

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: **RECEIVED**
JUN 05 2012

Permit #: **10-0015**
 Date: **7-3-12**
 Amount Paid: **\$2100.00**
 Refund: **C/S/112**
RECEIVED
ROS

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.

Bayfield Co. Zoning Dept. THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Mary Ellen Burmann Rev Trust Mailing Address: 3181 34th Ave S City/State/Zip: 55425 Telephone: 952 854-9463
 Address of Property: Annandale Skar Rev Trust City/State/Zip: Bloomington MN
Garmisch Road City/State/Zip: Cable, WI 54821 Cell Phone: 261-9529
 Contractor: YK CONSTRUCTION LLC Contractor Phone: 715 639 0068 Plumber: CAGANRE PUMPING Plumber Phone: 715
 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: 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. 14 Block(s) No. _____ Subdivision: Garmisch USA Recorded Document (i.e. Property Ownership) Volume .894 Page(s) 744

Section 29, Township 43 Range 6 W Town of: NAMKADON Lot Size 75x 343' Acreage 1.243 Acres

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 200' feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? 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
\$ <u>700,000</u>	<input checked="" 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 checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u> <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"/> City <input checked="" 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"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(<u>X</u>) (<u>X</u>) (<u>12 X 17</u>) (<u>12'6" X 16'</u>) (<u>X</u>) (<u>X</u>) (<u>7 X 25</u>) (<u>X</u>) (<u>29 X 25</u>)	<u>1550</u> <u>204</u> <u>200</u> <u>175</u> <u>725</u>
<input type="checkbox"/> Commercial Use	Bunhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	

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): Mary Ellen Burmann
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

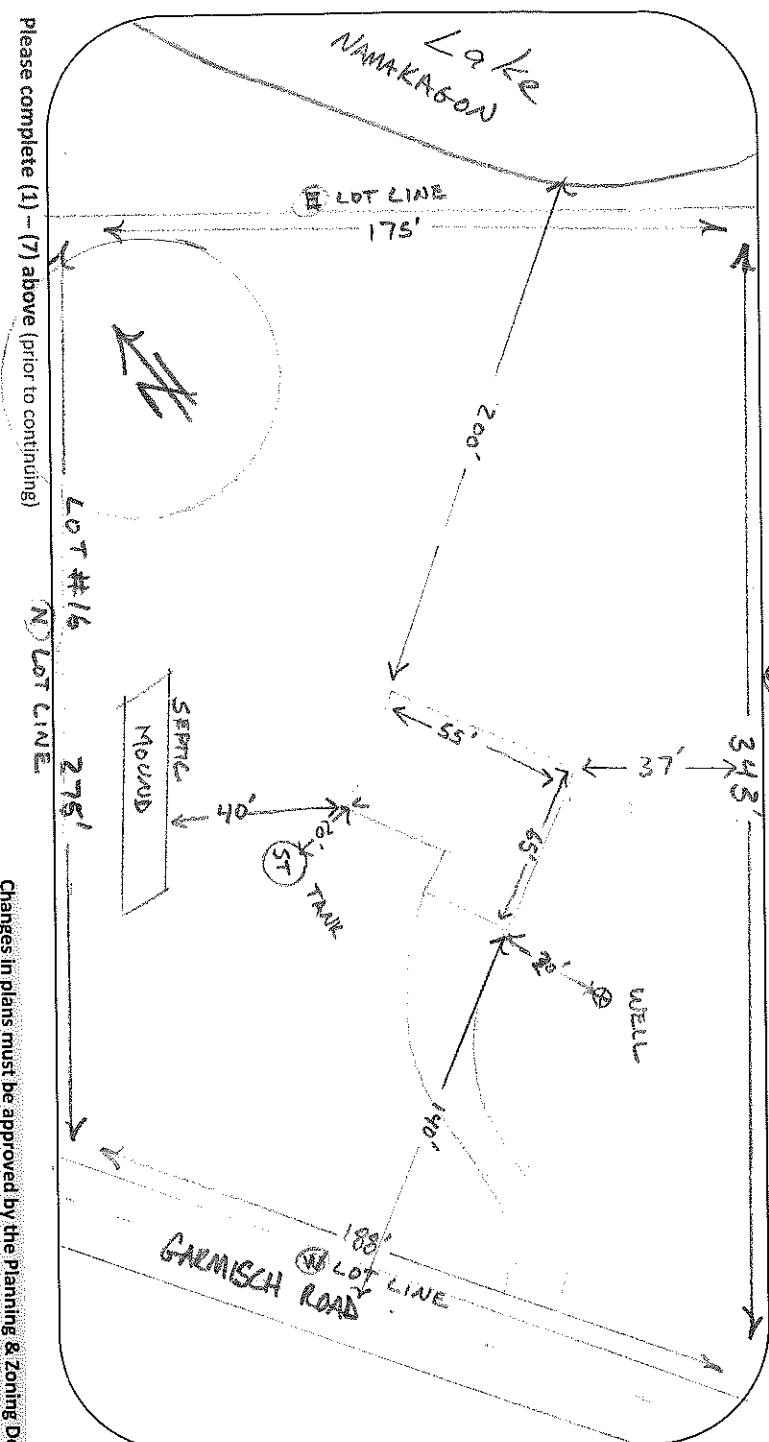
Authorized Agent: YK CONSTRUCTION signing on behalf of the owner(s) a letter of authorization must accompany this application
 Record for Issuance

Add to send permit 2012 YK CONSTRUCTION W490 CHIPPAWAZIE LAKE RD Attach ✓
HAYWARD, WI 54843 Copy of Tax Statement
 Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Date 5/10/2012

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% 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	140 Feet	Setback from the Lake (ordinary high-water mark)	200 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	37 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	125 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	20 Feet	Setback to Well	20 Feet
Setback to Drain Field	40 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:	12-585	# of bedrooms:	3	Sanitary Date:	6-27-12
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0015		Permit Date: 7-3-12					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #:		
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	
Inspection Record:		Well Staked, Metal all set back Inspected by: M. Fuchs					
Date of Inspection: 6-28-12		Inspected by: M. Fuchs					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
Signature of Inspector: Michael S. Fuchs		Date of Approval: 6-29-12					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	