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
Date Stamp (Received)
JUL 28 2014
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0260
Date:	8-11-14
Amount Paid:	$75 7-28-14
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: Daryl Christenson	Mailing Address: 54790 Blakely Ln	City/State/Zip: Mason WI 54856	Telephone: 715-763-3440
Address of Property: 54790 Blakely Ln	City/State/Zip: Mason WI 54856		Cell Phone: 715-413-0521
Contractor:	Contractor Phone:	Plumber: N/A	Plumber Phone: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A	Agent Phone: N/A	Agent Mailing Address (include City/State/Zip): N/A	Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- 021-2-45-06-24-201-000-1000						Recorded Document: (i.e. Property Ownership) Volume 790 Page(s) 571-997	
NE 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page 213-120	Lot(s) No.	Block(s) No.	Subdivision:		
Section 24, Township 45 N, Range 06 W				Town of: Grand View			Lot Size	Acreage 40.000	

☐ 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: _____ feet		
☒ Non-Shoreland				

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
$12,000	☒ 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: Conventional	☐ _____
	☐ 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: 54'	Width: 27'	Height: 10'

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)	
	☐	Addition/Alteration (specify) _____	(X)	
☐ Municipal Use	☒	Accessory Building (specify) Garage	(27 X 54)	~~1377~~ 1458
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
AUG 11 2014
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): Daryl Christenson Date July 25 2014
(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)

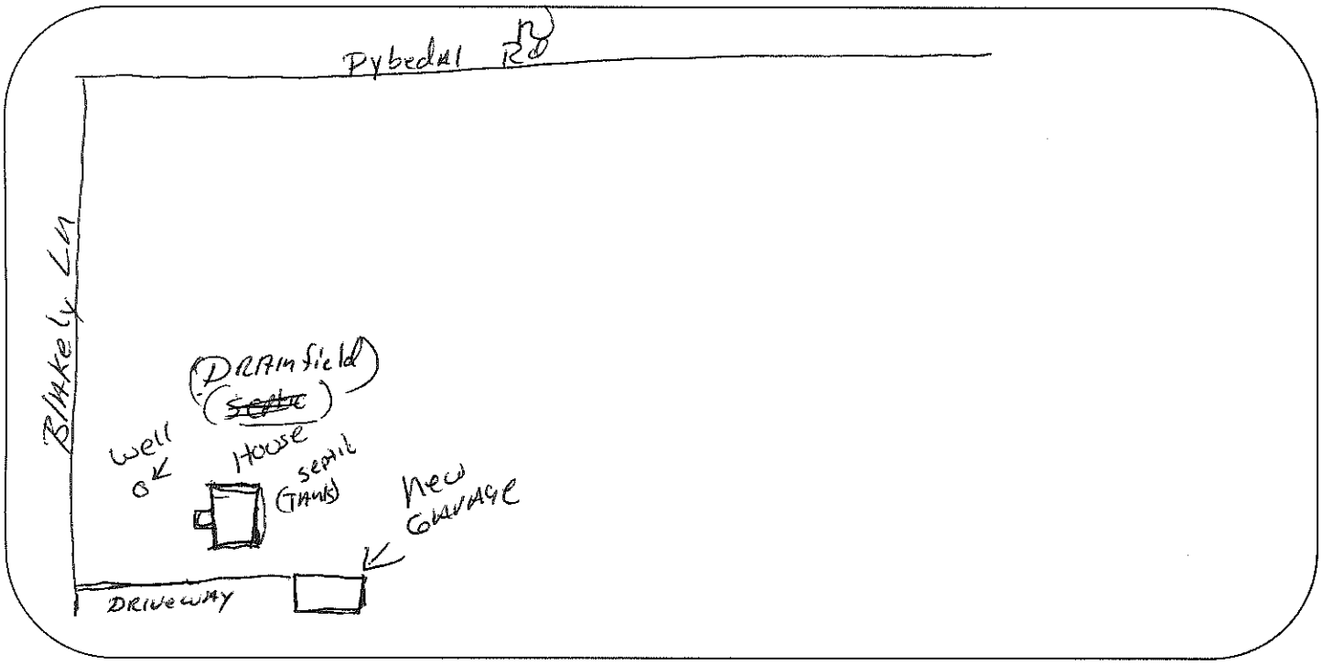
Address to send permit same as above

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

ox 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**	OVER 150	Feet	Setback from the **Lake** (ordinary high-water mark)	NA	Feet
Setback from the **Established Right-of-Way**	OVER ~~75~~ 150	Feet	Setback from the **River, Stream, Creek**	800+	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	OVER 1000	Feet			
Setback from the **South** Lot Line	OVER 50	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	OVER 150	Feet	**20% Slope Area on property**	☐ Yes	☒ No
Setback from the **East** Lot Line	OVER 1000	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	100	Feet	Setback to **Well**	OVER 125	Feet
Setback to **Drain Field**	200	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 #: 14-0260	Permit Date: 8-11-14		

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:
Well staked. Meets all setbacks.

Zoning District (F-1)
Lakes Classification (3)

Date of Inspection: 8-8-14 | Inspected by: M. Furtak | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.)
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.

Signature of Inspector: Michael Furtak | Date of Approval: 8-11-14

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