

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

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.

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 SEP 11 2015  
 Bayfield Co. Zoning Dept

|              |         |
|--------------|---------|
| Permit #:    | 15-0340 |
| Date:        | 9-14-15 |
| Amount Paid: | \$75    |
| Refund:      | 9-14-15 |

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

Owner's Name: Robert P. Rasmussen  
 Address of Property: 42835 Ward Bay Dr.  
 City/State/Zip: Cable, WI 54821  
 Telephone: 715-744-2170  
 Call Phone: 715-580-0278

Contractor: Self  
 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  
 Legal Description: (Use Tax Statement)  
 PIN: (23 digits) 04-034-2-43-06-21-105-001-0900  
 Gov't Lot: 4  
 CSM: 889  
 Vol & Page: 6 P880  
 Lot(s) No.: \_\_\_\_\_  
 Block(s) No.: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 21, Township 43 N, Range 6 W  
 Town of: Adona Wagon

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: 500 (47-1) feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories and/or basement  | Use   | # of bedrooms   | What Type of Sewer/Sanitary System Is on the property?  | Water   |
|--|--|---|---|---|---|---|
| \$ 10,000  | <input checked="" type="checkbox"/> New Construction<br><input checked="" type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement | <input type="checkbox"/> Seasonal<br><input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (Exists)<br><input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: 15' Width: 10' Height: 25'

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

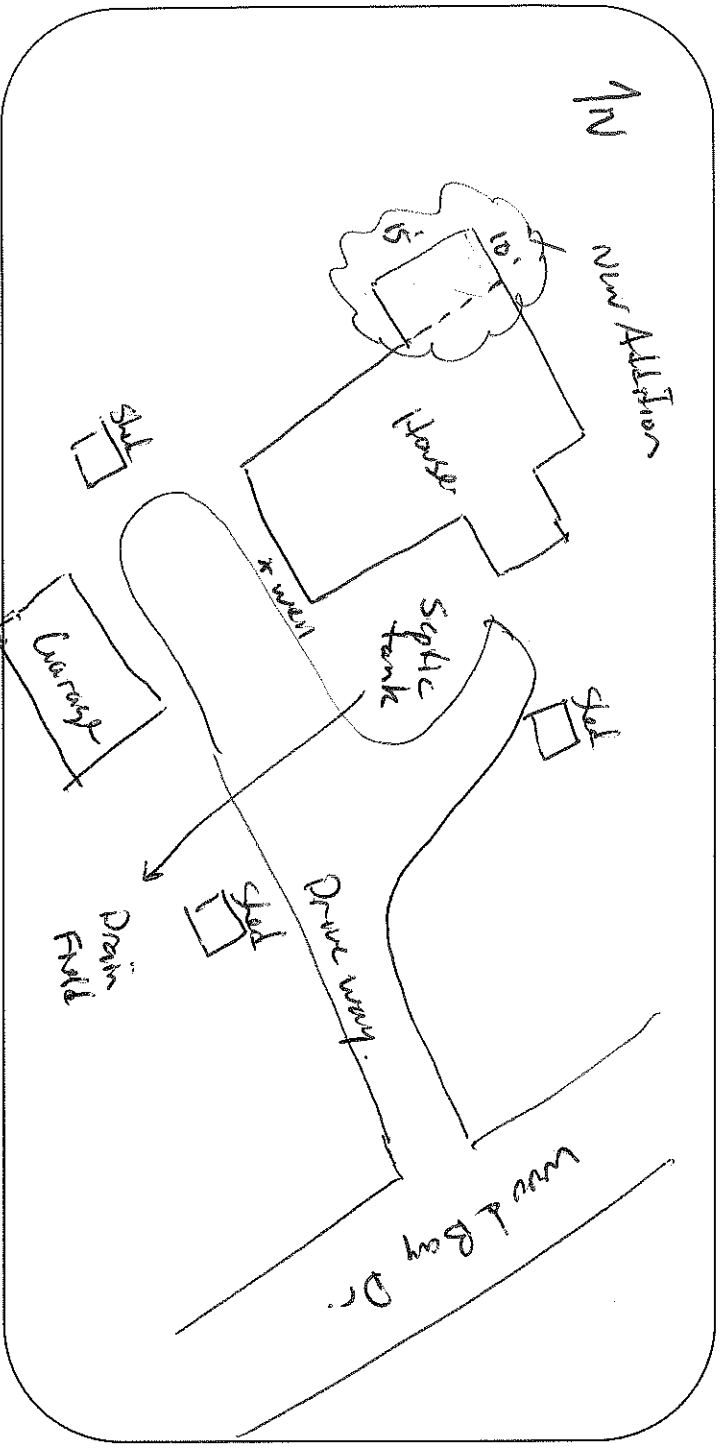
| Proposed Use  | Proposed Structure  | Dimensions  | Square Footage |
|---|---|---|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property)<br>Residence (i.e. cabin, hunting shack, etc.)<br>with Loft<br>with a Porch<br>with (2 <sup>nd</sup> ) Porch<br>with a Deck<br>with (2 <sup>nd</sup> ) Deck<br>with Attached Garage | ( 42 X 40 )<br>( X X )<br>( X X )<br>( X X )<br>( X X )<br>( X X )<br>( X X ) | 1300           |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)  | ( X X )   |                |
| <input type="checkbox"/> Municipal Use              | Mobile Home (manufactured date)   | ( X X )   |                |
|   | Addition/Alteration (specify) Stairway  | ( 15 X 10 )   | 150            |
|   | Accessory Building (specify)  | ( X X )   |                |
|   | Accessory Building Addition/Alteration (specify)  | ( X X )   |                |
|   | Special Use: (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 for a reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 9/10/15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)  
 Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit \_\_\_\_\_ Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Box 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 | 760 Feet    | Setback from the Lake (ordinary high-water mark) | 500 Feet   |
| Setback from the Established Right-of-Way   | 120 Feet    | Setback from the River, Stream, Creek            | Feet   |
| Setback from the North Lot Line             | 35 Feet     | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 245 Feet    | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 110 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 50 Feet     | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | 15 Feet     | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | 100 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 Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |   |   |   |   |                           |   |
|---|---|---|---|---|---|---------------------------|---|
| <b>Issuance Information (County Use Only)</b>               |   | Sanitary Number: 404 257                          | # of bedrooms: _____  | Sanitary Date: 4/17/03                  |   |                           |   |
| Permit Denied (Date): _____                                 | Reason for Denial: _____  | Permit Date: 9-14-15                              |   |   |   |                           |   |
| Permit #: 15-0340   |   |   |   |   |   |                           |   |
| Is Parcel a standard lot                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record)                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Fused/Contiguous Lot(s))                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Attached                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming                                 | <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.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #:                   |   |
| Was Parcel Legally Created                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed                   | <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:  | Proposed addition marked  |   |   |   |   |                           |   |
| Date of Inspection:   | Inspected by:   | Property owner is responsible for contacting UDC. |   |   |   |                           |   |
| Condition(s): Town, Committee or Board Conditions Attached? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If No they need to be attached.)                 |   |   |   |                           |   |
| Signature of Inspector: <i>Stanley</i>                      | Hold For Sanitary: <input type="checkbox"/>                         | Hold For TBA: <input type="checkbox"/>            | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/> | Hold For: <input type="checkbox"/>                                  | Date of Approval: 9-11-15 |   |