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

ENTERED

RECEIVED
Date Stamp (Received)
JUN 05 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0127
Date:	6-13-14
Amount Paid:	$75 6-6-14
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.

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: Gerald Klebenow	Mailing Address: 12190 E Leonard School Rd	City/State/Zip: Cable WI 54821	Telephone: 715 798-4406 Cell Phone:
Address of Property: 12370 Leonard School Rd	City/State/Zip: Cable, WI 54821		
Contractor: self	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)	PIN: (23 digits) 04-012-2-43-08-25-304-000-20000	Recorded Document: (i.e. Property Ownership) Volume 1120 Page(s) 452

SE 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 25, Township 43 N, Range 8 W			Town of: Cable				Lot Size / Acreage 5.0

☐ 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 in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☐ Yes ☒ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
☒ Non-Shoreland				

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
$2,000	☐ New Construction	☒ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☒ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 3	☒ Sanitary (Exists) Specify Type: Conv	☐ _____
	☐ Relocate (existing bldg)	☐ Basement		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☐ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ _____	☐ _____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 24	Height: 16
Proposed Construction:	Length: 40	Width: 24	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
	☒	Addition/Alteration (specify) entry porch	(8 X 12)	96
☐ Municipal Use	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
JUN 13 2014
Secretarial Staff

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): X [signature] Date 06-05/14
(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)

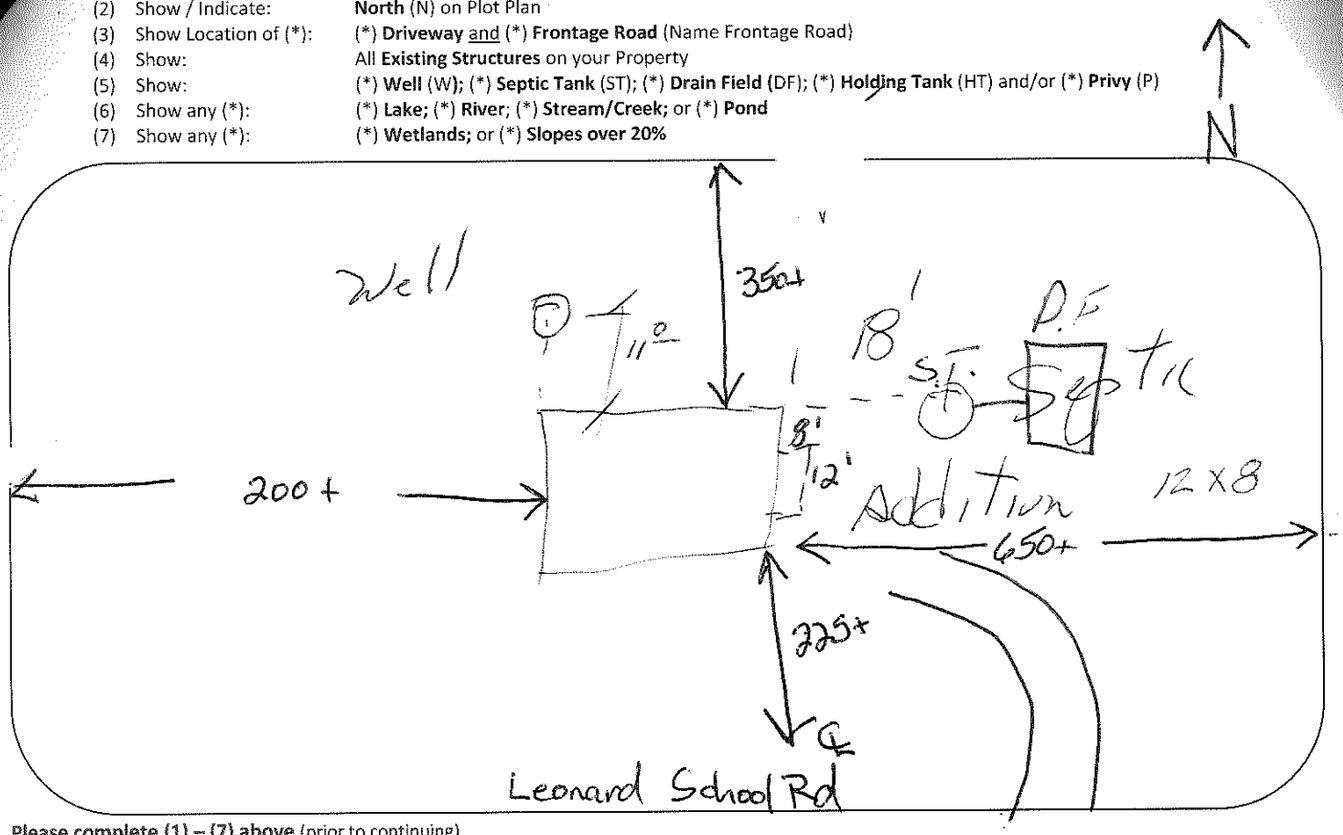
Address to send permit Same as above

Attach Copy of Tax Statement ✓
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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**	200+	Feet	Setback from the **Lake** (ordinary high-water mark)	NA	Feet
Setback from the **Established Right-of-Way**	200+	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	350+	Feet			
Setback from the **South** Lot Line Town Rd	NA	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	200+	Feet	Setback from **20% Slope Area**		Feet
Setback from the **East** Lot Line	75+	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	18	Feet	Setback to **Well**	11	Feet
Setback to **Drain Field**	30+	Feet			
Setback to **Privy** (Portable, Composting)	NA	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 Dwelling: 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 #: 14-0127 | Permit Date: 6-13-14

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record)	☒ No	Mitigation Required	☐ Yes ☒ No	Affidavit Required	☐ Yes ☒ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s))	☒ No	Mitigation Attached	☐ Yes ☒ No	Affidavit Attached	☐ Yes ☒ No
Is Structure Non-Conforming	☐ Yes	☒ 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 ☒ Yes ☐ No
Was Proposed Building Site Delineated ☒ Yes ☐ No | Was Property Surveyed ☒ Yes ☐ No

Inspection Record: Well staked. Meets all setbacks | Zoning District (A-1) Lakes Classification (NA)

Date of Inspection: 6-12-14 | Inspected by: M. Furtak | Date of Re-Inspection:

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

M

Signature of Inspector: Michael Furtak | Date of Approval: 6-13-14

Hold For Sanitary: ☐ | Hold For TBA: ☐ | Hold For Affidavit: ☐ | Hold For Fees: ☐ | ☐

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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received) JUN 05 2014
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0128
Date:	6-13-14
Amount Paid:	$75 6-6-14
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.

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: Gerald Klebenow	Mailing Address: 12190 Leonard School Rd	City/State/Zip: Cable, WI 54821	Telephone: 715 798-4406 Cell Phone:
Address of Property: 12370 Leonard School Rd	City/State/Zip: Cable, WI 54821		
Contractor: Self	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)	PIN: (23 digits) 04-012-2-43-08-25-304-000-20000						Recorded Document: (i.e. Property Ownership) Volume 1120 Page(s) 452	
part of SE 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		
Section 25, Township 43 N, Range 8 W				Town of: Cable			Lot Size	Acreage 5.0	

☐ 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 in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☐ Yes ☒ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : ____ feet		
☒ Non-Shoreland				

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
$5,000	☒ New Construction	☒ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☒ 2	☐ (New) Sanitary Specify Type: ____	☒ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☒ Sanitary (Exists) Specify Type: Conv	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☐ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ ____	☐ ____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 24	Height: 16
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☒	Addition/Alteration (specify) entryway porch	(12 X 12)	144
☐ Municipal Use	☐	Accessory Building (specify) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance
JUN 13 2014
Secretarial Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) certify 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): Gerald M Klebenow — Date 06-05-14
(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)

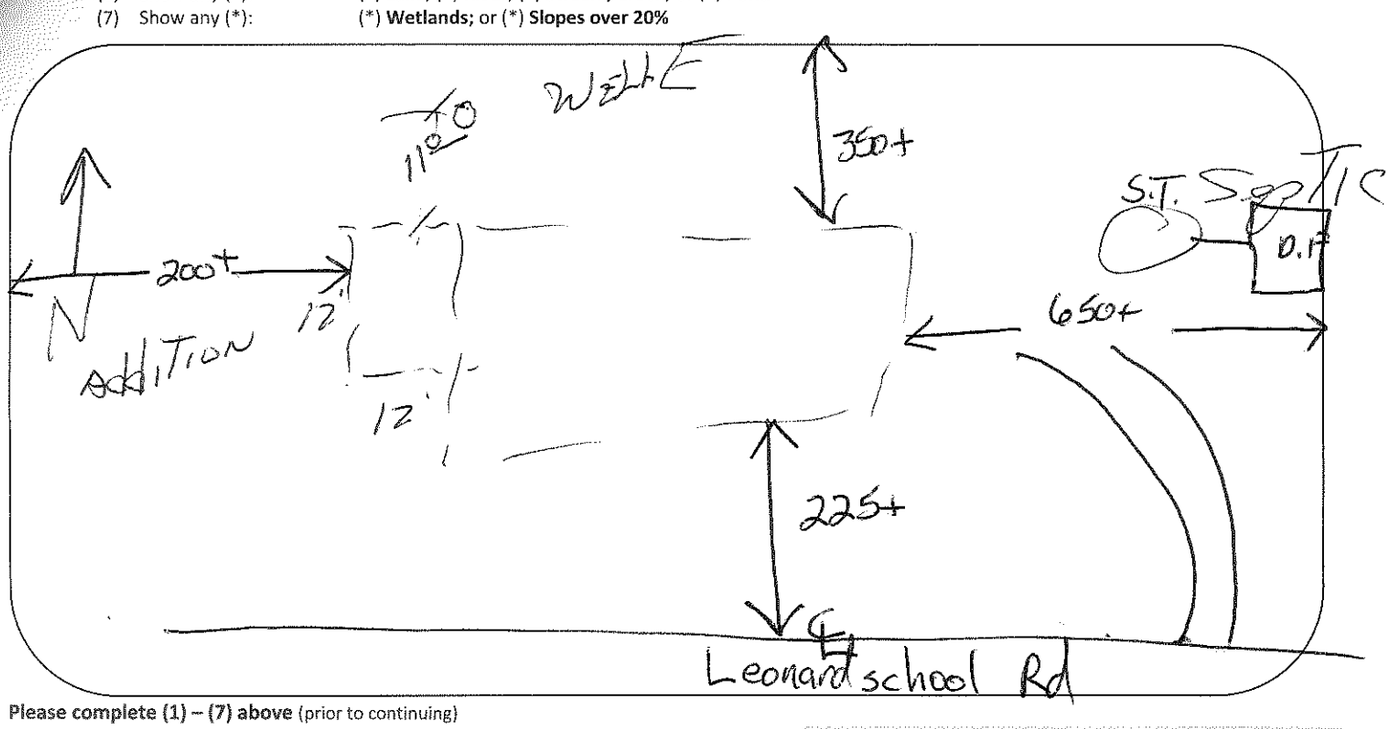
Address to send permit: same as above

Attach
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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**	200+	Feet	Setback from the **Lake** (ordinary high-water mark)	NA	Feet
Setback from the **Established Right-of-Way**	200+	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	350+	Feet			
Setback from the **South** Lot Line Town Rd	NA	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	200+	Feet	Setback from **20% Slope Area**		Feet
Setback from the **East** Lot Line	75+	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	18	Feet	Setback to **Well**	11	Feet
Setback to **Drain Field**	30+	Feet			
Setback to **Privy** (Portable, Composting)	NA	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 Dwelling: 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 #: 14-0128	Permit Date: 6-13-14		

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record)	☒ No	Mitigation Required	☐ Yes ☒ No	Affidavit Required	☐ Yes ☒ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s))	☒ No	Mitigation Attached	☐ Yes ☒ No	Affidavit Attached	☐ Yes ☒ No
Is Structure Non-Conforming	☐ Yes	☒ 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 Was Proposed Building Site Delineated ☒ Yes ☐ No	Were Property Lines Represented by Owner ☒ Yes ☐ No Was Property Surveyed ☒ Yes ☐ No

Inspection Record: Well staked. Meets all setbacks.

Zoning District (A-1)
Lakes Classification (NA)

Date of Inspection: 6-12-14 | Inspected by: M. Furtak | Date of Re-Inspection:

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

Signature of Inspector: Michael Furtak | Date of Approval: 6-13-14

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

$75

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
Date Stamp (Received)
JUN 05 2014
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0130
Date:	6-13-14
Amount Paid:	$75 6-6-14
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.

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: THOMAS E. SABO	Mailing Address: 10025 OLE LAKE RD	City/State/Zip: CABLE, WI 54821	Telephone: 715-798-3150
Address of Property: 10025 OLE LAKE RD	City/State/Zip: CABLE, WI 54821		Cell Phone:
Contractor: I'M ACTING AS GENERAL	Contractor Phone: N/A	Plumber: N/A	Plumber Phone: N/A
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) W1/2, W1/2		PIN: (23 digits) 04- 012-2-43-08-27-2 03000-10000						Recorded Document: (i.e. Property Ownership) Volume 781 Page(s) 458	
SW 1/4, NW 1/4		Gov't Lot		Lot(s)	CSM	Vol & Page		Lot(s) No.	Block(s) No.	Subdivision: 8.5
Section 27, Township 43 N, Range R8 W					Town of: CABLE				Lot Size	Acreage 5.569

☐ 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 in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☐ Yes ☒ No
	☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 394 feet		
☐ Non-Shoreland				

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
$23,213	☒ New Construction	☒ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☐ 2	☐ (New) Sanitary Specify Type: Conv	☒ Well
	☐ Conversion	☐ 2-Story	☒ GARAGE	☐ 3	☒ Sanitary (Exists) Specify Type: SEPTIC	☐ ____
	☐ Relocate (existing bldg)	☐ Basement	(REPLACING	☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement	COLLAPSED	☒ None	☐ Portable (w/service contract)	
		☐ Foundation	GARAGE OF		☐ Compost Toilet	
	☐ ____	☐ ____	EQUAL VALUE)		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 63'	Width: 48'	Height: 20'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☐	Addition/Alteration (specify) ____	(X)	
☐ Municipal Use	☑	Accessory Building (specify) GARAGE (REPLACING COLLAPSED GARAGE)	63' X 48	3024
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance
JUN 13 2014
Secretarial Staff

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): Tom Sabo Date 6-1-14
(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 10025 OLE LAKE ROAD CABLE, WI 54821

Attach Copy of Tax Statement ✓
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**

REFER TO ATTACHED

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**	247	Feet	Setback from the **Lake** (ordinary high-water mark)	394	Feet
Setback from the **Established Right-of-Way**	175+	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	368½+	Feet			
Setback from the **South** Lot Line	150+	Feet	Setback from **Wetland** NONE	NA	Feet
Setback from the **West** Lot Line	150+	Feet	Setback from **20% Slope Area**	NA	Feet
Setback from the **East** Lot Line	60	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	226	Feet	Setback to **Well**	174	Feet
Setback to **Drain Field**	190	Feet			
Setback to **Privy** (Portable, Composting)	NA	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 Dwelling: 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 #: 14-0130 | Permit Date: 6-13-14

Is Parcel a Sub-Standard Lot: ☒ Yes (Deed of Record) ☐ No
Is Parcel in Common Ownership: ☐ Yes (Fused/Contiguous Lot(s)) ☒ No
Is Structure Non-Conforming: ☐ Yes ☒ No

Mitigation Required: ☐ Yes ☒ No
Mitigation Attached: ☐ Yes ☒ No

Affidavit Required: ☐ Yes ☒ No
Affidavit Attached: ☐ Yes ☒ 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
Was Proposed Building Site Delineated: ☒ Yes ☐ No

Were Property Lines Represented by Owner: ☒ Yes ☐ No
Was Property Surveyed: ☒ Yes ☐ No

Inspection Record: Meets all setbacks.

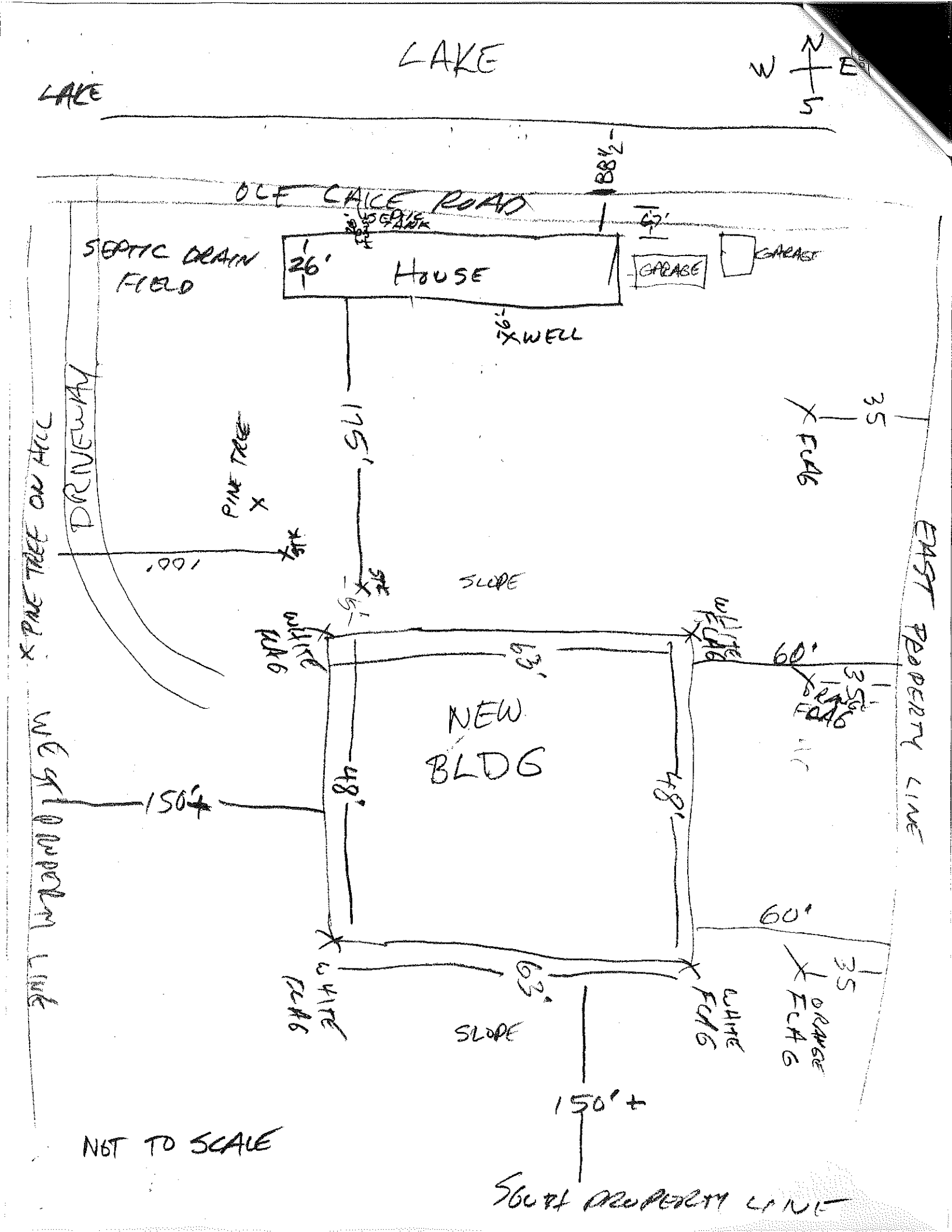
Zoning District (F-1)
Lakes Classification (3)

Date of Inspection: 6-12-14 | Inspected by: M. Furtak | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No –(If No they need to be attached.)
May not be used for human habitation. No water under pressure in structure.

Signature of Inspector: Michael Furtak | Date of Approval: 6-13-14

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


LAKE
LAKE
N
W
E
S
OLF LAKE ROAD
SEPTIC TANK
SEPTIC DRAIN FIELD
26'
HOUSE
GARAGE
GARAGE
WELL
175'
DRIVEWAY
PINE TREE
PINE TREE ON HILL
100'
SLOPE
WHITE FLAG
WHITE FLAG
63'
60'
35
ORANGE FLAG
NEW BLDG
48'
48'
150'+
60'
35
ORANGE FLAG
WHITE FLAG
WHITE FLAG
63'
SLOPE
150'+
EAST PROPERTY LINE
WEST PROPERTY LINE
SOUTH PROPERTY LINE
NOT TO SCALE