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 FEB 26 2020 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	20-0052
Date:	3-23-2020
Amount Paid:	$75 2-26-2020
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. **Original Application MUST be submitted** **FILL OUT IN INK (NO PENCIL)**

TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER ____

Owner's Name: Joe Hokanson	Mailing Address: P.O. Box 65	City/State/Zip: Hebster WI 54844	Telephone: 715-562-0099
Address of Property: B6275 Bark River Rd	City/State/Zip: ↑		Cell Phone:
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)		Tax ID# 11563 07-014-011563						Recorded Document: (Showing Ownership) 879 442	
NW 1/4, SE 1/4 (W½ W½)	Gov't Lot	Lot(s)	CSM	Vol & Page v. 879 P. 442	CSM Doc # 879-442	Lot(s) #	Block #		Subdivision:	
Section 11, Township 50 N, Range 7 W				Town of: Clover					Lot Size	Acreage ~~10~~ 13.16

☐ 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 your 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	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	☐ New Construction	☒ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☒ 2	☐ (New) Sanitary Specify Type:	☒ Well
$ 12,000	☐ Conversion	☐ 2-Story	☒ Slab	☐ 3	☒ Sanitary (Exists) Specify Type: In-ground	☐
	☐ Relocate (existing bldg)	☐ ____	☐ ____	☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☐ None	☐ Portable (w/service contract)	
			☒ Year Round		☐ Compost Toilet	
	☒ garage		☐ ____		☒ None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:		Width:		Height:		
Proposed Construction: (overall dimensions)	Length:	40	Width:	50	Height:	14'	

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)	
☐ Municipal Use	☐	Addition/Alteration (explain) ____	(X)	
	☒	Accessory Building (explain) garage	(40 X 50)	2000
	☐	Accessory Building Addition/Alteration (explain) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☒	Other: (explain) garage	(40 X 50)	2000

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): [signature] Date 2-24-20

(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 Joe Hokanson P.O. B 65 Hebster WI 54844

Attach Copy of Tax Statement

If you recently purchased the property send your **Recorded Deed**

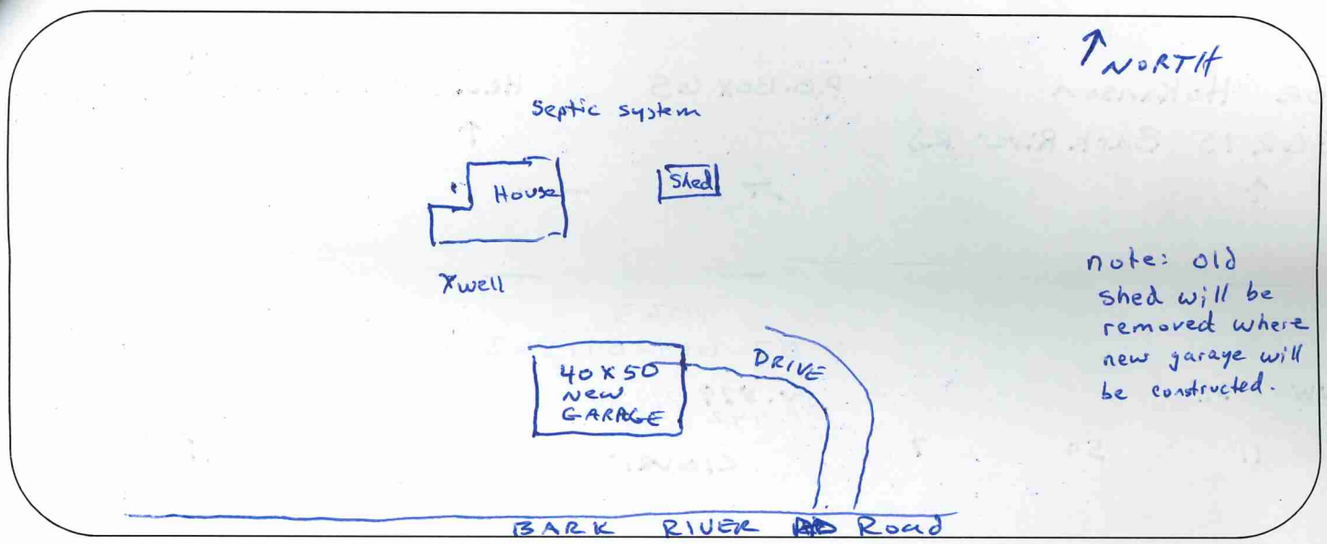
Original Application MUST be submitted

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

(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
	125'			
Setback from the **Centerline of Platted Road**	~~> 50'~~ Feet		Setback from the **Lake** (ordinary high-water mark)	— Feet
Setback from the **Established Right-of-Way**	— 92' Feet		Setback from the **River, Stream, Creek**	— Feet
			Setback from the **Bank or Bluff**	— Feet
Setback from the **North** Lot Line 1000+	> 50' Feet			
Setback from the **South** Lot Line 188	~~> 50'~~ Feet		Setback from **Wetland**	— Feet
Setback from the **West** Lot Line 115	~~> 50'~~ Feet		**20% Slope Area on the property**	— ☐ Yes ☐ No
Setback from the **East** Lot Line 140	> 50' Feet		Elevation of **Floodplain**	— Feet
Setback to **Septic Tank** or **Holding Tank**	> 50' Feet		Setback to **Well**	> 50 Feet
Setback to **Drain Field**	> 50 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.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 8413	# of bedrooms: 2	Sanitary Date: 10-22-75
Permit Denied (Date):	Reason for Denial:		
Permit #: 20-0052	Permit Date: 3-23-2020		

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: I inspected this site previously for a shed in the same location. Owner was on-site and mentioned he was eventually going to build a larger garage when he had time. This application is for the garage in the same location.

Zoning District (Ab1)
Lakes Classification (—)

Date of Inspection: 6-7-2019	Inspected by:	Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Structure shall not be used for human habitation. No pressurized water in structure without approved connection to POWTS.

Signature of Inspector: Todd Norwood			Date of Approval: 3-20-19
Hold For Sanitary: ☐ _____	Hold For TBA: ☐ _____	Hold For Affidavit: ☐ _____	Hold For Fees: ☐ _____ ☐ _____

n, City, Village, State or Federal
rmits May Also Be Required

AND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0052** Issued To: **Joseph & Laura Hokanson**

Location: **W ½ of the W ½ of the NW** ¼ of **SE** ¼ Section **11** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (40' x 50') = 2,000 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood
Authorized Issuing Official

March 23, 2020
Date