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		
	<input checked="" type="checkbox"/> STR	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None		

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

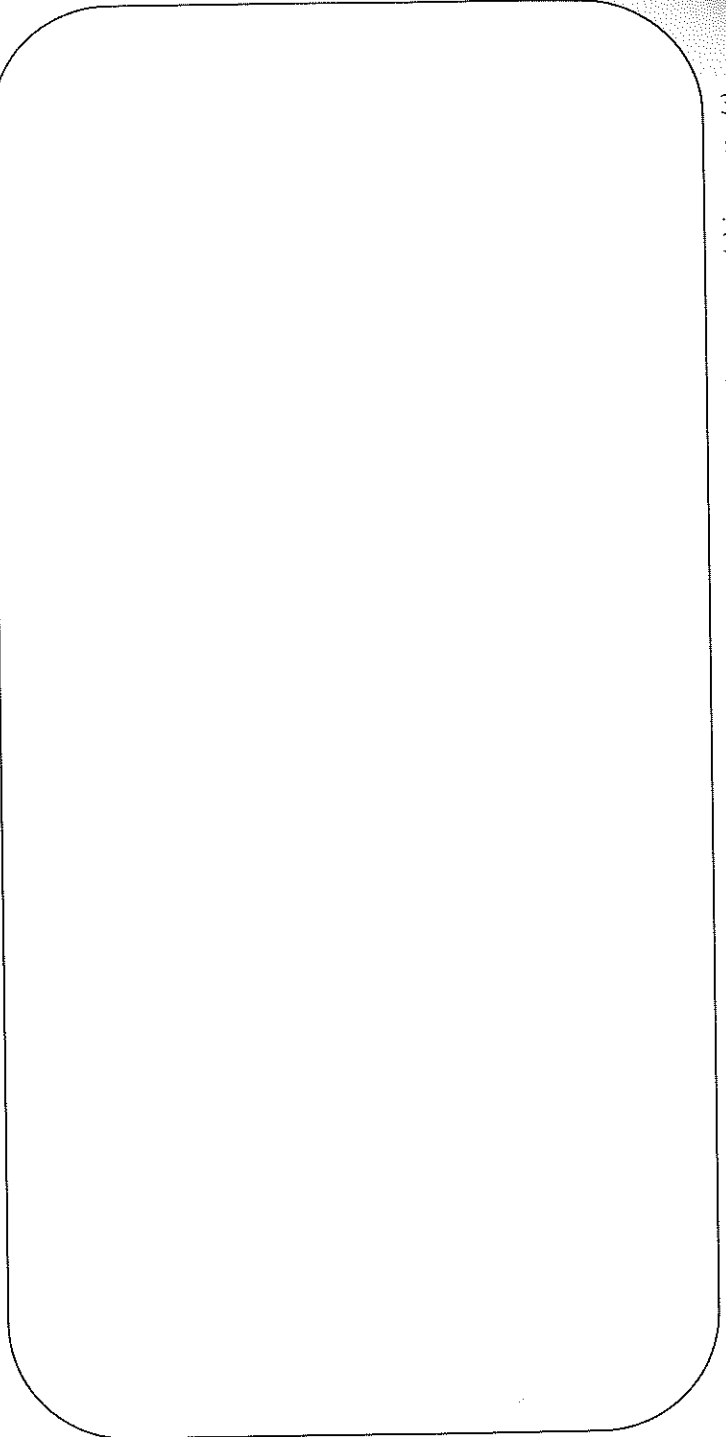
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	() ()	
	<input type="checkbox"/> with a Porch	() ()	
	<input type="checkbox"/> with (2 nd) Porch	() ()	
	<input type="checkbox"/> with a Deck	() ()	
	<input type="checkbox"/> with (2 nd) Deck	() ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () 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"/> Municipal Use	<input checked="" type="checkbox"/> Special Use: (explain) <u>Short-term rental</u>	() ()	
	<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): _____ 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: K. Johnson Date: 10-4-12
 Record for Issuance: _____
 Address to send permit: PO Box 130 Drummond, WI 54832 Attach Copy of Tax Statement ✓
 NOV 16 2012

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

- (2) Show Location of: Proposed Construction**
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 (3) Show Location of (*): 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: (*) 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)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 + Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	20 Feet
Setback from the South Lot Line	Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	20 Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	N/A 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: <u>09-143 S</u>	# of bedrooms: <u>1</u>	Sanitary Date: <u>10-14-09</u>
Permit Denied (Date):	Reason for Denial:	Permit Date: <u>11-16-12</u>	
Permit #: <u>12-0451</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Structure is existing. Apple parking area.</u>	Inspected by: <u>M. Fuchs</u>	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: <u>10-15-12</u>	Inspected by: <u>M. Fuchs</u>	Zoning District: <u>(R-1)</u>	Lakes Classification: <u>(3)</u>
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:	
Signature of Inspector: <u>Michael Swartzel</u>	Signature of Applicant: <u>see TBA.</u>	Date of Approval: <u>10-23-12</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>