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

ENTERED

Date Stamp (Received): RECEIVED MAR 18 2016 Bayfield Co. Zoning Dept.

Permit #:	16-0059
Date:	4-26-16
Amount Paid:	$175 4-26-16
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: Arnold & Patty Carver	Mailing Address:	City/State/Zip: Bayfield, WI 54814	Telephone:
Address of Property: 82850 St Hwy 13	City/State/Zip: Bayfield		Cell Phone:
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Patty Carver Arnold L Carver	Agent Phone: 715-292-2816	Agent Mailing Address (include City/State/Zip): 77700 Houghton Pt Rd	Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- 008250043420029830000	Recorded Document: (i.e. Property Ownership) Volume 929 Page(s) 415

____1/4, ____1/4	Gov't Lot	Lot(s) 3	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Thompsons

Section 34, Township T50N, Range 04 W	Town of: BAYVIEW	Lot Size	Acreage

☒ 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: 85 ft 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: 75 ft 100 ft 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
$ Use only	☐ 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)	
	☑ Short term Rental	☐ Foundation			☐ Compost Toilet	
		☐ ____			☐ None	

PETE approved POWTS Plan

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) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☒	Special Use: (explain) Short Term Rental	(42 X 26)	1092
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance
APR 26 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): Patty Carver Arnold L Carver Date 3/18/16
(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

...ow: **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**	135'±	Feet	Setback from the **Lake** (ordinary high-water mark)	100'±	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek** intermi	55'±	Feet
			Setback from the **Bank or Bluff**	0 on bluff	Feet
Setback from the **North** Lot Line	40'±	Feet			
Setback from the **South** Lot Line	115'±	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	135'±	Feet	**20% Slope Area on property**	☒ Yes	☐ No
Setback from the **East** Lot Line	LAKE	Feet	Elevation of **Floodplain**	605'	Feet
Setback to **Septic Tank** or **Holding Tank**	30'	Feet	Setback to **Well**		Feet
Setback to **Drain Field** to be abandoned		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: 16-208	# of bedrooms: 2	Sanitary Date: 4-26-15
Permit Denied (Date):	Reason for Denial: new holding tank (2000 gallons)		
Permit #: 16-0059	Permit Date: 4-26-16 added to 1000 g older tank		

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 Test	Were Property Lines Represented by Owner ☐ Yes _____ ☒ No
Was Proposed Building Site Delineated ☐ Yes ☐ No NA	Was Property Surveyed ☐ Yes _____ ☒ No

Inspection Record: need Septic verification from plumber. new sanitary & soil test. Mansfield failed

Zoning District (RRB)
Lakes Classification (1)- Superior

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.)

MAXIMUM OCCUPANCY FOR SHORT TERM RENTAL IS (4): 2 PEOPLE PER BEDROOM PER POINTS DWF CALCULATIONS. RENTAL SHALL NOT BE A NUISANCE TO ADJACENT PERMITTED RESIDENTIAL USES

Signature of Inspector: | Date of Approval:

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

OWNER MUST MAINTAIN HEALTH DEPT. LICENSURE.

d County, WI

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