

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
 RECEIVED
 MAY 05 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0149
 Date: 5-21-15
 Amount Paid: \$400 SALES
 Refund: \$100 SALES

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: Kevin + Megan Meyer Telephone: 920 475 6901

Mailing Address: N8439 Muirfield Way Menasha WI 54952 Cell Phone: 920 376 0364

Address of Property: 43460 Co Hwy D City/State/Zip: Cable WI 54821

Contractor: KM Construction Contractor Phone: 920 376 0364 Plumber: Kerman Plumbing Plumber Phone: 920 450 5398

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: NE 1/4, SE 1/4 Legal Description: (Use Tax Statement) PINE (23 digits) 04-034-2-43-06-14-1 00-227-4200 Volume 1134 Page(s) 300

Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Menaskagan Lake Shore

Section 14, Township 43 N, Range 6 W Town of: Menaskagan

Recorded Document: (i.e. Property Ownership) _____

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue

Non-Shoreland 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: 85 feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

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
\$150,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Facal New</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement			<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 60 Width: 38 Height: 23

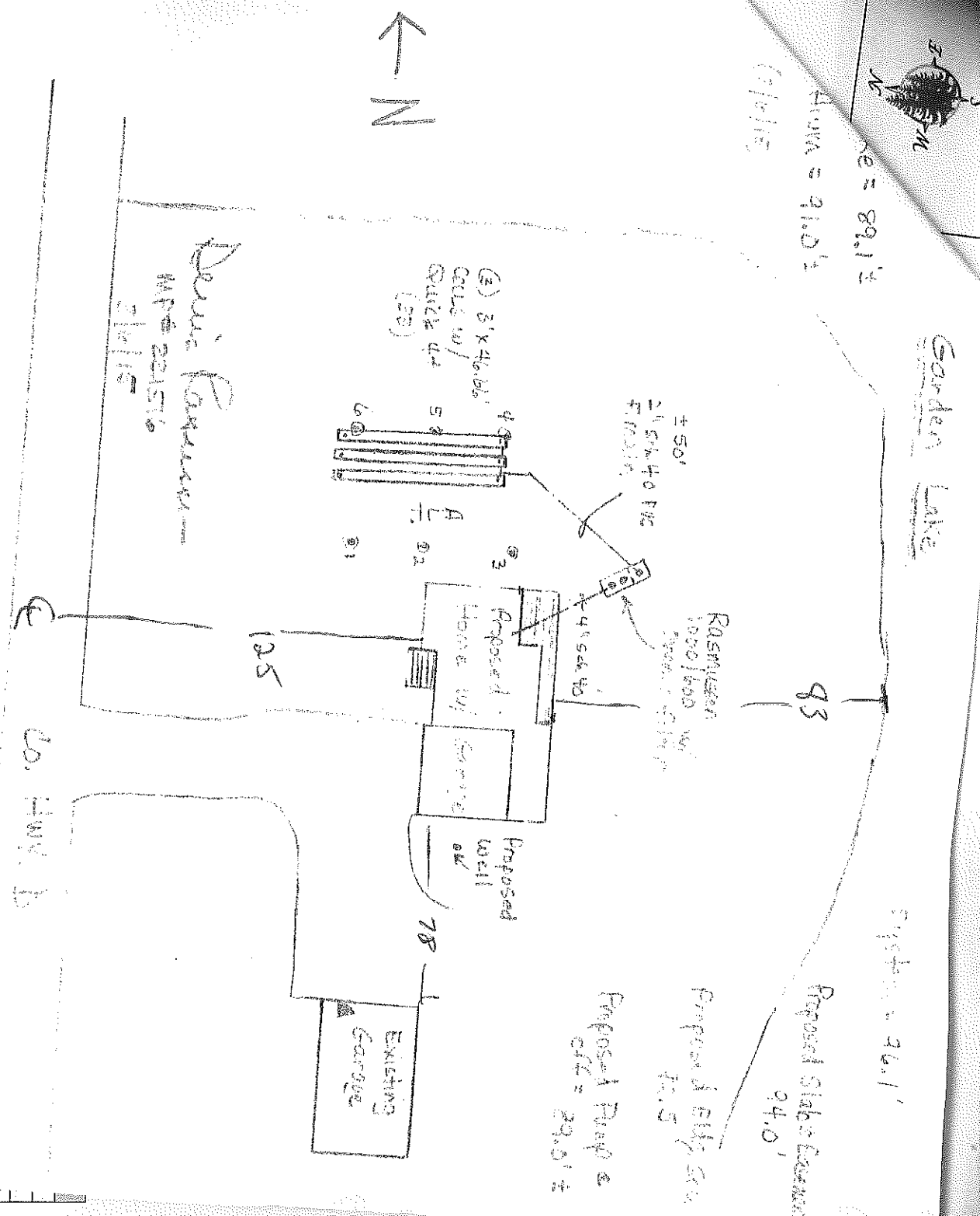
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(60 X 38)	983
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	(136 X 19)	256
	with a Porch	(9 X 5)	45
	with (2 nd) Porch	(356 X 10)	236
	with a Deck	(24 X 24)	576
	with (2 nd) Deck		
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X X)	
	Mobile Home (manufactured date) _____	(X X)	
	Addition/Alteration (specify) _____	(X X)	
	Accessory Building (specify) _____	(X X)	
	Accessory Building Addition/Alteration (specify) _____	(X X)	
<input type="checkbox"/> Municipal Use	Special User: (explain) _____	(X X)	
	Conditional Use: (explain) _____	(X X)	
	Other: (explain) _____	(X X)	

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): Kevin + Megan Meyer Date: 5-4-15
 Authorized Agent: _____ Date: _____
 Address to send permit: N8439 Muirfield Way Menasha WI 54952
 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Setback from the North Lot Line		Feet		Setback from the South Lot Line	250	Feet	Setback from the West Lot Line	125	Feet	20% Slope Area on property		Elevation of Floodplain		Feet
Setback from the West Lot Line		Feet		Setback from the East Lot Line		Feet	Setback to Septic Tank or Holding Tank	10'	Feet	Setback to Well		Feet		Feet
Setback to Septic Tank or Holding Tank		Feet		Setback to Drain Field	10'	Feet	Setback to Privy (Portable, Composting)	10'	Feet					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:	2	3/11/15
Permit #: 15-0449	Permit Date: 15/25			
<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 type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/Contiguous Lots) <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"/> 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 Deeded	<input checked="" type="checkbox"/> Yes <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	
Inspector's Record:		Date of Re-Inspection:		
Var R29 Home base location is good as per sketches		Zoning District (R29)		
Date of Inspection: 5/11/15		Lakes Classification (1)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If they need to be attached)				
Signature of Inspector: <i>Stanley</i>				
Date of Approval: 4/8/15				
Hold For Sanitary: <input type="checkbox"/>				
Hold For TBA: <input type="checkbox"/>				
Hold For Affidavit: <input type="checkbox"/>				
Hold For Fees: <input type="checkbox"/>				
Temp. Surface Fee				