

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  
 Date Stamp (Received)  
 AUG 24 2015  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 15-00330  
 Date: 9.9.15  
 Amount Paid: \$175  
 Refund: 9.9.15

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

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

Owner's Name: **Martin and Julie Stein** Mailing Address: **4814 Onyx Ln Madison, WI 53714** Telephone: **608 298-7676**

Address of Property: **4148D White Bass Road** City/State/Zip: **Clam Lake, WI 53517** Cell Phone: **608 221-8425**

Contractor: **Owner** Contractor Phone: **N/A** Plumber: **N/A** Plumber Phone: **N/A**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **N/A** Agent Phone: **N/A** Agent Mailing Address (include City/State/Zip): **N/A** Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot **6** Lot(s) **6** CSM **6** Vol & Page **6** Lot(s) No. **6** Block(s) No. **6** Subdivision: **6** Recorded Document: (i.e. Property Ownership) **04-034-2-43-05-25-305-6000** Volume **132** Page(s) **972**

Section **25**, Township **48** N, Range **5** W Town of: **Namakagon** Lot Size **3.3** Acres

Shoreland  Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes--continue  If Yes--continue

Distance Structure is from Shoreline: **94** 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
\$ <u>6,000</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u> <input type="checkbox"/> Privy (Pit) or 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

Other: partial screening w/ deck w/

Existing Structure: (if permit being applied for is relevant to it) Length: **24'** Width: **8'** Height: **8'**

Proposed Construction: deck, partially screened Length: **24'** Width: **8'** Height: **8'**

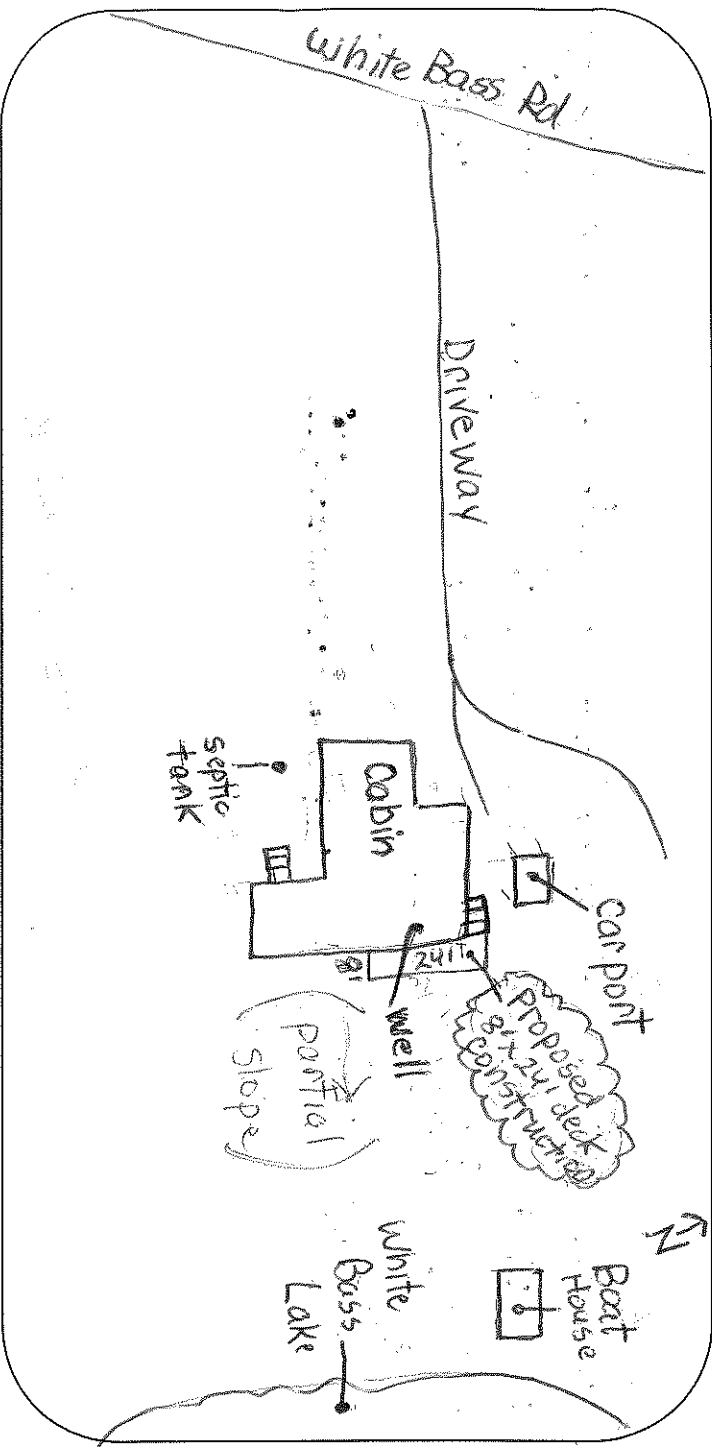
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
	with Loft	( ) X ( )	( )
	with a Porch	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
	with a Deck	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>deck with partial screening</u>	( <u>24'</u> X <u>8'</u> )	192
	Accessory Building (specify)	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
	Special Use: (explain)	( ) X ( )	( )
	Conditional Use: (explain)	( ) X ( )	( )
	Other: (explain)	( ) 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.

Owners: Julie and Steve Martin Stein Date 8/20/15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: N/A Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit 4814 Onyx Lane, Madison, WI 53714 Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE (If you recently purchased the property send your Recorded Deed)

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%



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
Setback from the Centerline of Platted Road	406 Feet	Setback from the Lake (Ordinary high-water mark)	94 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line		Setback from the Bank or Bluff	
Setback from the South Lot Line	37 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line		20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	Under cabin Feet
Setback to Drain Field	15 Feet		
Setback to Privy (Portable, Composting)			

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 #: 15-0330 Permit Date: 9-9-15

Is Parcel a Sub-Standard lot  Yes  No (Deed of Record)  Yes  No (Fused/Contiguous lot(s))  Yes  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  Yes  No  
 Was Proposed Building Site Delineated  Yes  No  
 Was Property Surveyed  Yes  No

Inspection Record: Zoning District (PL)  
 Lakes Classification (2)

Date of Inspection: 8/27 Inspected by: J. P. [Signature]

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

Signature of Inspector: J. P. [Signature] Date of Approval: 9-8-15

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: