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 MAY 13 2013 Bayfield Co. Zoning Dept

75.00

| | |
|---|---|
| Permit #: | 13-009 ENTERED |
| Date: | 5-20-13 |
| Amount Paid: | $75 5-13-13 |
| 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: MARY A. MAIN & DAVID W NELSON | Mailing Address: 8595 COUNTY H | City/State/Zip: EAGLE RIVER WI 54521 | Telephone: 715 490-1881 Cell Phone: 715 490-1882 |
| Address of Property: 9855 E. FAY RD. PORTWING WI | City/State/Zip: | | |
| Contractor: SELF | Contractor Phone: — | Plumber: RJN PLUMBING | 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- 042-2-49-08-16-1 01-000-10000 | Recorded Document: (i.e. Property Ownership) Volume 686 244 Page(s) 562 248 776 |

| NE 1/4, NE 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page 776562 | Lot(s) No. | Block(s) No. | Subdivision: |
|---|---|---|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Section 16, Township 49 N, Range 08 W | Town of: PORT WING | Lot Size | Acreage 40 |

| | | | | |
|---|---|---|---|---|
| ☐ 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: 100 + 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 | | |
| ☐ 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 |
|---|---|---|---|---|---|---|
| $ ____ | ☑ 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: ____ | ☐ ____ |
| | ☐ Relocate (existing bldg) | ☐ Basement | | ☐ ____ | ☐ 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 |
|---|---|---|---|---|
| | ☐ | Principal Structure (first structure on property) | ( X ) | |
| | ☐ | Residence (i.e. cabin, hunting shack, etc.) | ( X ) | |
| | | with Loft | ( X ) | |
| ☐ Residential Use | | 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 ) | |
| | ☐ | Addition/Alteration (specify) ____ | ( X ) | |
| ☐ Municipal Use | ☑ | Accessory Building (specify) Shed | ( 50 X 12 ) | 600 |
| | ☐ | Accessory Building Addition/Alteration (specify) ____ | ( X ) | |
| | | | | |
| | ☐ | Special Use: (explain) ____ | ( X ) | |
| | ☐ | Conditional Use: (explain) ____ | ( X ) | |
| | ☐ | Other: (explain) ____ | ( X ) | |

Rec'd for Issuance MAY 20 2013 Secretarial Staff

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 5/13/13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mary A. Main and David W Nelson Date 5/13/13
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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

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 Attached Map

**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** | 400 | Feet | Setback from the **Lake** (ordinary high-water mark) | NA | Feet |
| Setback from the **Established Right-of-Way** | 375 | Feet | Setback from the **River, Stream, Creek** | 300 | Feet |
| | | | Setback from the **Bank or Bluff** | NA | Feet |
| Setback from the **North** Lot Line | 400 | Feet | | | |
| Setback from the **South** Lot Line | 870 | Feet | Setback from **Wetland** | | Feet |
| Setback from the **West** Lot Line | 435 | Feet | Setback from **20% Slope Area** | NA | Feet |
| Setback from the **East** Lot Line | 410 | Feet | Elevation of **Floodplain** | | Feet |
| | | | | | |
| Setback to **Septic Tank** or **Holding Tank** | >100' | Feet | Setback to **Well** | >100' | 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 #: 13-0092 | Permit Date: 5-20-13 | | |

| | | | | | |
|---|---|---|---|---|---|
| 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 _____ | ☒ 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 See photo | Was Property Surveyed ☐ Yes _____ ☒ No |

Inspection Record: Building site as Identified by home owner appears to be Code Compliant. OK to Issue.

Zoning District ( FI )
Lakes Classification ( NA )

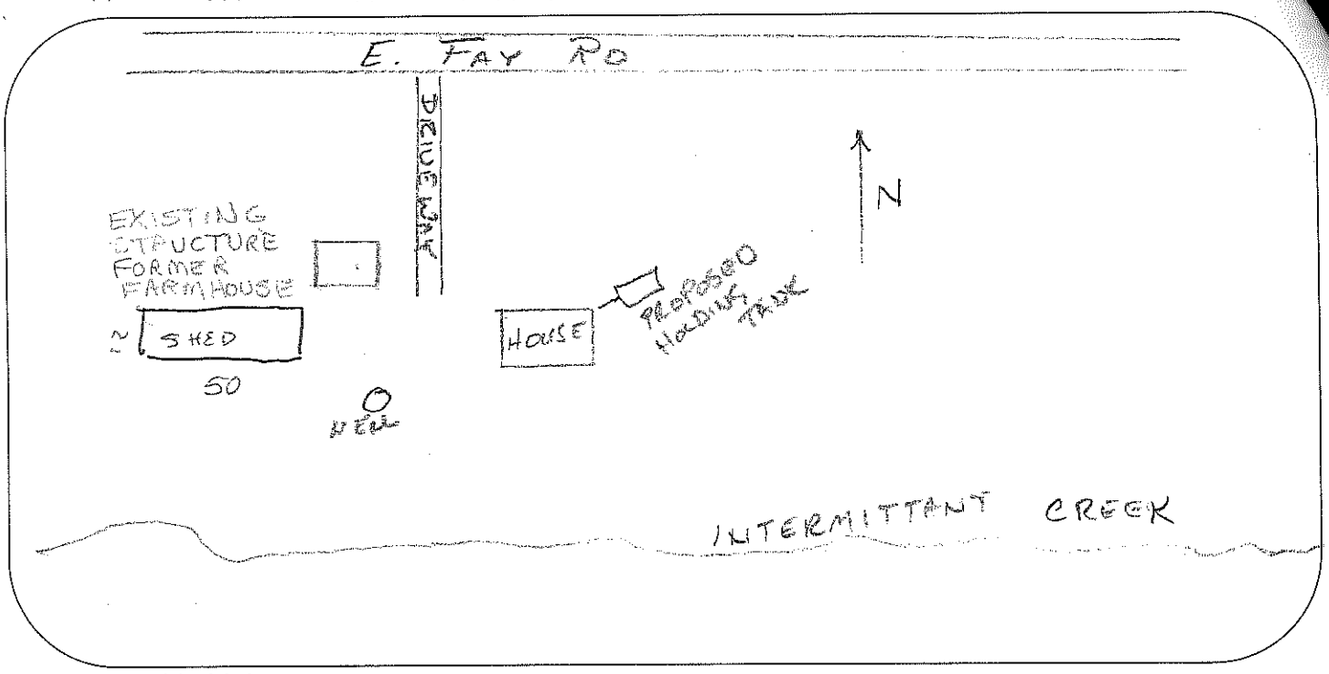
| | | |
|---|---|---|
| Date of Inspection: 5/20/2013 | Inspected by: Robert Schierman | Date of Re-Inspection: |

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

Signature of Inspector: [signature] Date of Approval: 5/20/2013

| | | | | |
|---|---|---|---|---|
| Hold For Sanitary: ☐ _____ | Hold For TBA: ☐ _____ | Hold For Affidavit: ☐ _____ | Hold For Fees: ☐ _____ | ☐ _____ |

(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)

**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** | 400+ | Feet | Setback from the **Lake** (ordinary high-water mark) | | Feet |
| Setback from the **Established Right-of-Way** | 400 | Feet | Setback from the **River, Stream, Creek** | 100 | Feet |
| | | | Setback from the **Bank or Bluff** | | Feet |
| Setback from the **North** Lot Line | 400 | Feet | | | |
| Setback from the **South** Lot Line | 900 | Feet | Setback from **Wetland** | | Feet |
| Setback from the **West** Lot Line | 750 | Feet | Setback from **20% Slope Area** | | Feet |
| Setback from the **East** Lot Line | 750 | Feet | Elevation of **Floodplain** | | Feet |
| | | | | | |
| Setback to **Septic Tank** or **Holding Tank** | 15 | Feet | Setback to **Well** | 30 | 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 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 #: | Permit Date: | | |

| | | | | | |
|---|---|---|---|---|---|
| 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 _____ ☐ 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: | Zoning District ( ) Lakes Classification ( ) |
| Date of Inspection: | Inspected by: / Date of Re-Inspection: |

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

| | | | | |
|---|---|---|---|---|
| Signature of Inspector: | | | | Date of Approval: |
| Hold For Sanitary: ☐ _____ | Hold For TBA: ☐ _____ | Hold For Affidavit: ☐ _____ | Hold For Fees: ☐ _____ | ☐ _____ |

TBA 175.00 LU 125.00

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 MAY 13 2013 Bayfield Co Zoning Dept.

| | |
|---|---|
| Permit #: | 13-0096 |
| Date: | 5-22-13 |
| Amount Paid: | $300 5-13-13 |
| Refund: | |

ENTERED

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)

FIRE # APPLIED FOR

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

| | | | |
|---|---|---|---|
| Owner's Name: MARY A. MAIN & DAVID W. NELSON | Mailing Address: 8595 COUNTY H | City/State/Zip: EAGLE RIVER, WI 54521 | Telephone: 715 490-1881 Cell Phone: 715 490-1882 |
| Address of Property: E. FAU & MORRISON RD | City/State/Zip: PORT WING, WI MP# 226026 | | |
| Contractor: SELF | Contractor Phone: | Plumber: RJN PLUMBING | Plumber Phone: 715 892-2398 OFFICE 715 479-7715 |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached NA ☐ Yes ☐ No |

| PROJECT LOCATION | Legal Description: (Use Tax Statement) | PIN: (23 digits) 04-042-2-49-08-16-1 01-000-10000 | Recorded Document: (i.e. Property Ownership) Volume ~~686-244~~ 776 Page(s) 562-248 |
|---|---|---|---|

| NE 1/4, NE 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page 776 562 | Lot(s) No. | Block(s) No. | Subdivision: |
|---|---|---|---|---|---|---|---|

| Section 16, Township 49 N, Range 08 W | Town of: PORT WING | Lot Size | Acreage 40 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| ☐ 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: 100 + 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 | | |
| ☐ 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 |
|---|---|---|---|---|---|---|
| $50,000 | ☑ 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: ____ | ☐ ____ |
| | ☐ Relocate (existing bldg) | ☐ Basement | | ☐ ____ | ☑ 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: 34 | Width: 40 | Height: 12' |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|---|---|---|---|
| | ☐ | Principal Structure (first structure on property) | ( X ) | |
| | ☑ | Residence (i.e. cabin, hunting shack, etc.) | ( 34 X 40 ) | |
| | | with Loft | ( X ) | |
| ☒ Residential Use | | with a Porch (Included in dimension above) | ( 6 X 30 ) | |
| | | with (2nd) Porch | ( 4 X 10 ) | |
| | | 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 ) | |
| | ☐ | Addition/Alteration (specify) ____ | ( X ) | |
| ☐ Municipal Use | ☐ | Accessory Building (specify) ____ | ( X ) | |
| | ☐ | Accessory Building Addition/Alteration (specify) ____ | ( X ) | |
| | | | | |
| | ☐ | 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): Mary A. Main and David W. Nelson Date 3/3/2013
(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 3/3/2013
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

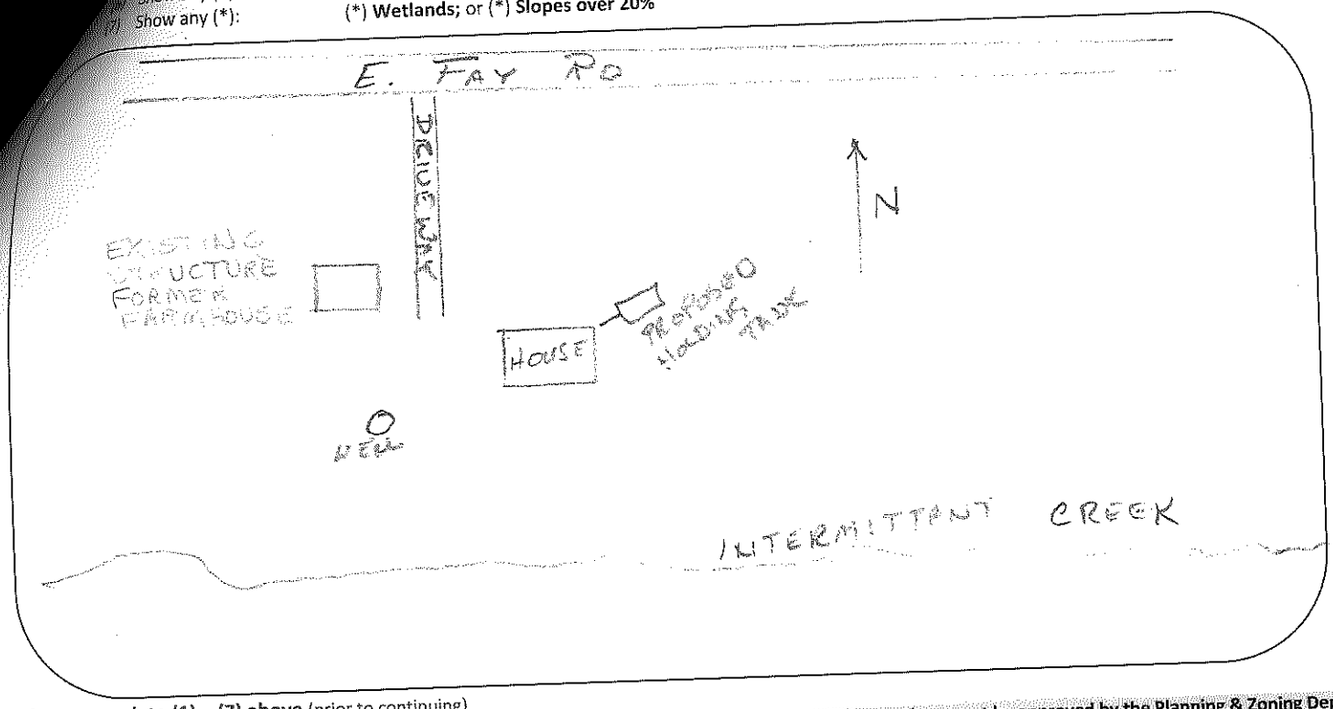
Address to send permit 8595 COUNTY H, EAGLE RIVER, WI 54521

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

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

| Description | Measurement | | Description | Measurement | |
|---|---|---|---|---|---|
| | | | Setback from the **Lake** (ordinary high-water mark) | | Feet |
| Setback from the **Centerline of Platted Road** | 400+ | Feet | Setback from the **River, Stream, Creek** | 100 | Feet |
| Setback from the **Established Right-of-Way** | 400 | Feet | Setback from the **Bank or Bluff** | | Feet |
| | | | | | |
| Setback from the **North** Lot Line | 400 | Feet | Setback from **Wetland** | NA | Feet |
| Setback from the **South** Lot Line | 900 | Feet | Setback from **20% Slope Area** | | Feet |
| Setback from the **West** Lot Line | 750 | Feet | Elevation of **Floodplain** | | Feet |
| Setback from the **East** Lot Line | 750 | Feet | | | |
| | | | Setback to **Well** | 30 | Feet |
| Setback to **Septic Tank** or **Holding Tank** | 15 | Feet | | | |
| Setback to **Drain Field** | NA | Feet | | | |
| Setback to **Privy** (Portable, Composting) | | Feet | | | |

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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: B-315 | # of bedrooms: 2 | Sanitary Date: 5-22-13 |
|---|---|---|---|
| Permit Denied (Date): | Reason for Denial: | | |
| Permit #: 13-0096 | Permit Date: 5-22-13 | | |

| | | | |
|---|---|---|---|
| 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 _____ ☒ 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 See Photo | Was Property Surveyed | ☐ Yes _____ ☒ No |

Inspection Record: Site well identified by owner. Owner appears to have a Code Compliant location. Land Use OK to issue

Zoning District ( Ag1 )
Lakes Classification ( — )

Date of Inspection: 5/20/2013 | Inspected by: Robert Schlierman | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No – (If No they need to be attached.)
A Uniform dwelling code (UDC) Permit from the locally contracted UDC inspection agency must be obtained prior to the start of Construction.

Signature of Inspector: [signature] | Date of Approval: 5/20/201

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

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 MAY 17 2013 Bayfield Co. Zoning Dept.

| | |
|---|---|
| Permit #: | 13-0100 ENTERED |
| Date: | 5-23-13 |
| Amount Paid: | $125 5-22-13 |
| 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: | Mailing Address: | City/State/Zip: | Telephone: |
|---|---|---|---|
| Robert Beck | 5438 Fairlawn Sh. Trail | Prior Lake, 55372 | — |
| **Address of Property:** | **City/State/Zip:** | | **Cell Phone:** |
| XXXXX Jardine Rd | | | 952)237-0193 |
| **Contractor:** | **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) | Recorded Document: (i.e. Property Ownership) |
|---|---|---|---|
| | | 04-042-2-49-08-03-4 03-000-10000 | Volume _____ Page(s) _____ |

| S/W 1/4, of the S/E 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Section 3, Township 49 N, Range 8 W | Town of: Port Wing | Lot Size | Acreage 40 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| ☒ 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: > 175 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 → not sure! | Distance Structure is from Shoreline: _____ 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 |
|---|---|---|---|---|---|---|
| $12,500 | ☑ 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: _____ | ☐ _____ |
| | ☐ Relocate (existing bldg) | ☐ Basement | | ☐ _____ | ☐ Privy (Pit) or ☒ Vaulted (min 200 gallon) | |
| | ☐ Run a Business on Property | ☐ No Basement | | ☐ None | ☐ Portable (w/service contract) | |
| | | ☐ Foundation | | | ☐ Compost Toilet | |
| | ☐ _____ | ☐ _____ | | | ☑ None – to come | |

| | | | |
|---|---|---|---|
| **Existing Structure:** (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| **Proposed Construction:** | Length: 24 | Width: 16 | Height: 16 |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|---|---|---|---|
| | ☐ | **Principal Structure** (first structure on property) | ( X ) | |
| | ☑ | **Residence** (i.e. cabin, hunting shack, etc.) | ( 16 X 24' ) | 384 |
| | | **with Loft** | ( X ) | |
| ☑ **Residential Use** | | **with a Porch** | ( 8 X 24 ) | 192 |
| | | **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 ) | |
| | ☐ | **Addition/Alteration** (specify) _____ | ( X ) | |
| ☐ **Municipal Use** | ☐ | **Accessory Building** (specify) _____ | ( X ) | |
| | ☐ | **Accessory Building Addition/Alteration** (specify) _____ | ( X ) | |
| | | | | |
| | ☐ | **Special Use:** (explain) _____ | ( X ) | |
| | ☐ | **Conditional Use:** (explain) _____ | ( X ) | |
| | ☐ | **Other:** (explain) _____ | ( X ) | |

Rec'd for Issuance
MAY 23 2013
Secretarial Staff

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):** Robert R Beck **Date** 4/1/2013
(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)

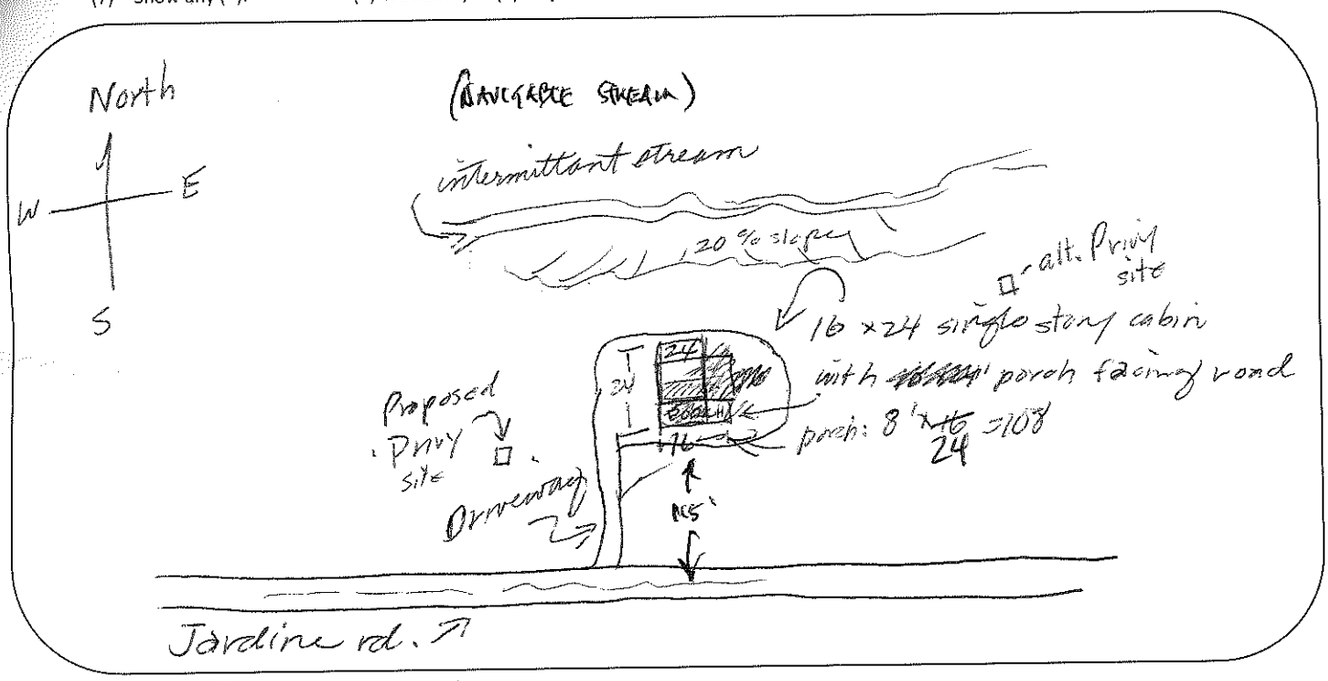
**Address to send permit** 5438 Fairlawn Sh. Trail, Prior Lake, Mn 55372

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Work 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)

**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** | 105 Feet | Setback from the **Lake** (ordinary high-water mark) | N/A Feet |
| Setback from the **Established Right-of-Way** | 100 Feet | Setback from the **River, Stream, Creek** | Feet |
| | | Setback from the **Bank or Bluff** | greater than 175 Feet |
| Setback from the **North** Lot Line | 720 Feet | | |
| Setback from the **South** Lot Line | 105 Feet | Setback from **Wetland** | N/A Feet |
| Setback from the **West** Lot Line | 720 Feet | Setback from **20% Slope Area** | 30 Feet |
| Setback from the **East** Lot Line | 540 Feet | Elevation of **Floodplain** | N/A Feet |
| | | | |
| Setback to **Septic Tank** or **Holding Tank** | Feet | Setback to **Well** | N/A Feet |
| Setback to **Drain Field** | Feet | | |
| Setback to **Privy** (Portable, Composting) | 70 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 #: 13-0100 | Permit Date: 5-23-13 | | |

| | | | | | |
|---|---|---|---|---|---|
| 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 _____ | ☒ 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 _____ / Was Proposed Building Site Delineated ☒ Yes ☐ No _____ | Were Property Lines Represented by Owner ☒ Yes _____ ☐ No / Was Property Surveyed ☐ Yes _____ ☒ No |

Inspection Record: PROPOSED RESIDENTIAL STRUCTURE AS REPRESENTED BY OWNER APPEARS TO MEET CODE/SETBACK REQUIREMENTS. LU PERMIT MAY BE ISSUED W/ CONDITIONS

Zoning District ( F-C )
Lakes Classification ( 3 )

| | | |
|---|---|---|
| Date of Inspection: 5-13-13 | Inspected by: DDC | Date of Re-Inspection: |

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

1) NO PLUMBING WATER MAY ENTER & NO PLUMBING FIXTURES MAY BE INSTALLED W/IN SAID STRUCTURE UNLESS IT IS SERVED BY A SUITABLE & APPROVED ON-SITE WASTE DISPOSAL SYSTEM.

2) A UNIFORM DWELLING CODE (UDC) PERMIT FROM THE LOCALLY CONTRACTED UDC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

| | | | |
|---|---|---|---|
| Signature of Inspector: [signature] | | | Date of Approval: 5-17-13 |
| Hold For Sanitary: ☐ _____ | Hold For TBA: ☐ _____ | Hold For Affidavit: ☒ PRIVY | Hold For Fees: ☐ _____ ☐ _____ |