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 SIGN
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
MAR 09 2016
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0048
Date:	4-11-16
Amount Paid:	$50 4-11-16 CK#24485
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.

Property Owner(s) Name:	Mailing Address:	City/State/Zip:	Phone:
State Bank of Drummond	Box 69	Drummond, WI 54839	715-739-6222
Sign Owner(s) Name:	**Mailing Address:**	**City/State/Zip:**	**Phone:**
Same			
Address of Property: 50490 State Hwy 27	**City/State/Zip:** Barnes, WI 54873		
Contractor:	**Contractor Phone:**	**Address:**	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Chippewa Valley Bank	**Agent Phone:**	**Agent Mailing Address** (include City/State/Zip): Box 37 Bruce, WI 54819	**Written Authorization Attached** ☑ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-44-09-09-3 05-003-2000	Recorded Document: (i.e. Property Ownership) Volume 311 Page(s) 493

____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 9, Township 44 N, Range 9 W	Town of: Barnes	Lot Size	Acreage 1.296

☐ 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 (What are you applying for)		Type	Length	Width	Height	Located in Town of Bayfield
$ 1500	☑	On-Premise	☑ New	☐ 1-Sided				☐ Yes TBA is required
	☐	Off-Premise	☑ Replacement	☑ 2-Sided	34	6	16ft	
	☐		☐	☐ On-Building				☑ No
	☐			☐ Multi-Tenant				

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): State Bank of Drummond **Date** 1/21/16
(If there are Multiple Owners listed on the Deed **All** Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s): Christine M Duncan **Date** 1/21/16
(If you are applying for an **Off-premise sign**; the property owners must also sign this form)

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: _____

Rec'd for Issuance
APR 11 2016
Secretarial Staff

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

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

...e and use frontage road as a guideline, and indicate North (N) on plot plan

...show the sign location

3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Neccessary

Lot Line

Lot → Line

See Map

← Lot Line

Name Frontage Road (_____)

Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	75	Feet	Setback from the **North** Lot Line	190	Feet
Setback from the **Established Right-of-Way**	5	Feet	Setback from the **South** Lot Line	300	Feet
			Setback from the **West** Lot Line	10	Feet
Setback from **Lake, River, Stream or Pond**	NO	Feet	Setback from the **East** Lot Line	130	Feet
Setback from **Other Sign(s)**	NA	Feet			

Sign Plan
(Fill in Information Desired on Sign)

Changing The Name on Sign

Issuance Information (County Use Only)	Permit Number: 16-0048	Permit Date:	4-11-16
Permit Denied (Date):	Reason for Denial:		
Granted by Variance (B.O.A.) ☐Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.) ☐Yes ☐ No Case #:	
Was Parcel Legally Created / Was Proposed Building Site Delineated	☑Yes ☐ No / ☑Yes v No	Were Property Lines Represented by Owner / Was Property Surveyed	☐ Yes ☐No / ☑Yes ☐ No
Inspection Record: OK		Zoning District (C) / Lakes Classification ( )	
Date of Inspection: 3-10	Inspected by: J Hanley	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? ☐Yes ☑No – (If No they need to be attached.) Must meet set backs			
Signature of Inspector: J Hanley		Date of Approval: 4-11-16	

Untitled Map
Write a description for your map.
Legend
50490 WI-27
Sign
50490 WI-27
27
Google earth
© 2016 Google
N
100 ft

#120 $100.00

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 APR 12 2016 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0052
Date:	4-15-16
Amount Paid:	$280 4-15-16
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:	Mailing Address:	City/State/Zip:	Telephone:
William & Joanne Flood	5150 Call O Wild Rd	Barnes WI 54873	
Address of Property:	**City/State/Zip:**		**Cell Phone:**
5150 Call O Wild Road	Barnes, WI 54873		715-571-0369
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) 04- 004-2-44-09-02-2 03-000-30000	Recorded Document: (i.e. Property Ownership) Volume 1143 Page(s) 607

SW 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 2, Township 44 N, Range 9 W	~~Town~~ of: Barnes	Lot Size	Acreage 12.96

☑ 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: 125 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
$40,000	☐ 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: Conv	☐ _____
	☐ 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: 16	Width: 28	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	**Principal Structure** (first structure on property)	(X)	
	☐	**Residence** (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		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) Screen Porch w/ Basement	(16 X 28)	448
☐ 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 APR 15 2016 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): William J Flood Joanne B Flood Date 04-12-16
(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 _____

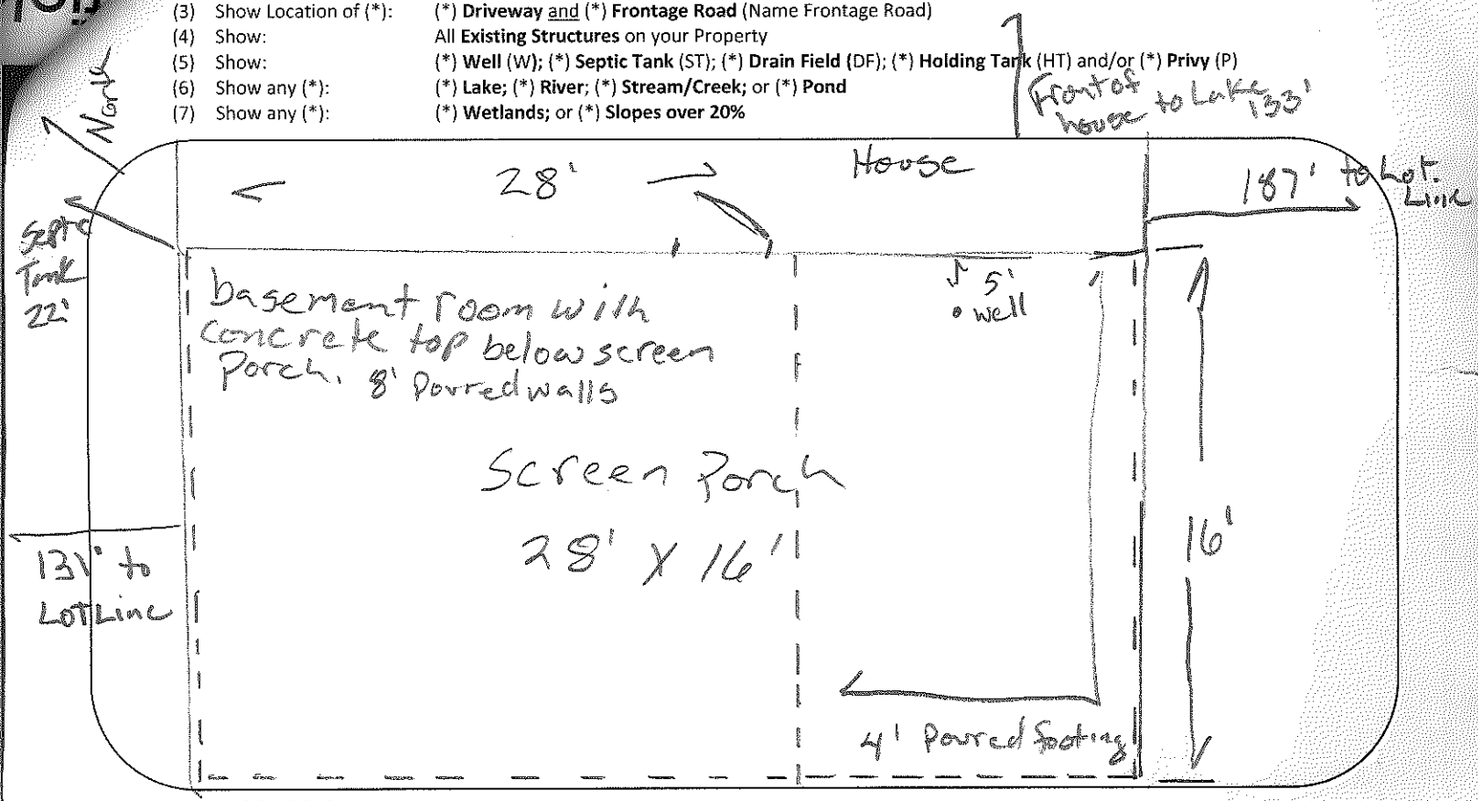
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Lake

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**		Feet	Setback from the **Lake** (ordinary high-water mark)	133	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	125	Feet			
Setback from the **South** Lot Line	1188	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	131.5	Feet	**20% Slope Area on property**	☐ Yes	☐ No
Setback from the **East** Lot Line	187	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	22	Feet	Setback to **Well**	5	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: 10982	# of bedrooms:	Sanitary Date: 5-31-74
Permit Denied (Date):	Reason for Denial:		
Permit #: 16-0050	Permit Date: 4-15-16		

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: OK		Zoning District (R2) Lakes Classification (3)
Date of Inspection: 4-14-16	Inspected by: JRowley	Date of Re-Inspection:

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

Signature of Inspector: Joe Rowley — Date of Approval: 4-16-16

Hold For Sanitary: ☐ ____ Hold For TBA: ☐ ____ Hold For Affidavit: ☐ ____ Hold For Fees: ☐ ____ ☐ ____

© October 2013

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

$301 + 100

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) RECEIVED MAR 09 2016 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0052
Date:	4-15-16
Amount Paid:	$301 4-15-16
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: Marcia Thompson	Mailing Address: 1008 Goodrich St.	City/State/Zip: Durand WI 54736	Telephone: 715-672-8059
Address of Property: 50640 Peninsula Rd	City/State/Zip: Barns WI 54873		Cell Phone: 715-495-6621
Contractor: David Christopherson	Contractor Phone: 715-672-5228	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	Eau Claire Lake Park Subdiv Legal Description: (Use Tax Statement) of Lot 5	PIN: (23 digits) 04-004-2-44-09-1-00-172-04000	Recorded Document: (i.e. Property Ownership) Volume 539 Page(s) 212

____1/4, ____1/4	Gov't Lot	Lot(s) 4	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Eau Claire Lake Park

Section 09, Township T44N N, Range R09 W	Town of: Barns	Lot Size	Acreage .367

☒ 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: 80 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
$ 67,000	☐ 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: 3000 gal 1-1	☐ ____
	☐ 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: 24	Width:	Height:	
Proposed Construction:	Length: 24	Width: 34	Height: 12	

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		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) Garage	(24 X 34)	816
☐ 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 APR 15 2016 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): Marcia M Thompson Kimberly A. Wardeam Brenda Christopherson Date 3-4-16
(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)

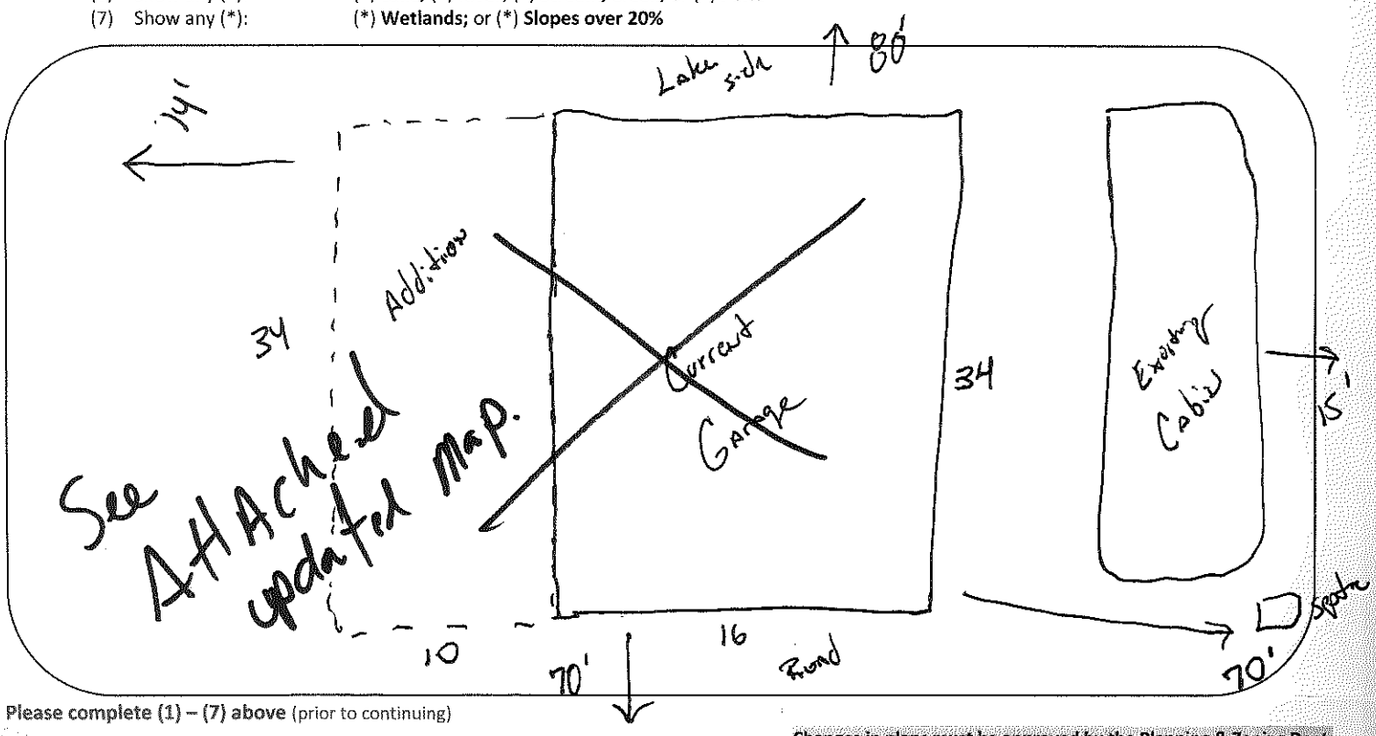
Address to send permit P.O. Box 192 Durand, WI. 54736

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**	70 Feet	Setback from the **Lake** (ordinary high-water mark)	80 Feet
Setback from the **Established Right-of-Way**	Feet	Setback from the **River, Stream, Creek**	Feet
		Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	Feet		
Setback from the **South** Lot Line	Feet	Setback from **Wetland**	Feet
Setback from the **West** Lot Line	Feet	**20% Slope Area on property**	☐ Yes ☐ No
Setback from the **East** Lot Line	Feet	Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	90 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 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 #: 16-0052	Permit Date: 4-15-16		

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: Requested Survey 3/15/16	Zoning District (R1) Lakes Classification (1)
Date of Inspection: 3/15/16 Inspected by: JRowley	Date of Re-Inspection:

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

Must meet Set backs!
Not for human habitation
No H_2O under pressure

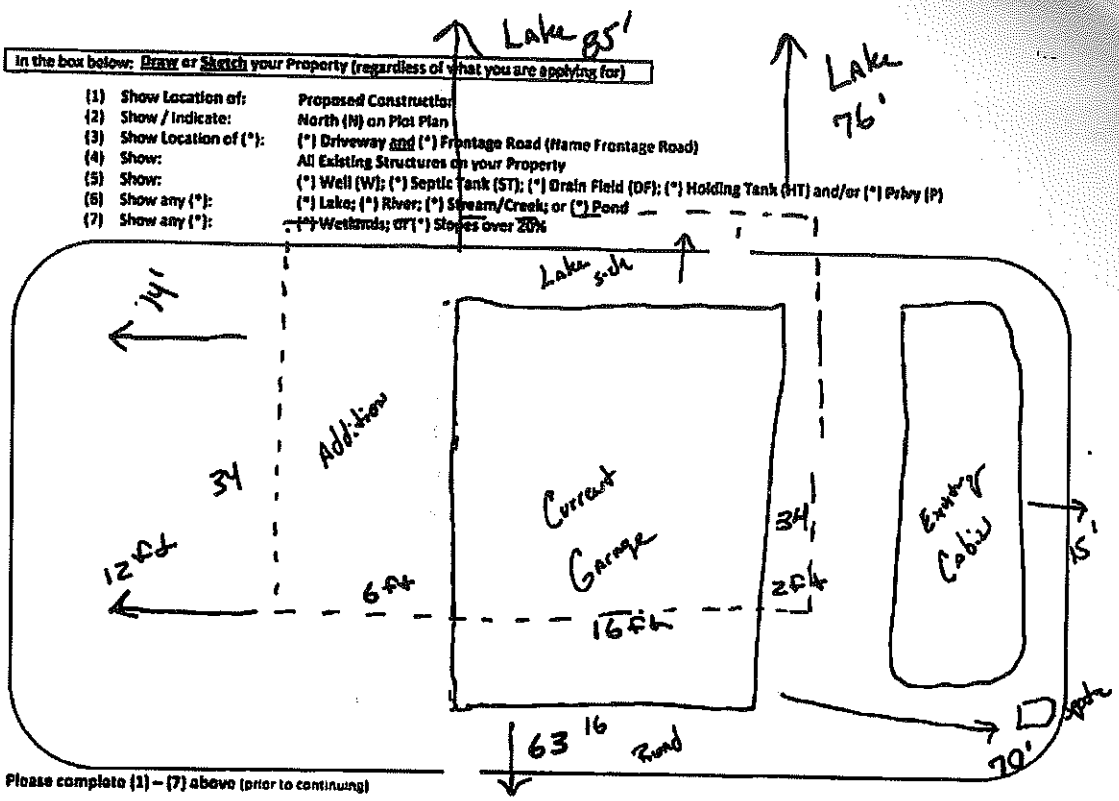
Signature of Inspector: JRowley	Date of Approval: 4-15-16

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

® October 2013

In the box 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	70	Feet	Setback from the Lake (ordinary high-water mark)	80	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line		Feet			
Setback from the South Lot Line		Feet	Setback from Wetland		Feet
Setback from the West Lot Line		Feet	20% Slope Area on property	☐ Yes	☐ No
Setback from the East Lot Line		Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	90	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 staked 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 twenty (20) feet from the minimum required setback, the boundary line from which the setback must be measured must be staked from one previously surveyed corner to the other previously surveyed corner, or confirmed 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 Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record) ☐ No ☐ Yes (Fused/Contiguous Lot(s)) ☐ No ☐ Yes ☐ No	Mitigation Required Mitigation Attached	Yes No Yes No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ 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:		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: ☐ _____	: _____

© October 2013