

**BUILDING PERMIT APPLICATION
CITY OF BAYFIELD, WISCONSIN**

IMPORTANT -- Complete All items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and Street

Lot

Block

II. TYPE AND COST OF BUILDING-- All applicants complete

A. TYPE OF IMPROVEMENT

- 1 New building
- 2 Addition (if residential, enter number of new housing units added if any in Part D, 13)
- 3 Alteration (See 2 above)
- 4 Repair, replacement _____
- 5 Wrecking (If multifamily residential enter number of units in building in Part D, 13)
- 6 Moving (relocation)
- 7 Foundation only

B. OWNERSHIP

- 8 Private (individual, corporation, nonprofit institution, etc.)
- 9 Public (Federal, State, or local government)

D. PROPOSED USE For "Wrecking" most recent use

Residential

- 12 One Family
- 13 Two or more family - Enter number of units
- 14 Transient hotel, motel, or dormitory
Enter number of units
- 15 Garage
- 16 Carport
- 17 Other -- Specify _____

Non residential

- 18 Amusement, recreational
- 19 Church, other religious
- 20 Industrial
- 21 Parking garage
- 22 Service station, repair garage
- 23 Hospital, institutional
- 24 Office, bank, professional
- 25 Public Utility
- 26 School, library, other educational
- 27 Stores, mercantile
- 28 Tanks, towers
- 29 Other -- Specify _____

C. COST

- 10. Cost of improvement ----- \$ _____
To be installed but not included in the above cost
- a. Electrical ----- _____
- b. Plumbing ----- _____
- c. Heating, air conditioning ----- _____
- d. Other (elevator, etc.) ----- _____
- 11. TOTAL COST OF IMPROVEMENT \$ _____

(Omit cents)

IV. BUILDING PERMIT APPLICATION SUBMITTAL

1. Building Permit Application (provided by the City) must be filled out in it's entirety and signed by the property owner.
2. Detailed Site Plan - must list all dimensions to property owners lot line. Use reverse side or similar drawing.
3. Elevation Drawings - must submit elevation drawings for all sides of building that will be changed or modified.
4. Survey - required for all new construction, and for any project where the existing footprint is increased.
5. Historic Preservation - written information is needed to support your application with respect to historic preservation (does new construction fit with old, how does new construction fit with other neighboring properties, see Historic District Guidelines).
6. You or a representative must be at the Architectural Review Board meeting to present plans and answer any questions the Board may have about your application/project.

III. SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

- 30 Masonry (wall bearing)
- 31 Wood frame
- 32 Structure steel
- 33 Reinforced concrete
- 34 Other -- Specify _____

DIMENSIONS

- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

RESIDENTIAL BUILDINGS ONLY

- 53. Number of bedrooms
- 54. Number of bathrooms { Full
Partial

V. IDENTIFICATION To be completed by all applicants

	Name	Mailing address - Number, Street, City, State	ZIP code	Tel. No.
1. Property Owner				
2. Contractor				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of (name of permit jurisdiction).

Signature of Property Owner

Address

Application date

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

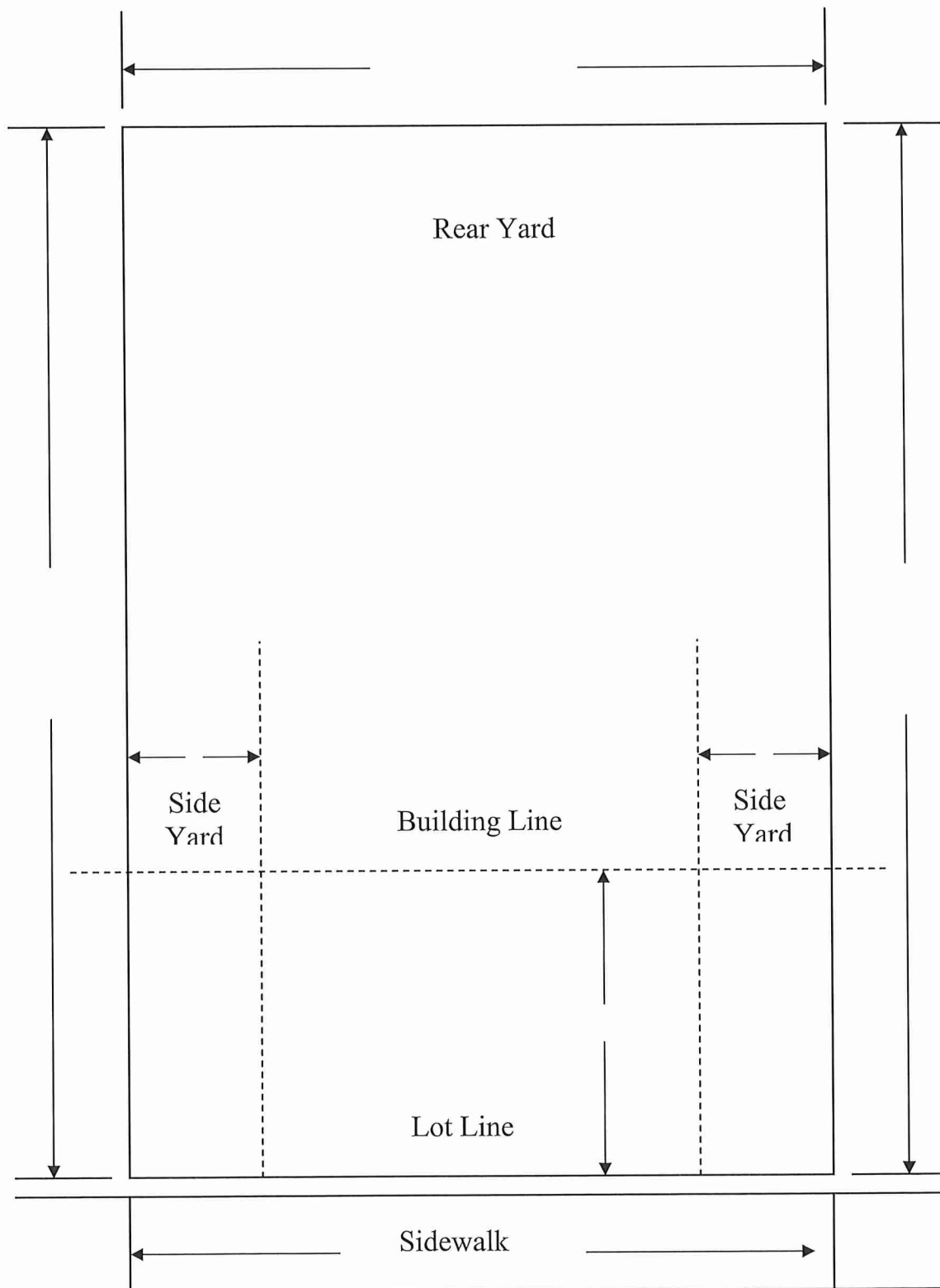
Approved by

Permit fee

Date permit issued

Permit number

Fill in dimensions and locate accessory buildings.



Building Permit Application Worksheet

Must be filed with the Application

Please check each box and attach the required material as indicated:

- Completed Building Permit Application.
 - Completed Building Permit Application Worksheet.
 - Elevation Drawings – for all sides of building that will be changed or modified including all current and new exterior lighting.
 - Survey – for all new construction and for any project where lot lines are questionable.
 - Certificate of Approval Application – for properties located in the Historic District.
 - Acknowledge that you or a representative will be present at the meeting.
-

Please respond to all that apply, be specific:

1. Construction Type: _____
2. Size (Dimensions): _____
3. Siding Material:
Currently: _____ Proposed: _____
Siding Color:
Currently: _____ Proposed: _____
4. Roofing Materials:
Currently: _____ Proposed: _____
Roof Color:
Currently: _____ Proposed: _____
5. Windows: Style: _____ Size: _____
Style: _____ Size: _____
Style: _____ Size: _____
Style: _____ Size: _____
6. Doors: Style: _____ Size: _____
Style: _____ Size: _____
Style: _____ Size: _____
7. Height: _____ (to be measured from the lowest elevation on the footprint of the building projected vertically on the natural surface of the building site, as it existed prior to any filling, excavating, or grading and verified by the certified topographical survey, to the highest roof peak)

Certificate of Approval Application

Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip (Mailing): _____

Block: _____ Lots: _____

Description of proposed activity:

Describe how this project complies with the Historic Preservation Ordinance:

I have received a copy of the City of Bayfield's Historic District Guidelines, and I understand I must abide by the terms of the permit, and that it is my responsibility to contact the City should my site plans change.

Applicant's Signature

Date

NOTE: Permits may be revoked without notice if misrepresentation or any of the above information or attachments is found to exist.
Permits shall expire within 6 months, they may be extended for an additional 6 months with proper approval.
Permit is null and void if issued in error.

Permit No.: _____

Approval/Denial Date: _____

Permit Received: _____

Building Permit No.: _____

By: _____

Building Permit Paid: ____ Yes / ____ No

Date Submitted _____ Meeting Date (if required) _____ ARB Permit # _____

REGISTRATION OF NEW PAINT COLORS

For Properties in the City of Bayfield Historic District

When deciding paint or stain colors for structures in the City of Bayfield Historic District, owners are requested to select colors compatible with other properties in the immediate area as well as colors which are appropriate for the building's age or style. Although paint stain/color is regulated by the Architectural Review Board, the desire is to make the registration process as convenient as possible for the applicant. Therefore, if your paint/stain project falls under Plan A, it is sufficient to submit a fully completed registration form along with color samples and a determination will be made by the Zoning Administrator and then proceed with your paint/stain work.

Please fill out the paint color information and choose the Plan that is most appropriate for your paint/stain job. Submit this form along with front, back and side pictures of the structure to be painted or stained, and samples for each color you are registering.

Applicant's Name _____ Phone# _____

Applicant's Address _____

Property Address for paint work _____

Indicate and provide examples of colors to be used

Structure	_____	
	Existing colors	Proposed colors
Trim	_____	
	Existing colors	Proposed colors
Doors	_____	
	Existing colors	Proposed colors
Shutters	_____	
	Existing colors	Proposed colors
Other	_____	
	Existing colors	Proposed colors

Indicate plan to be used

_____ **Plan A:** Using as a guideline, the paint brochures located in the Historic District Guidelines as a reference at City Hall, the structure is being painted with colors appropriate for the age and style of the structure and are compatible with other structures in the surrounding area. To be determined by the Zoning Administrator.

Signature of ZA _____ Date _____

_____ **Plan B:** The structure is not going to be painted with colors that are recommended in the Historic District Guidelines. The Architectural Review Board recognizes that there are other paint colors which are appropriate for structures within the Historic District. As of yet these have not been added to the list in the Historic District Guidelines. These cases will be reviewed by the ARB.

_____ I would like to be put on the next ARB agenda to discuss the color choices I have submitted for this structure.

I (print name) _____ hereby submit this application and declare the above information to be accurate.

Signature of Property Owner _____ Date _____

City of Bayfield

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NOTICE TO APPLICANTS:

You may be required to obtain other City permits depending on your project. Other permits may include:

TYPE	APPROVAL BY	CONTACT
Conditional Use	Plan Commission	Samaya Ray
Digging	Public Works	Joel Weber
Driveway	Public Works	Joel Weber
Sign	Zoning Administrator/ Plan Commission	Samaya Ray
Soil Erosion	Public Works	Joel Weber

OTHER INFORMATION:

SERVICE	COMPANY	CONTACT	PHONE NO.
Gas/Electric	Xcel Energy		800-895-4999
Water/Sewer	City of Bayfield	Mike Burg	715-779-5731
Surveyors	Nelson Surveying Pine Ridge Surveying	Patrick McKuen	715-682-2692 715-682-2969
Telephone	Centurylink Charter Spectrum		800-201-4099 855-757-7328
Cable	Charter Spectrum		855-757-7328
	Diggers Hotline	Call before you dig	800-242-8511