

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 25 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-0303
 Date: 9-22-16
 Amount Paid: \$90
 Refund: 9-2-16

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: Scott Haan Mailing Address: 43210 Kavanaugh Cable WI 54821 Telephone: 715-798-3081
 Address of Property: 20970 Dam Rd City/State/Zip: Cable WI 54821 Cell Phone: 715-580-0089
 Contractor: _____ Contractor Phone: _____ 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) NE 1/4, NE 1/4 Gov't Lot 1 Lot(s) 1 GSN 16309-350 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Volume _____ Page(s) _____
 Section 8, Township 43 N, Range 6 W Town of: Namokagon Lot Size _____ Acreage 6.17

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Non-Shoreland

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

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
<u>\$30,000</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 type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> _____

Existing Structure: (if permit being applied for, is relevant to it) Length: 50 Width: 30 Height: 18'-0"
 Proposed Construction: _____

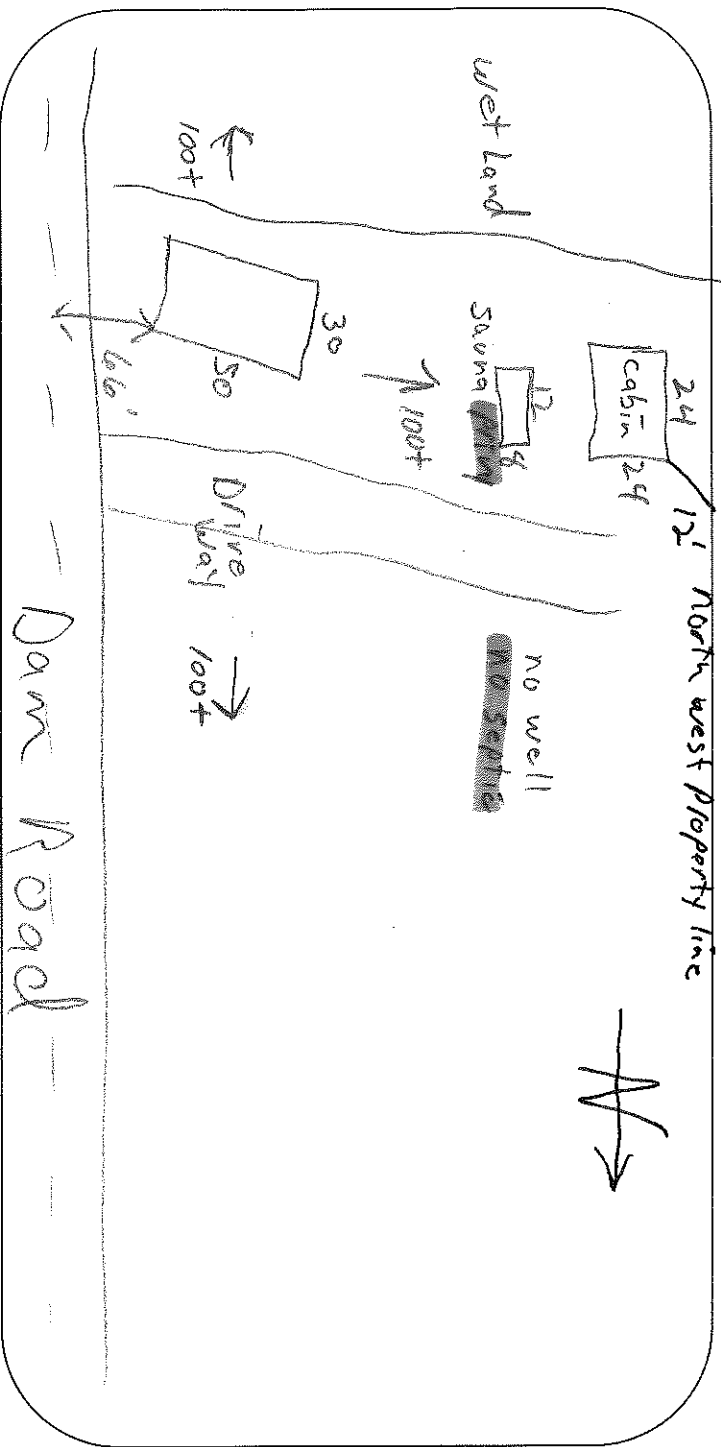
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with a Porch with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with a Deck with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	(<u>30 X 50</u>)	<u>1500</u>
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	

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 any field 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): Scott Haan Date 8-11-16
 (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: 43210 Kavanaugh Rd Cable WI 54821 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	66 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	24' + Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100' + Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	100' + Feet	Elevation of Floodplain	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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:				
Permit #: 16-03223	Permit Date: 9-22-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<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	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:	Inspected by: JK				
Date of Inspection: 9-20-16	Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No they need to be attached.				
NOT for human habitation					
No H2O under pressure					
Signature of Inspector: J. Taylor	Date of Approval: 9-22-16				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Date of Issue: **AUG 18 2016**

Bayfield Co. Zoning Dept.

Permit #: **16-0887**
 Date: **9-23-16**
 Amount Paid: **\$175,820.10**
 Refund:

CE# 2610 (\$1195)

ENTERED

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.

Class A

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE B.O.A. OTHER

Owner's Name: **S2N Properties LLC**

Address of Property: **XXX Co Hwy M**

City/State/Zip: **Cable, WI 54821**

Telephone: **715 459-6161**

Contractor: **Mark Raswussen** (615) 580-0776

Contractor Phone: **Plumber:**

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) **Mike Funfak** (715) 817-2034

Agent Phone: **Agent Mailing Address (include City/State/Zip):**

City/State/Zip: **Washburn, WI 54891**

City/State/Zip: **Washburn, WI 54891**

PROJECT LOCATION: **1/4, 1/4** Gov't Lot **4** Lot(s) **3** CSM **1810** Vol & Page **10, 336** Lot(s) No. **5300C** Block(s) No. **5300C** Subdivision:

Label Description: (Use Tax Statement) **Tax ID# 36500** PIN: (23 digits) **04-034-2-43-06-13-3** **05-004-** Recorded Document: (i.e. Property Ownership) **1135** Volume **646** Page(s)

Section **13**, Township **43** N, Range **6** W

Town of: **Nawakagon**

Lot Size **2.52** Acreage

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

Ms Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Distance Structure is from Shoreline: **feet**

Distance Structure is from Shoreline: **feet**

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

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
\$15,000	<input 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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> NA	<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 <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> NA

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

Proposed Construction: Length: Width: Height:

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, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
	Addition/Alteration (specify)	() () ()	()
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
<input type="checkbox"/> Municipal Use	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, all must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Michael Funfak** Date: **7-29-16**

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

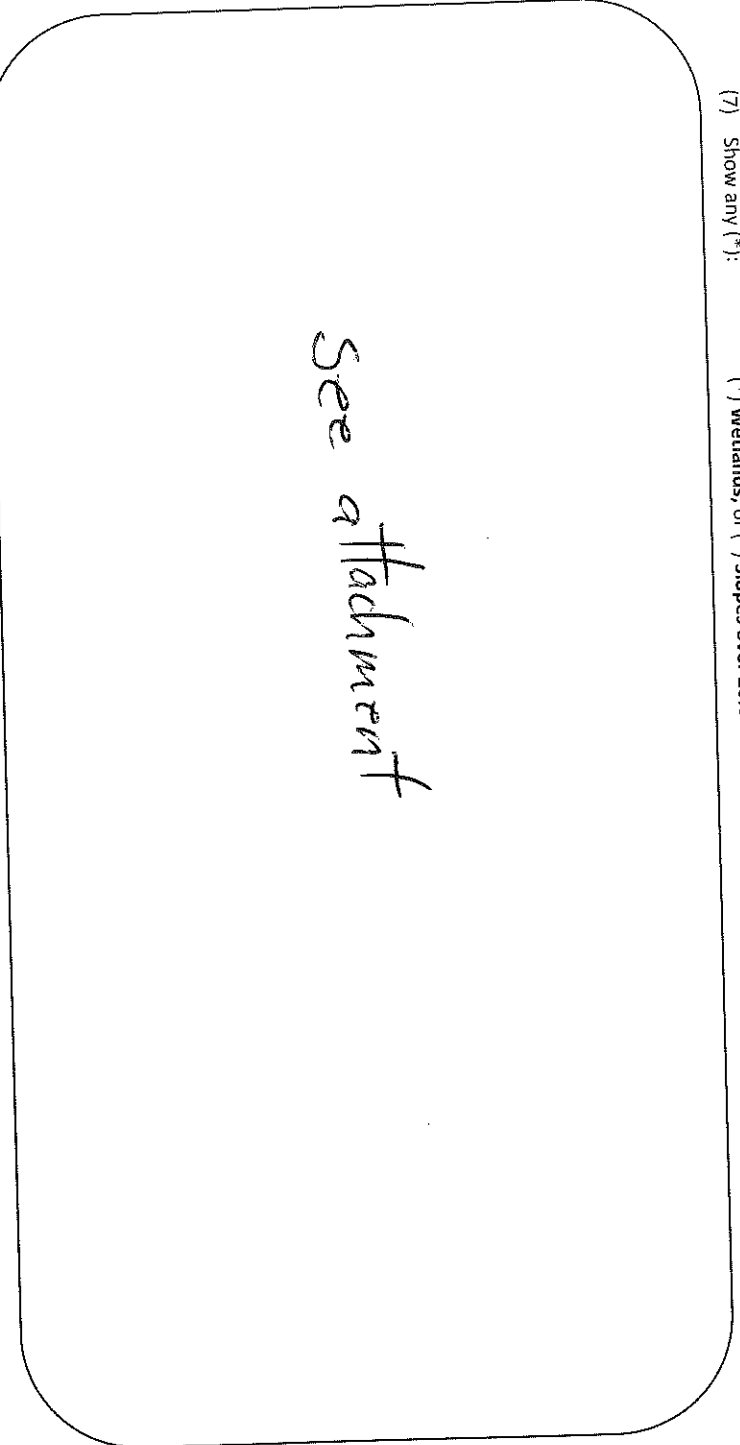
Address to send permit: **P.O. Box 95, Cable, WI 54821**

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



See attachment

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	500+ Feet	Setback from the Lake (ordinary high-water mark)	300+ Feet
Setback from the Established Right-of-Way	500+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	1' Feet
Setback from the West Lot Line	Lake	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	120+ Feet	Elevation of Floodplain	1397 Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

(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 # 16-0307 Permit Date: 9-23-16

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (Fused/Contiguous lots) Yes No No

Is Parcel in Common Ownership Yes No Is Structure Non-Conforming Yes No 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 Yes No No No

Were Property Lines Represented by Owner Was Property Surveyed Yes No Yes No No

Inspection Record: sw

Date of Inspection: 9-22-16 Inspected by: MS

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

Must call bus Mgmt Practices. Must met town board approval.

Signature of Inspector: MS Date of Approval: 9-23-16

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

@October 2013 Carmody shows Hldg Tank 15-1125 Not installed or Tracked

New road location

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. _____

PART OF GOV'T. LOT 4, SECTION 13 AND PART OF GOV'T. LOT 1, SECTION 24, ALL IN T. 43 N., R. 6 W., IN THE TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN

CURVE TABLE

CURVE	ARC	DELTA	RADIUS	CHD. DIST.	CHD. BEARING
C1	489.17	19°16'00"	1454.70	486.87	S 66°43'00" W

LINE TABLE

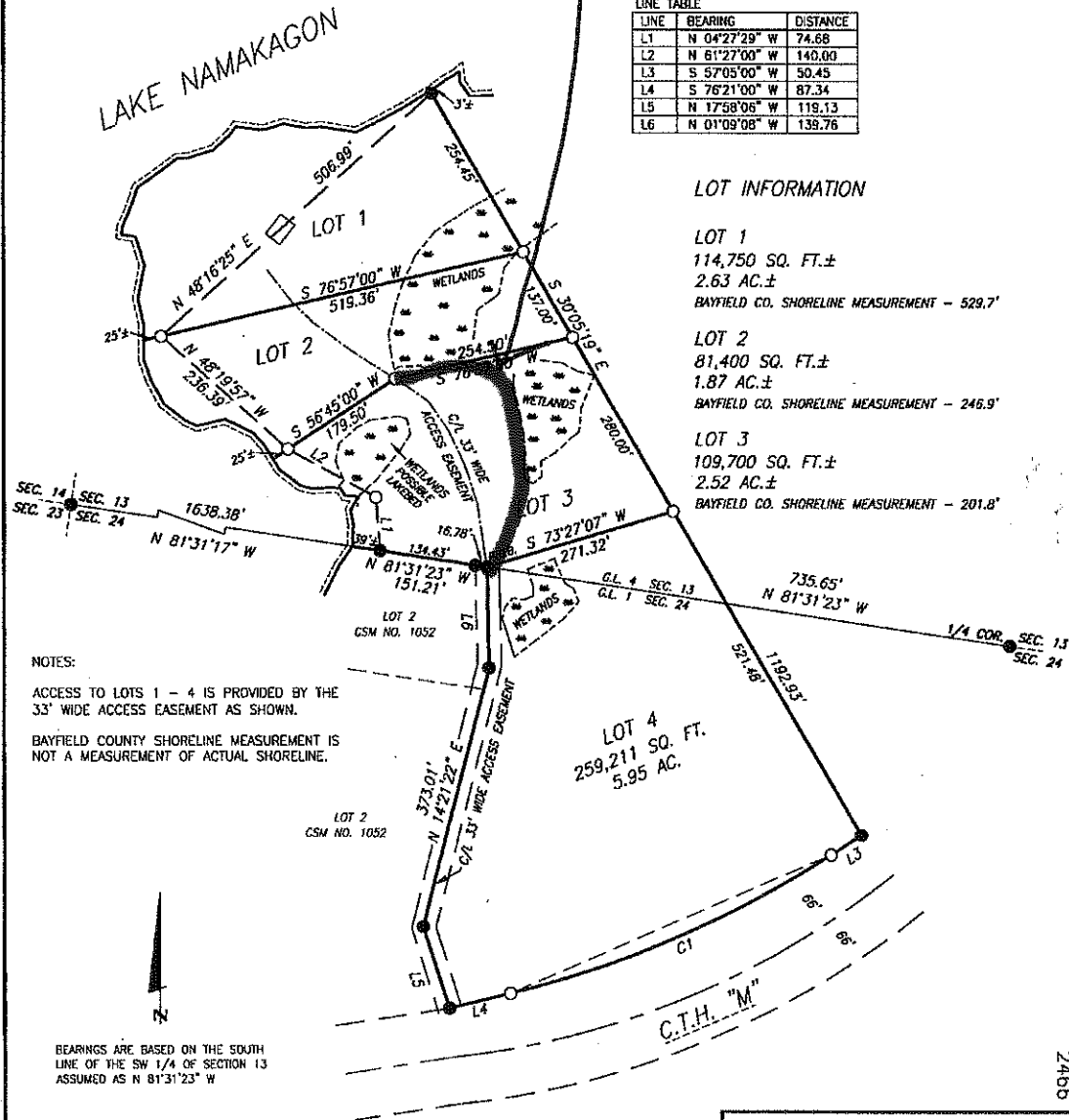
LINE	BEARING	DISTANCE
L1	N 04°27'29" W	74.68
L2	N 61°27'00" W	140.00
L3	S 57°05'00" W	50.45
L4	S 76°21'00" W	87.34
L5	N 17°58'08" W	119.13
L6	N 01°09'08" W	139.76

LOT INFORMATION

LOT 1
114,750 SQ. FT.±
2.63 AC.±
BAYFIELD CO. SHORELINE MEASUREMENT - 529.7'

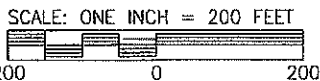
LOT 2
81,400 SQ. FT.±
1.87 AC.±
BAYFIELD CO. SHORELINE MEASUREMENT - 246.9'

LOT 3
109,700 SQ. FT.±
2.52 AC.±
BAYFIELD CO. SHORELINE MEASUREMENT - 201.8'



NOTES:
ACCESS TO LOTS 1 - 4 IS PROVIDED BY THE 33' WIDE ACCESS EASEMENT AS SHOWN.
BAYFIELD COUNTY SHORELINE MEASUREMENT IS NOT A MEASUREMENT OF ACTUAL SHORELINE.

BEARINGS ARE BASED ON THE SOUTH LINE OF THE SW 1/4 OF SECTION 13 ASSUMED AS N 81°31'23" W



PIPE DIMENSIONS ARE OUTSIDE DIAMETER

LEGEND

- 1" IRON PIPE FOUND, UNLESS NOTED OTHERWISE
- 1-1/4" X 18" IRON PIPE SET, WEIGHT = 1.68 LB/FT
- () RECORDED DATA

CLIENT: MOLONEY, L

JOB NO. N12/021
DRAFTED BY: JRN
JUNE 25, 2012
NB. HOM B-23

SCALE: ONE INCH = 200 FEET
FILE: N/T43N6W/SEC24
PSDATA/H11_018
ACAD/N12_021 MOLONEY

NELSON SURVEYING INCORPORATED

SURVEYING NORTHERN WISCONSIN SINCE 1864

101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100

SHEET 1 OF 2 SHEETS

MAP NO. CSM 2466

2466