

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 10 2015

ENTERED  
Permit #:

Date: 6-19-15  
Amount Paid: \$1000  
Refund: 6-19-15

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.

Bayfield Co. Zoning Dept.

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

**Owner's Name:** Brent Rueb  
**Address of Property:** 40990 Whit Bass Lake Rd  
**City/State/Zip:** Newton, MS 67114  
**Mailing Address:** 1 Ambleside Ln  
**Contractor:** Vanessa Conway  
**Contractor Phone:** 715 794 2305  
**Plumber:** Clam Lete, WI  
**Agent Phone:** 715 794 2305  
**Agent Mailing Address (include City/State/Zip):**

**PROJECT LOCATION:** Section 25, Township 43N N, Range 05 W  
**Legal Description:** (Use Tax Statement) 1/4, 1/4 Gov't Lot 7 1876 Y118109  
**Lot Size:** 10.1 acres  
**Distance Structure is from Shoreline:** 30 feet

**Value at Time of Completion:** \$4,600.  
**Project:** New Construction  
**Use:** Seasonal Year Round  
**# of Stories and/or basement:** 1-Story  
**# of bedrooms:** 2  
**What Type of Sewer/Sanitary System is on the property?:** Municipal/City (New) Sanitary  
**Water:** City Well

**Proposed Use:** Residential Use  
**Proposed Structure:** Principal Structure  
**Dimensions:** \_\_\_\_\_  
**Square Footage:** \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) X )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) X )	( )
	with a Porch	( ) X )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X )	( )
	Mobile Home (manufactured date)	( ) X )	( )
	Addition/Alteration (specify)	( ) X )	( )
	Accessory Building (specify)	( ) X )	( )
	Accessory Building Addition/Alteration (specify)	( ) X )	( )

**Existing Structure:** (if permit being applied for is relevant to it)  
**Proposed Construction:** \_\_\_\_\_

**Length:** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Height:** \_\_\_\_\_  
**Length:** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Value at Time of Completion** \*include donated time & material  
\$4,600.  
**Project:** New Construction  
**Use:** Seasonal Year Round  
**# of Stories and/or basement:** 1-Story  
**# of bedrooms:** 2  
**What Type of Sewer/Sanitary System is on the property?:** Municipal/City (New) Sanitary  
**Water:** City Well

**Proposed Use:** Residential Use  
**Proposed Structure:** Principal Structure  
**Dimensions:** \_\_\_\_\_  
**Square Footage:** \_\_\_\_\_

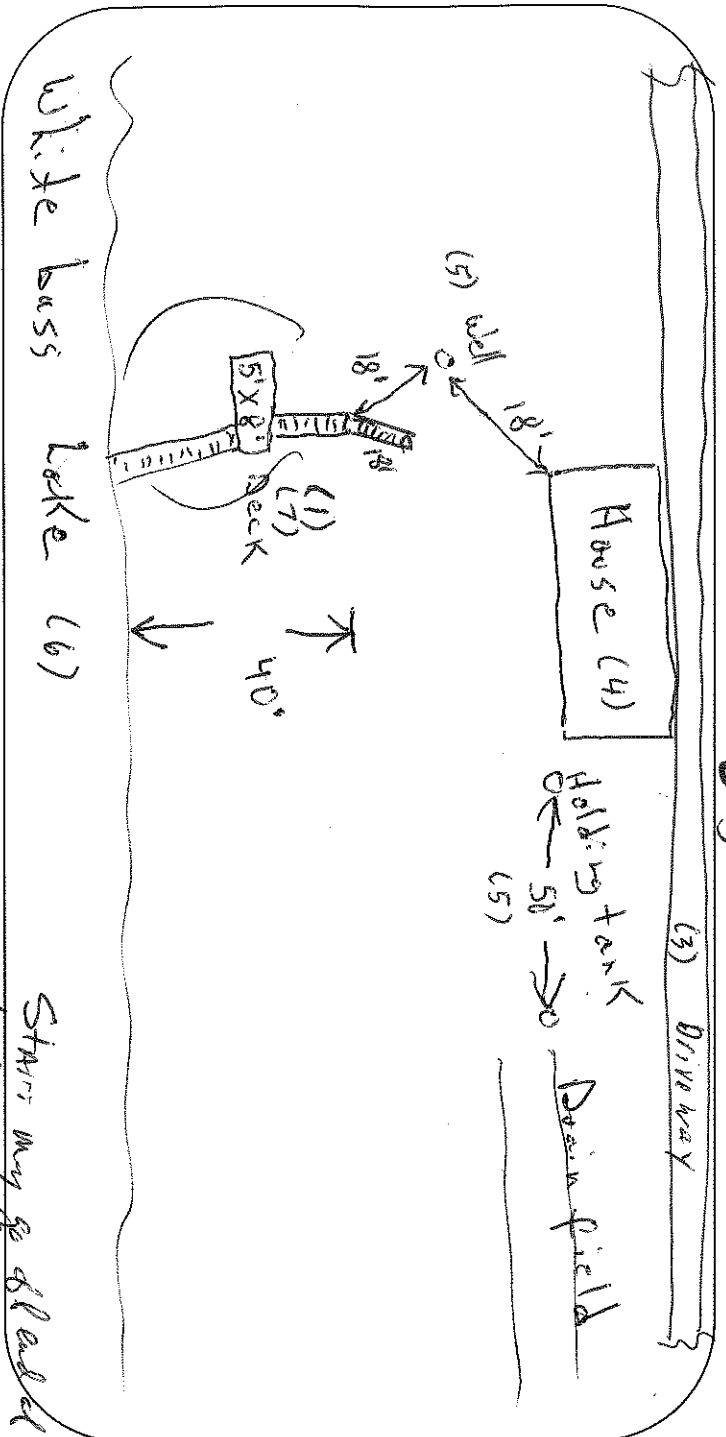
**OWNER'S DECLARATION:** I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that I (we) 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 for any reasonable time for the purpose of inspection.

**OWNER(S):** Brent Rueb, Vanessa Conway  
**Date:** 6/6/15

**AUTHORIZED AGENT:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Address to send permit:** P.O. Box 224 Cable, WI. 54821  
**Date:** \_\_\_\_\_

- 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 (\*):



Please complete (1) - (7) above (prior to continuing) (2)  N 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	Feet	Setback from the Lake (ordinary high-water mark)	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	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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 #: 15-0197 Permit Date: 6-19-15

Is Parcel a Sub-Standard Lot  Yes  Deed of Record  No  
 Is Parcel in Common Ownership  Yes - (fused/contiguous lots)  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #:  Yes  No  
 Previously Granted by Variance (B.O.A.)  Yes  No

Was Parcel Legally Created  Yes  No  
 Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspection Record:  
 Date of Inspection: Verbal to staff - no construction in flood plain  
 Inspected by: (R)  
 Zoning District: (R)  
 Lakes Classification: (2)  
 Date of Re-Inspection:

Condition(s) Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

Keep Skidder out of Flood Plain

Signature of Inspector: [Signature] Date of Approval: 6/18/15  
 Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: