

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
 SEP 16 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0385
 Date: 10-5-15
 Amount Paid: \$987
 Refund: 10515

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: Michael & Jean Ann Jacobs
 Address of Property: Missionary Point Circle
 City/State/Zip: Cable, WI 54821
 Telephone: (715) 742-2461

Contractor: Marc Hefle
 Contractor Phone: (715) 724-7624
 Plumber: Jeff Kosmussen
 Agent Phone: (715) 724-7624
 Agent Mailing Address (include City/State/Zip):

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: Legal Description: (Use Tax Statement) P1/4, S1/4, Gov't Lot, Lot(s), GSM, Vol & Page, Lot(s) No., Block(s) No., Subdivision: P1/4 Missionary Point
 Section 02, Township 43 N, Range 06 W, Nemakagon
 Lot Size: 200x200', Acreage: .92

Recorded Document: (i.e. Property Ownership) Volume, Page(s)

Distance Structure is from Shoreline: feet
 Distance Structure is from Shoreline: 600 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
\$329,000	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>6"bund</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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: 56' Width: 71'6" Height: 21'
 Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	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	(48 x 40) (28 x 12) (X X) (X X) (X X) (24 x 24)	1817 288 576
<input type="checkbox"/> Commercial Use Head for Issuance	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 Secretarial Staff	Accessory Building (specify)	(X X)	
<input type="checkbox"/> Other: (explain)	Accessory Building Addition/Alteration (specify)	(X X)	
<input type="checkbox"/> Special Use: (explain)		(X X)	
<input type="checkbox"/> Conditional Use: (explain)		(X X)	
<input type="checkbox"/> Other: (explain)		(X X)	

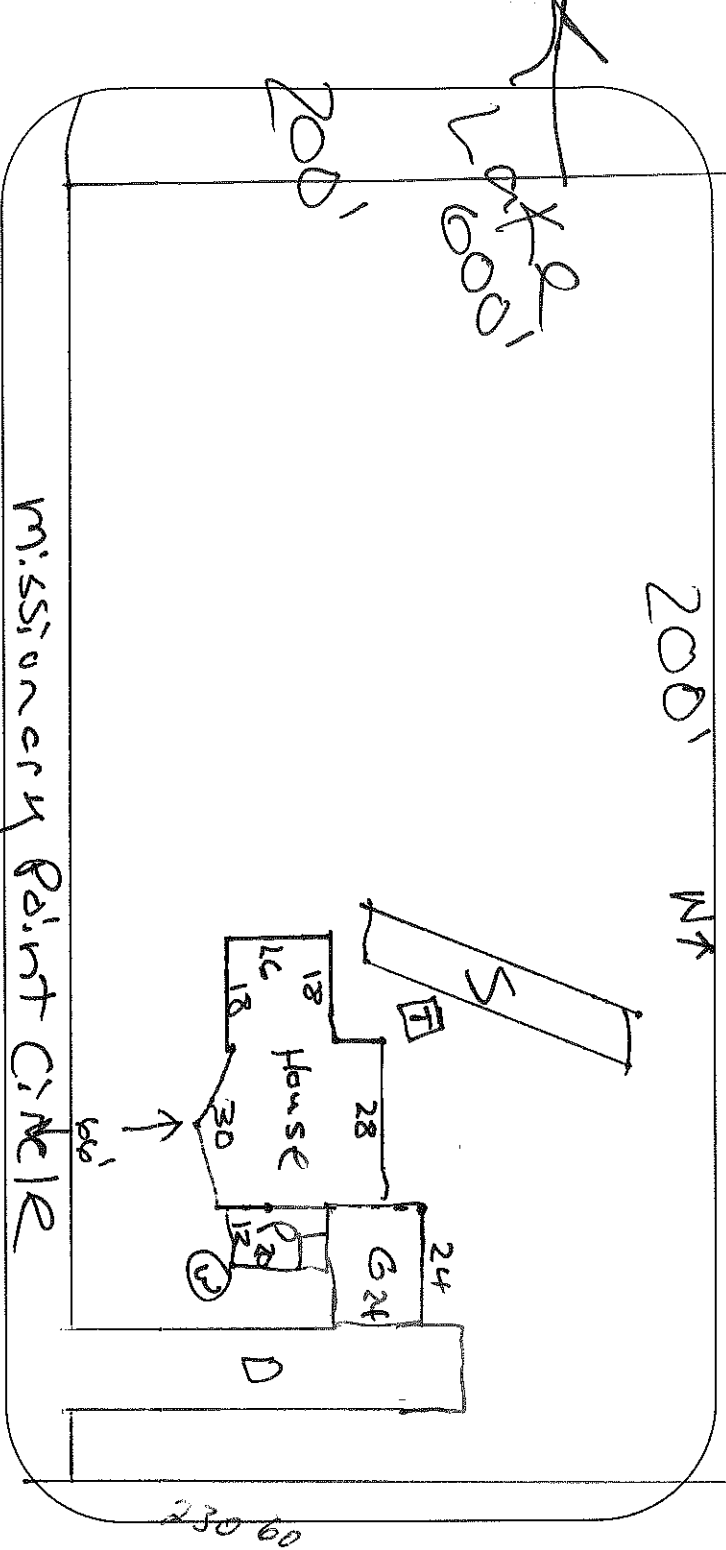
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 the 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): Mike & Jean Jacobs
 Date: 9/10/15
 Authorized Agent: Marc Hefle
 Date: 9/10/15
 Address: Missionary Point Circle, Cable, WI 54821
 Attach Copy of Tax Statement
 If you received a copy of the property send your Recorded Deed

NEEDS SASSIMERY
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the 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	660 Feet	Setback from the Lake (ordinary high-water mark)	660 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	86 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	98 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	30 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	Feet
Setback to Septic Tank or Holding Tank	86 Feet	Setback to Well	86 Feet
Setback to Drain Field	78 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: 15-1975	# of bedrooms: 3	Sanitary Date: 9-30-15
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0385	Permit Date: 10-5-15			
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input checked="" type="checkbox"/> No Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (D1)		
Date of inspection: 9/17/15		Inspected by: [Signature]		Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (No they need to be attached.)				
Property owner is responsible for contacting UDC.				
Signature of Inspector: [Signature]		Date of Approval: 9-29-15		
Hold For Sanitary: X 9-29-15		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		

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APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 SEP 28 2015

Permit #:	15-0386
Date:	10-5-15
Amount Paid:	\$175
Refund:	10-5-15

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 APPROPRIATE AGENCIES.

BAYFIELD CO. ZONING DEPT.

715-794-2712 today!

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

Owner's Name: Ann & Albert Wright Mailing Address: Box 1554 Rhinelander, WI City/State/Zip: 54501 Telephone: 715-282-5572

Address of Property: 23165 Missionary Pt Drive Cable, WI. 54821 City/State/Zip: 54821 Cell Phone: NONE

Contractor: Everemy Parades Contractor Phone: 818-729-5106 Plumber: _____ Plumber Phone: _____

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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 5 Lot(s) 5 CSM 1052 Vol & Page 1052 Lot(s) No. 5 Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) 00-22-0500 Volume 1052 Page(s) 23(831)

Section 502, Township 43N, Range 06 W Town of: Nappa Kagon Lot Size 1.21 Acreage

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

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->

Distance Structure is from Shoreline: 230 feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 230 feet Are Wetlands Present? Yes No

Value at Time of Completion <small>*Include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$17000	New Construction	1-Story	Seasonal	1	Municipal/City	<input type="checkbox"/> CITY
<u>WPA painted by me.</u>	Addition/Alteration	1-Story + Loft	Year Round	2	(New) Sanitary	<input checked="" type="checkbox"/> Well
	Conversion	2-Story		3	Sanitary (Exists) Specify Type: <u>None</u>	<input type="checkbox"/>
	Relocate (existing bldg)	Basement			Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	Run a Business on Property	No Basement			Portable (w/service contract)	<input type="checkbox"/>
	Property	Foundation			Compost Toilet	<input type="checkbox"/>
					None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 24 Height: 16

Proposed Construction: Length: 32 Width: 24 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() ()	()
	Accessory Building (specify) <u>Garage</u>	(32 x 24)	768
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Rec'd for Issuance <input type="checkbox"/>	() ()	()
	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): Ann & Albert Wright Date 9/26/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

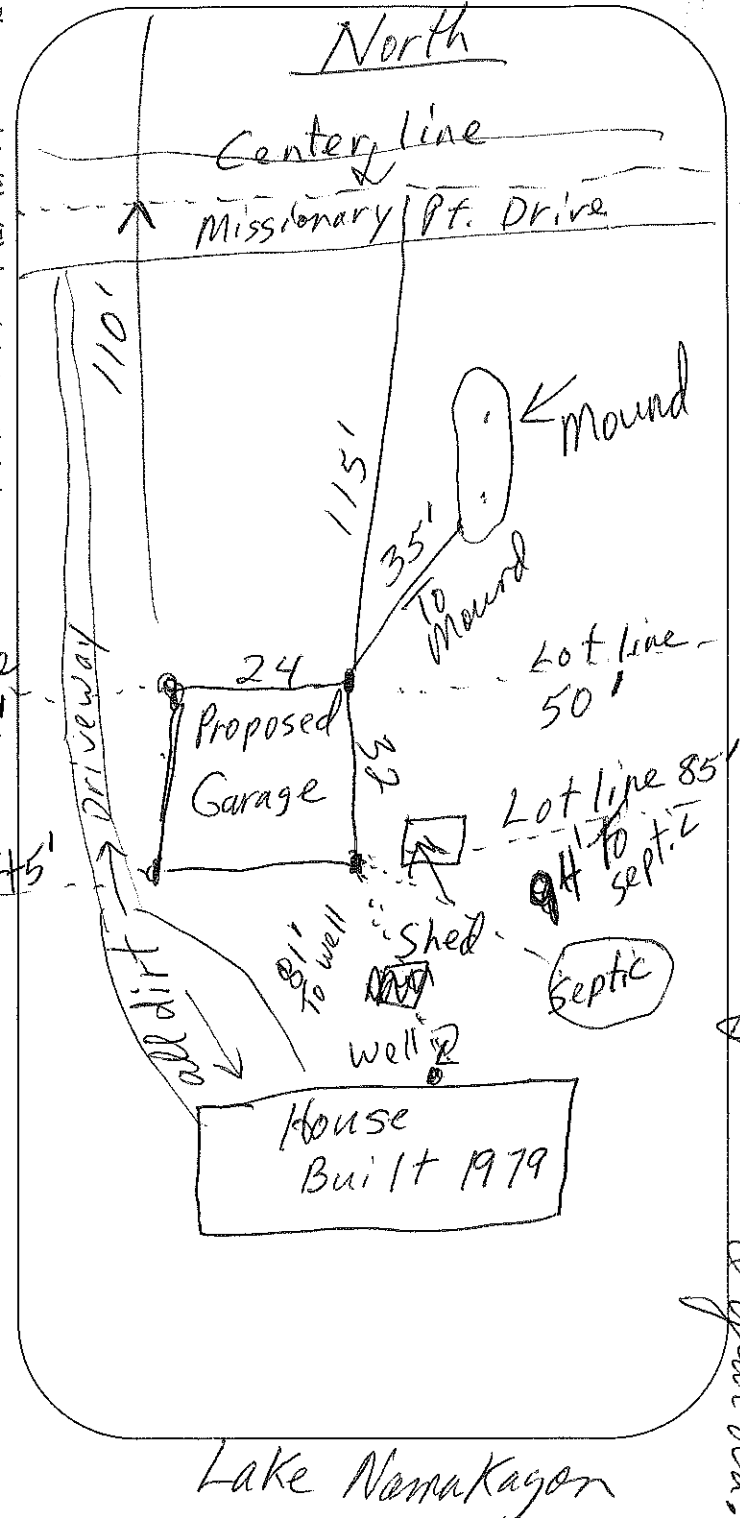
Address to send permit _____ Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

in the 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)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	110/115 Feet	Setback from the Lake (Ordinary high-water mark)	230 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	98/103 Feet	Setback from Wetland	
Setback from the West Lot Line	38/62 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line 45/85	34/62 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	94 Feet	Setback to Well	81 Feet
Setback to Drain Field	35 Feet		
Setback to Privy (Portable, Composting)			

Garage Corners

Garage

(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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 15-0386 Permit Date: 10-5-15

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Deed of Record) No

Is Structure Non-Conforming Yes (Fused/Contiguous Lots) No

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

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

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: 16/1/15 OK

Date of Inspection: _____ Inspected by: PT

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

No HOA Under Review

Signature of Inspector: PT

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

Date of Approval: 10-1-15

Drawing is 65 years old with the above or 60 year old.