

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
 Date Form Received: **AUG 01 2014**
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: **14-03897**
 Date: **9-15-14**
 Amount Paid: **\$1688-1-14**
 Refund: _____

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: **David & Jane Helbert** Mailing Address: **327 Ravenswood Ct, Albion, WI** Telephone: **715 514-7003 cell**

~~40998~~ Property: **White Bass Lk. Rd.** City/State/Zip: **Clam Lake WI 54517** Cell Phone: _____

Contractor: **Greg Peterson Const.** 716 Contractor Phone: **558-1828** Plumber: _____

Authorised 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 Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 7+12 Lot(s) 1 CSM 1816 Vol & Page 10,350 Lot(s) No. Block(s) No. Subdivision: _____** Recorded Document: (i.e. Property Ownership) **04-034-2-43-05-25-4 05-012-21000 Volume 1092a Page(s) 3**

Section **25**, Township **43** N, Range **5** W Town of: **Nawa Kagon** Lot Size _____ Acreage **3.1**

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: **82+** feet

Non-Shoreland

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
\$ 5,000	<input type="checkbox"/> New Construction <input checked="" 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 type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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: Box <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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for, is relevant to it) Length: **50** Width: **32** Height: **18**

Proposed Construction: Length: _____ Width: _____ Height: _____

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 nd) Deck	(X)	
	with (2 nd) Deck with Attached Garage	(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) Roof over deck	(7 X 7)	49
	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/Regulating Authority (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 correctness 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 accordance 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.

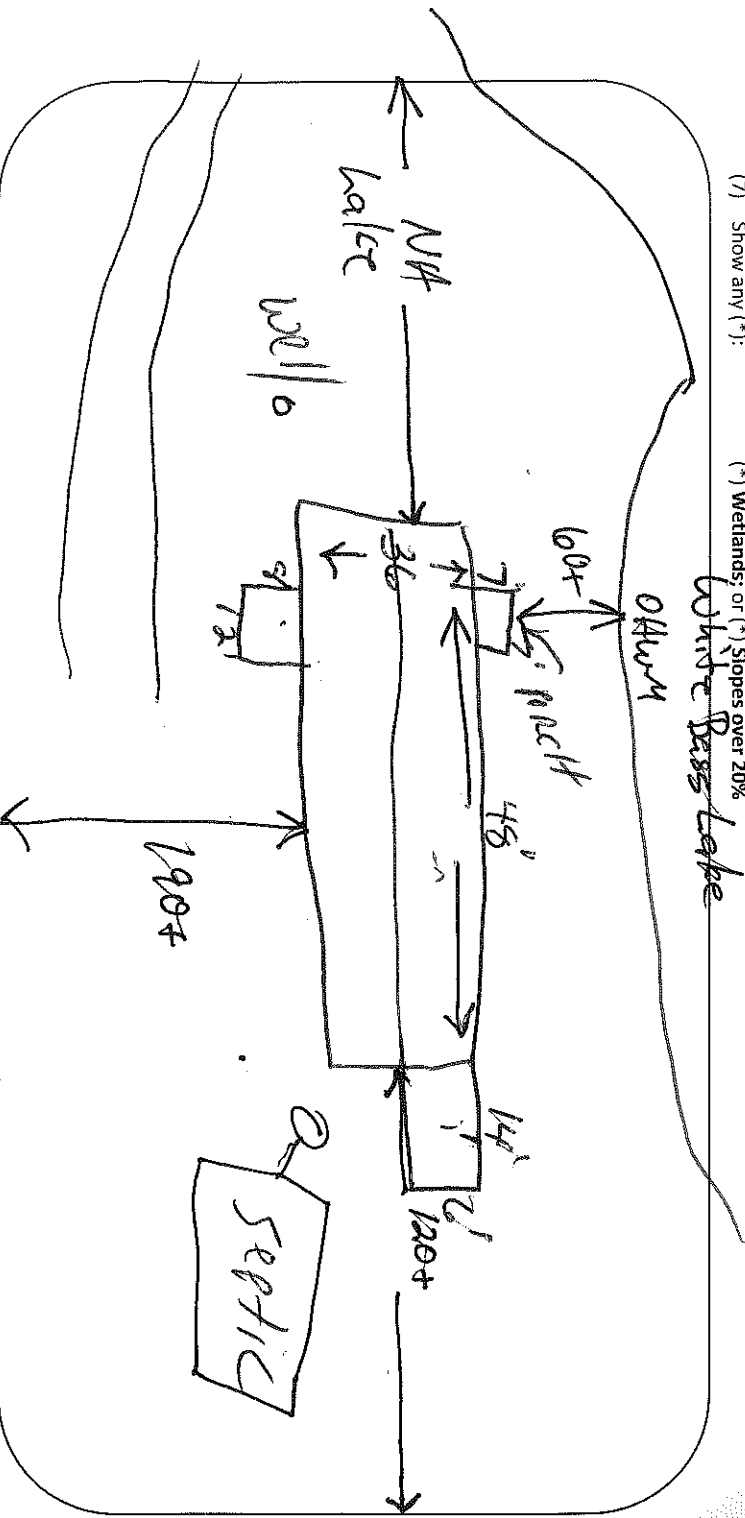
Owner(s): **Greg Peterson** Date **7-11-14**
 (If there are Multiple Owners, please attach Originals and letter(s) of authorization must accompany this application)

Authorized Agent: **Greg Peterson** Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **11397 N Company Lake Rd, Hayward, WI 54843** Attach Copy of Tax Statement

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)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	62' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	14' Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	Feet	Setback from Wetland	120' Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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.

Issuance Information (County Use Only)		Sanitary Number: 06-2285	# of bedrooms: 3	Sanitary Date: 10-13-06
Permit Denied (Date):	Reason for Denial:	Permit Date: 8-9-15-14		
Permit #: 14-08897	Is Parcel a Sub-Standard lot Is Parcel In Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Copious Lot(s)) <input checked="" type="checkbox"/> Yes 60' Town CHWM	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
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 Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Structure is existing				
Date of Inspection: 8-18-14	Inspected by: Mr. Fuchs	Zoning District Lakes Classification (2)	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
see mitigation affidavit. No further encroachment on lake.				
Signature of Inspector: Michael Fuchs				Date of Approval: 8-18-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: X O.K.	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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
 Date Stamp (received)
 AUG 18 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0330
 Date: 9-15-14
 Amount Paid: \$180 8-18-14
 Refund: \$5 9-11-14

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: MARK PERRI Rev. Trust
 Address of Property: 841 Ivy Oaks Dr, Caladenia, IL
 City/State/Zip: 61011
 Telephone: 815-885-3918
 Cell Phone: 815-262-7503

Contractor: DADO DRIVE
 1246 YEARS BUILDER
 Contractor Phone: 507-273-8127
 Plumber: CABLE WI
 Plumber Phone: 507-273-8127

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 RILEY YERHOUT
 Agent Phone: 507-273-8127
 Agent Mailing Address (include City/State/Zip): 2053 STRAUBERT DR SW MN 55904
 Attached Yes No

PROJECT LOCATION: 1/4, 1/4
 Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-034-2-43-06-10-4 00-330-37000
 Recorded Document: (i.e. Property Ownership) Volume 975 Page(s) 214
 Subdivision: Nawakagon
 Lot Size: 14.1+ .1

Section 10, Township 43 N, Range 6 W
 Town of: Nawakagon

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream, 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: 75+ feet
 Distance Structure is from Shoreline: 75+ feet

Is Property in Floodplain Zone?
 Yes No

Are Wetlands Present?
 Yes No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 40,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> GARAGE	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary—Specify Type: SANITARY <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SANITARY <input type="checkbox"/> Privy (Privy) or Vaulted (Area 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction:
 Length: 48' Width: 36' Height: 36'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(36 x 48) () () () () () () ()	1,728 () () () () () () ()
<input type="checkbox"/> Commercial Use	Bunthouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() () () ()	() () () ()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() () () ()	() () () ()
Rec'd for Issuance SEP 11 2014	Accessory Building (specify) GARAGE Accessory Building Addition/Alteration (specify)	() () () ()	() () () ()
Secretarial Staff	Special Use: (explain) Conditional Use: (explain) Other: (explain)	() () () ()	() () () ()

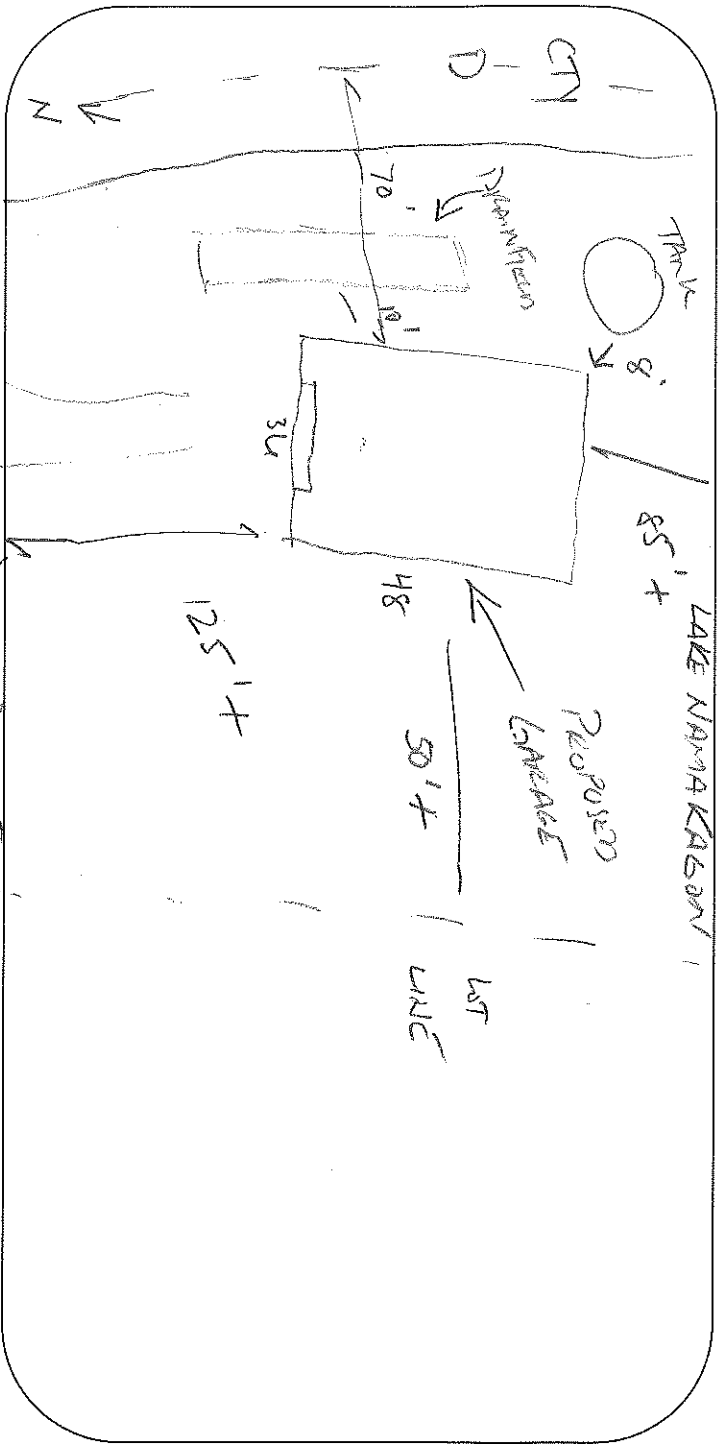
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date 8/15/14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: SAME as above
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

TYPE OF SYSTEM APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 TYPE OF SYSTEM HE CLAIMS IS ON PROPERTY? NEED TO FILE IN CAEMODY

Look 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)

(8) Setbacks: (measured to the closest point) DODD DRIVE

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	125' ± Feet	Setback from the Lake (ordinary high-water mark)	85' ± Feet
Setback from the Established Right-of-Way	65' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	125' ± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	85' ± Feet	Setback from Wetland	100' ± Feet
Setback from the West Lot Line	50' ± Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	8' Feet	Setback to Well	N/A Feet
Setback to Drain Field	10' Feet		
Setback to Privy (Portable, Composting)	N/A 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: 467317 # of bedrooms: 8 Sanitary Dist: 8-05

Permit Denied (Date): _____ Reason for Denial: _____ Permit Date: 9/15/14

Permit #: 14-03880

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No

Is Parcel In Common Ownership Yes (Fused/contiguous Lots) No No

Is Structure Non-Conforming Yes No

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

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: will staked. Meets all setbacks.

Date of Inspection: 9-21-14 Inspected by: MT Furdale Zoning District (R-1)

Conditions: Town, Committee or Board Conditions Attached? Yes No No they need to be attached!

May not be used for human habitation. No water under pressure in structure. No plumbing pictures in structure.

Signature of Inspector: Michael Gustke Date of Re-Inspection: 8/21-14

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: \$45 Authorization