

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Department
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

DEC 22 2014
 Date Stamp (Received)

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept.

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)

Permit #:	15-00389
Date:	3-11-15
Amount Paid:	
Refund:	

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: G.L. Sandstrom Enterprises LLC Mailing Address: 53105 Telephone: 262
53345 Four Corners Store Rd City/State/Zip: W1880 Spring Prairie Rd, Burlington, WI 210-4570
 Address of Property: 53345 Four Corners Store Rd City/State/Zip: Mason WI 54856 Call Phone:
 Contractor: SELF Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 210-4570 Agent Mailing Address (include City/State/Zip):
George Sandstrom 262 210-4570 403-000-1000 04-030-2-45-05-27-1-03-000-1000 Recorded Document: (i.e. Property Ownership) 403-000-1000 Page(s) 403-000-1000

PROJECT LOCATION: NW 1/4, SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
SW 1/4, NE 1/4 Section 27, Township 45 N, Range 5 W Town of: Lincoln Lot Size _____ Acreage 40 + 40

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes 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
\$ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

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"/>	Principal Structure (first structure on property)	(_____)	(_____)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
<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 checked="" 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 checked="" type="checkbox"/>	Conditional Use: (explain) <u>Non-metallic mine</u>	(_____)	(_____)
<input type="checkbox"/>	Other: (explain) _____	(_____)	(_____)

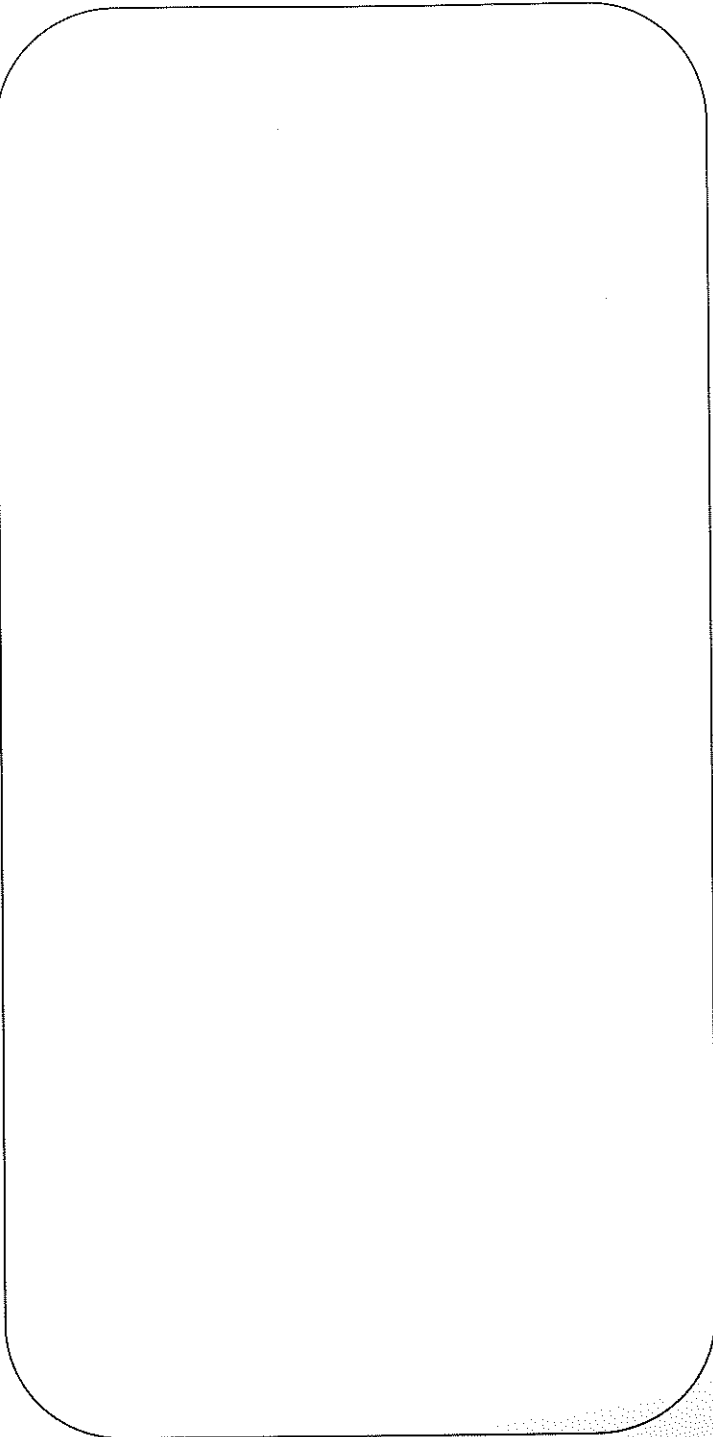
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 The undersigned hereby certifies that the information provided herein is true and correct to the best of my knowledge and belief. I am (we) further accept liability which may be a result of Bayfield County 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 a letter of authorization must accompany this application)
 Authorized Agent: George Sandstrom
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit W1880 Spring Prairie Rd
Burlington, WI 53105
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Now: 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	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 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 or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more 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>N/A</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>15-0089</u>	Permit Date: <u>3-11-15</u>	<u>Renewal plan</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input 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 #: _____	Case #: _____		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Was Proposed Building Site Delimited	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: <u>This application waived by M. Tubert</u>	Inspected by: _____	Zoning District: <u>(F-1)</u>	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Lakes Classification: <u>(3)</u>	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of Inspection: _____	Inspected by: _____	Date of Re-Inspection: _____		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: _____		Date of Approval: <u>3-11-15</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"/>	

County, WI

Public mine

