

**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 Submitted (Required)  
**AUG 03 2015**

Permit #:	1500974
Date:	8-10-15
Amount Paid:	\$975
Refund:	8-10-15

Bayfield Co. Zoning Dept.

**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)

<b>TYPE OF PERMIT REQUESTED</b> → <input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <b>Hilary Pollack</b>	Mailing Address: <b>54175 Indian Lk Rd</b>	City/State/Zip: <b>Mason, WI 54856</b>	Telephone: <b>7157654682</b>			
Address of Property: <b>54175 Indian Lk Rd</b>	City/State/Zip: <b>Mason, WI 54856</b>	Cell Phone:				
Contractor: <b>NA</b>	Contractor Phone:	Plumber: <b>NA</b>	Plumber Phone:			
Authorized Agent: <b>NA</b>	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>PROJECT LOCATION</b>	Legal Description: (Use Tax Statement)	Legal Description: (Use Tax Statement)	Recorded Document (i.e. Property Ownership) Volume _____ Page(s) _____			
_____ 1/4, _____ 1/4	Gov't Lot _____ Lot(s) _____	CSM _____ Vol & Page _____	Subdivision: _____			
Section <b>23</b> , Township <b>45</b> N, Range <b>R05</b> W	Town of: <b>Lincoln</b>	Lot Size _____	Acres: <b>341.298</b>			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <b>\$ 0,000</b>	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 checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story ?		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>SR</b>	<input type="checkbox"/> V
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>6'</b>	Width: <b>6'</b>	Height: <b>12.5'</b>
Proposed Construction:	Length: <b>6'</b>	Width: <b>6'</b>	Height: <b>21' to new roof top</b>

Proposed Use	<input checked="" type="checkbox"/> Residential Use	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Municipal Use		
Rec'd for Issuance	<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Principal Structure (first structure on property)			
		<input type="checkbox"/> Residence (i.e. cabin, hunting shack etc.)			
Secretarial Staff	<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft			
		<input type="checkbox"/> with a Porch			
Rec'd for Issuance	<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch			
		<input type="checkbox"/> with a Deck			
Rec'd for Issuance	<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck			
		<input type="checkbox"/> with Attached Garage			
Rec'd for Issuance	<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities			
		<input type="checkbox"/> Mobile Home (manufactured date)			
Rec'd for Issuance	<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (Specify)			
		<input checked="" type="checkbox"/> Accessory Building (Specify) <b>Playhouse</b>			<b>256</b>
Rec'd for Issuance	<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Accessory Building Addition/Alteration (Specify)			
		<input type="checkbox"/> Special Use: (explain)			
Rec'd for Issuance	<input type="checkbox"/> Municipal Use	<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): **Hilary Pollack** Date \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

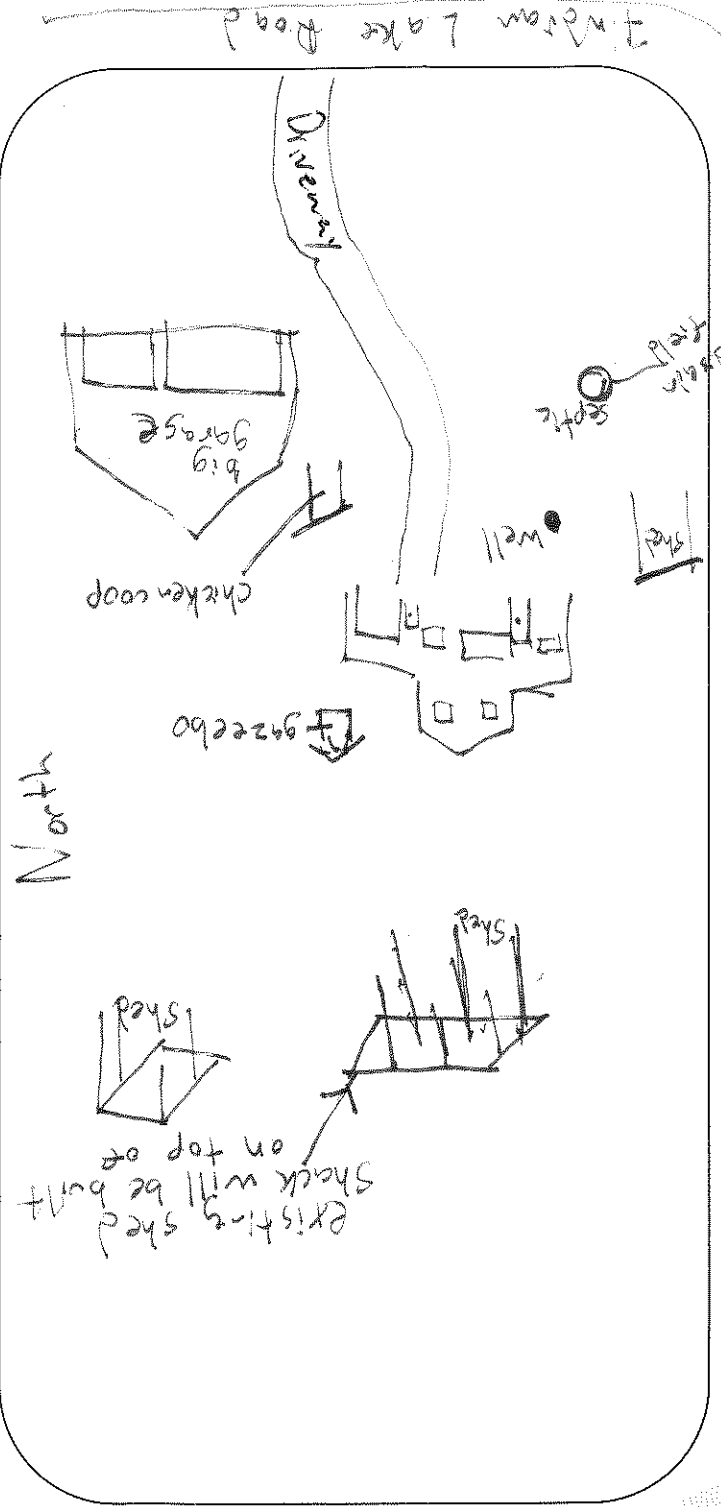
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **54175 Indian Lk Rd, Mason, WI 54856** 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%



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

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300' or 50 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	310 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	N/A - 140 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	125 Feet
Setback to Drain Field	150 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.

<b>Issuance Information (County Use Only)</b>	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <b>15-0894</b>	Permit Date: <b>8-16-15</b>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District Lakes Classification ( <b>F1</b> )	Date of Re-Inspection:
Date of Inspection: <b>8/11/15</b>	Inspector: <b>[Signature]</b>		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)			
<p><b>No water and pressure / no sanitary</b></p> <p><b>Property owner is responsible for contacting UDC.</b></p>			
Signature of Inspector: <b>[Signature]</b>	Date of Approval: <b>8/11/15</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>