

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
 BAYFIELD COUNTY ZONING DEPARTMENT
 JUL 07 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-0214	ENTERED
Date:	8-1-14	
Amount Paid:	\$75 79-14	
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: Richard R. Hensen Mailing Address: 44720 Bay Dr Cable, WI 54921 Telephone: 798-5520
 Address of Property: Scine City/State/Zip: WI 54921 Call Phone: 612
 Contractor: SELF Contractor Phone: Plumber: 619-5520 Plumber Phone: 619-5520
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Plumber Attached Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Legal Description: (Use Tax Statement) 04-034-2-43-06-10-2 05-002-11000 PIN: (23 digits)
Gov't Lot 2 Lot(s) 2 GSM Vol. & Page 1046 Block(s) No. 753 Subdivision:
 Section 10 Township 43 N. Range 6 W Navakagon Town of: Navakagon Lot Size 1.0 Acreage

Distance Structure is from Shoreline: 98 feet Is Property in Floodplain Zone? Yes No
 Distance Structure is from Shoreline: 98 feet Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material <u>\$ 25,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <u>→</u>	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u>	Distance Structure is from Shoreline: <u>98</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
							<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>Ceaw</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Ceaw</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>						

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 24 Height: 12
 Proposed Construction: Length: 36 Width: 24 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with [2nd] Porch	() ()	()
	with a Deck	() ()	()
	with [2nd] Deck	() ()	()
<input type="checkbox"/>	Commercial Use with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ [] sanitary, or [] sleeping quarters, or [] cooking & food prep facilities)	() ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Addition/Alteration (specify)	() ()	()
<input type="checkbox"/>	Accessory Building (specify)	() ()	()
<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>work shop</u>	(<u>12 x 24</u>)	(<u>288</u>)
<input type="checkbox"/>	Special Use: (explain) <u>new trusses</u>	() ()	()
<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): Richard R. Hensen Date 7-3-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: same as above Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above Attach
 Copy of Tax Statement
 send copy of application to APPLICANT. PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

See attachment

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	86' Feet	Setback from the Lake (ordinary high-water mark)	98' Feet
Setback from the Established Right-of-Way	5' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	Lake Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	27' Feet	Elevation of Floodplain	1197 Feet
Setback to Septic Tank or Holding Tank	36' Feet	Setback to Well	10' Feet
Setback to Drain Field	35' 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 Dwellings: 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 #: 14-08244	Permit Date: 8-7-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input 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.)	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:	Zoning District (R-1)				
Date of Inspection: 7-24-14		Inspected by: M. Futsak	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)					
May not be used for human habitation. No water under pressure in structure. 90' buffer, increase in structure's footprint.					
Signature of Inspector: Michael Sackel					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> O.K.	Hold For Fees: <input type="checkbox"/>	Date of Approval: 7-24-14	

Hemsey
 44720 Bay Dr Cable
 715 798 5520

