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 SIGN
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUL 14 2014
Bayfield Co. Zoning Dept.

ENTERED

Sign 50.00 ATF 50.00

Permit #:	14-0204
Date:	7-21-14
Amount Paid:	$50 7-15-14 $50 7-15-14 100
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.

Property Owner(s) Name:	Mailing Address:	City/State/Zip:	Phone:
~~Birch~~ Spruce Tree LLC	211 Sheridan	Waterloo IA 50701	319-230-4279
Sign Owner(s) Name:	**Mailing Address:**	**City/State/Zip:**	**Phone:**

Address of Property:	City/State/Zip:
15725 SPRUCE TREE DR	HERBSTER, WI 54844

Contractor:	Contractor Phone:	Address:

Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached
Paul Moldenhauer	612-419-5614	PO Box 97 HERBSTER WI 54844	☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-0142500709200152100 00	Recorded Document: (i.e. Property Ownership) Volume 1115 Page(s) 410

_____1/4, _____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
		1					Clovers 1st Addition

Section 9, Township 50 N, Range 7 W	Town of:	Lot Size	Acreage
	Clover		1.55

☐ 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)		Type	Length	Width	Height	Located in Town of Bayfield
$500	☒	On-Premise	☒ New	☐ 1-Sided				☐ Yes TBA is required
	☐	Off-Premise	☐ Replacement	☒ 2-Sided	8	4	~~5~~ <10'	
	☐	_____	☐ _____	☐ On-Building				☒ No
	☐			☐ Multi-Tenant				

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)

Applicant(s): _____ Date _____
(If you are applying for an Off-premise sign; the property owners must also sign this form)

Authorized Agent: Paul G Moldenhauer Date 07/14/14
(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 97 HERBSTER, WI 54844

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

Rec'd for Issuance
JUL 21 2014
Secretarial Staff

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

...and use frontage road as a guideline, and indicate North (N) on plot plan

...the sign location

IMPORTANT
Detailed Plot Plan is Neccessary

...show dimensions in feet on the following:

Lot Line

Lot → Line

See Attached Map

← Lot Line

Name Frontage Road (Spruce Tree

Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	35	Feet	Setback from the **North** Lot Line	25	Feet
Setback from the **Established Right-of-Way**	20	Feet	Setback from the **South** Lot Line	>300'	Feet
			Setback from the **West** Lot Line	>90'	Feet
Setback from **Lake, River, Stream or Pond** >300'	NA	Feet	Setback from the **East** Lot Line	75'	Feet
Setback from **Other Sign(s)** ON premise		Feet			

Sign Plan
(Fill in Information Desired on Sign)

4' X 8' DOUBLE SIDED SIGN - FREE STANDING WITHIN DRIVEWAY AREA OF BUILDINGS. SLOPING TERRAIN. AVERAGE HEIGHT IN MIDDLE = 7'. EDGE OF SIGN CLOSEST TO SERVICE ROAD = 37' IN DISTANCE FROM MIDDLE OF SERVICE RD.

Issuance Information (County Use Only)	Permit Number: 14-0204	Permit Date:	7-21-14
Permit Denied (Date):	Reason for Denial:		
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 PLAT Was Proposed Building Site Delineated ☐ Yes v No ATF		Were Property Lines Represented by Owner ☐ Yes ☒ No Was Property Surveyed ☐ Yes plat ☐ No	
Inspection Record:		Zoning District (C) Lakes Classification (N/A	
Date of Inspection: 7-17-14	Inspected by: Jackson Bosh-Murphy	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No – (If No they need to be attached.) sign location or size shall not be changed w/o additional permit			
Signature of Inspector:		Date of Approval: 7-21-14	

eld County, WI

Sign Location

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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)
JUL 15 2014
Bayfield Co. Zoning Dept.

Permit #:	14-0205
Date:	7-21-14
Amount Paid:	$75 7-15-14
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: Jack Smith.	Mailing Address: 86845 Lewawee	City/State/Zip: Herbster, Wi 54844	Telephone: (715) 774 3976
Address of Property: 87130 Park Hoe.	City/State/Zip: Herbster Wis 54844.		Cell Phone:
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) 04-0142500705400122-16000 -14000 -15000 -17000
Recorded Document: (i.e. Property Ownership) Volume 952 961 Page(s) 151 310

____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision
					7-10	2	Robert Bartlett Jr Add to Orchard City

Section 5, Township 50 N, Range 7 W	Town of: Clover	Lot Size	Acreage .80

☒ 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: 325 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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$20,000	☐ 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	☒ Storage	☐ 3	☐ Sanitary (Exists) Specify Type: ____	☐ none
	☐ 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: 22'	Width: 22'	Height: 24'
Proposed Construction:	Length: 24	Width: 24	Height: 24'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
☐ Residential Use	☐	Principal Structure (first structure on property)	(X)	484.
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		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)	
☐ Municipal Use	☒	Addition/Alteration (specify) Adding storage space.	(X)	576
	☐	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) 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): Jack Smith / Mary Caroline Date 7/15/2014
(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)

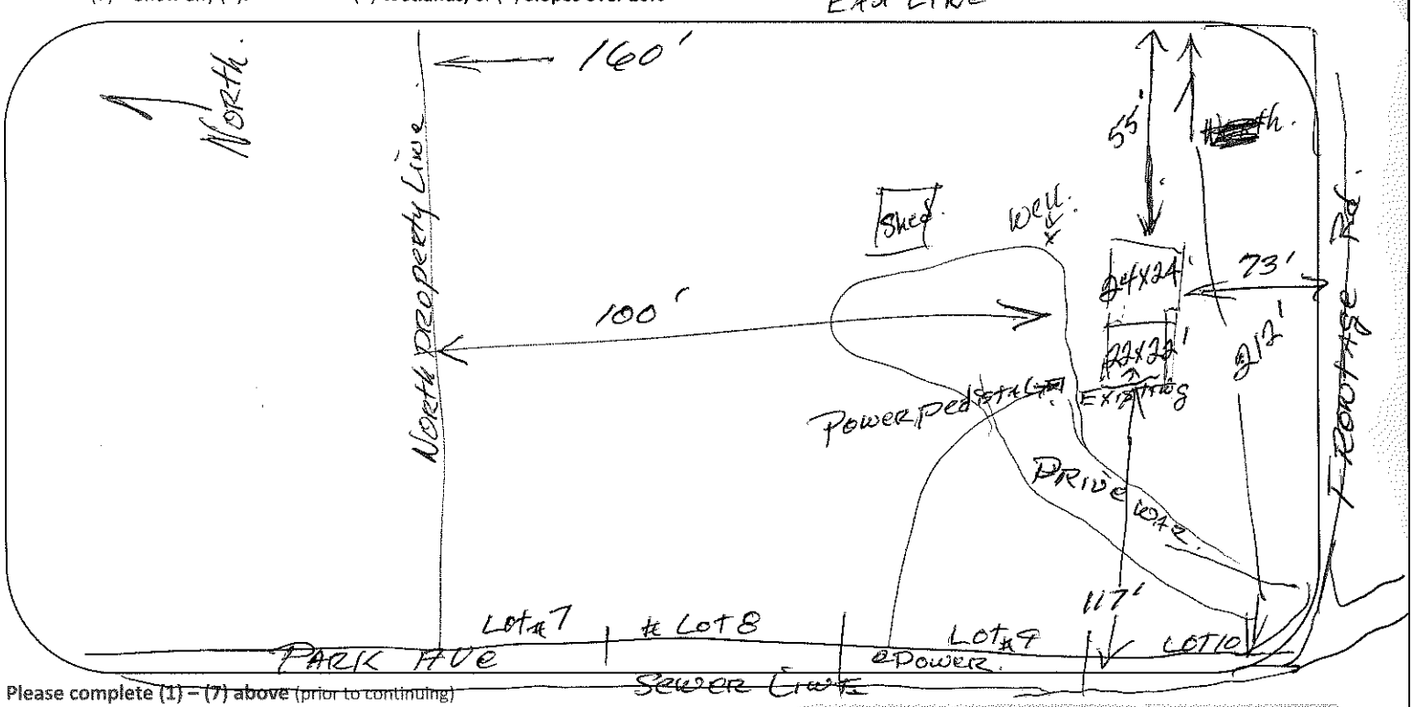
Address to send permit 86845 Lewawee Rd, Herbster, Wis 54844.

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

...e 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**	117. 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 **Bank or Bluff**	— Feet
Setback from the **North** Lot Line	100 Feet		
Setback from the **South** Lot Line	73. Feet	Setback from **Wetland**	— Feet
Setback from the **West** Lot Line	117 Feet	**20% Slope Area on property**	☐ Yes ☒ No
Setback from the **East** Lot Line	55' Feet	Elevation of **Floodplain**	NA Feet
Setback to **Septic Tank** or **Holding Tank**	— Feet	Setback to **Well**	20' 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 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: municipal	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0205	Permit Date: 7-21-14		

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			

addition orchard city plat

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 plat ☐ No

Inspection Record: inspection w/ R. Schierman		Zoning District (RRB Lakes Classification (1-Superior
Date of Inspection: 7-17-14	Inspected by: J Cronenberg Murphy	Date of Re-Inspection: Limited

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
All portions of the building shall be located at least 63 ft from the center of the Town road (Frontage Rd)

Signature of Inspector:				Date of Approval: 7-21-14
Hold For Sanitary: ☐	Hold For TBA: ☐	Hold For Affidavit: ☐	Hold For Fees: ☐	☐

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) JUN 11 2014 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0209
Date:	7-22-14
Amount Paid:	Privy 150 / TBA 175 / LU 125 — 6-12-14
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: MICHAEL D. DAHL	Mailing Address: 910 BEASER AVE	City/State/Zip: ASHLAND, WI 54806	Telephone: WORK 715 682-9128
Address of Property: 85755 Clover Cemetery Rd	City/State/Zip: Town of Clover Bayfield Cty Wisc		Cell Phone: 715 292-3351
Contractor: ARNIE MACKEY CONST. INC	Contractor Phone: 715 682 9128	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)	PIN: (23 digits) TAX # 11597 100% 04-014-2-50-07-14-203000	Recorded Document: (i.e. Property Ownership) Volume 1103 Page(s) 239

SW 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 14, Township 50 N, Range 07 W				Town of: CLOVER			Lot Size / Acreage

☐ 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 not @ site of proposed const.
	☐ 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
$ 17,500	☒ 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: ____	☐ None
	☐ 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	
	☐ ____	☒ Posts			☒ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:	
Proposed Construction:	Length: 23	Width: 24	Height: 17'	6/12 pitch

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☒	Residence (i.e. cabin, hunting shack, etc.) CABIN	(28 X 24)	672
☒ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
	☒	with a Deck 12x22/6x28/4x10	(X)	544
		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) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance JUL 22 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): Michael Dahl Date 6-11-14
(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 910 Beaser Ave, Ashland WI

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

HOLD FOR TBA

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%**

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**	1000+-	Feet	Setback from the **Lake** (ordinary high-water mark)	N/A	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	185	Feet			
Setback from the **South** Lot Line	1111	Feet	Setback from **Wetland**	+25 Ft	Feet
Setback from the **West** Lot Line	250	Feet	Setback from **20% Slope Area**		Feet
Setback from the **East** Lot Line	1042	Feet	Elevation of **Floodplain**		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)	15' +-	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: composting toilet	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-209	Permit Date: 7-22-14		

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.A.) ☐ Yes ☐ No Case #:	Previously Granted by Variance (B.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: no wetlands @ site & proposed const. (RV on site.)

Zoning District (Ag-1)
Lakes Classification (N/A)

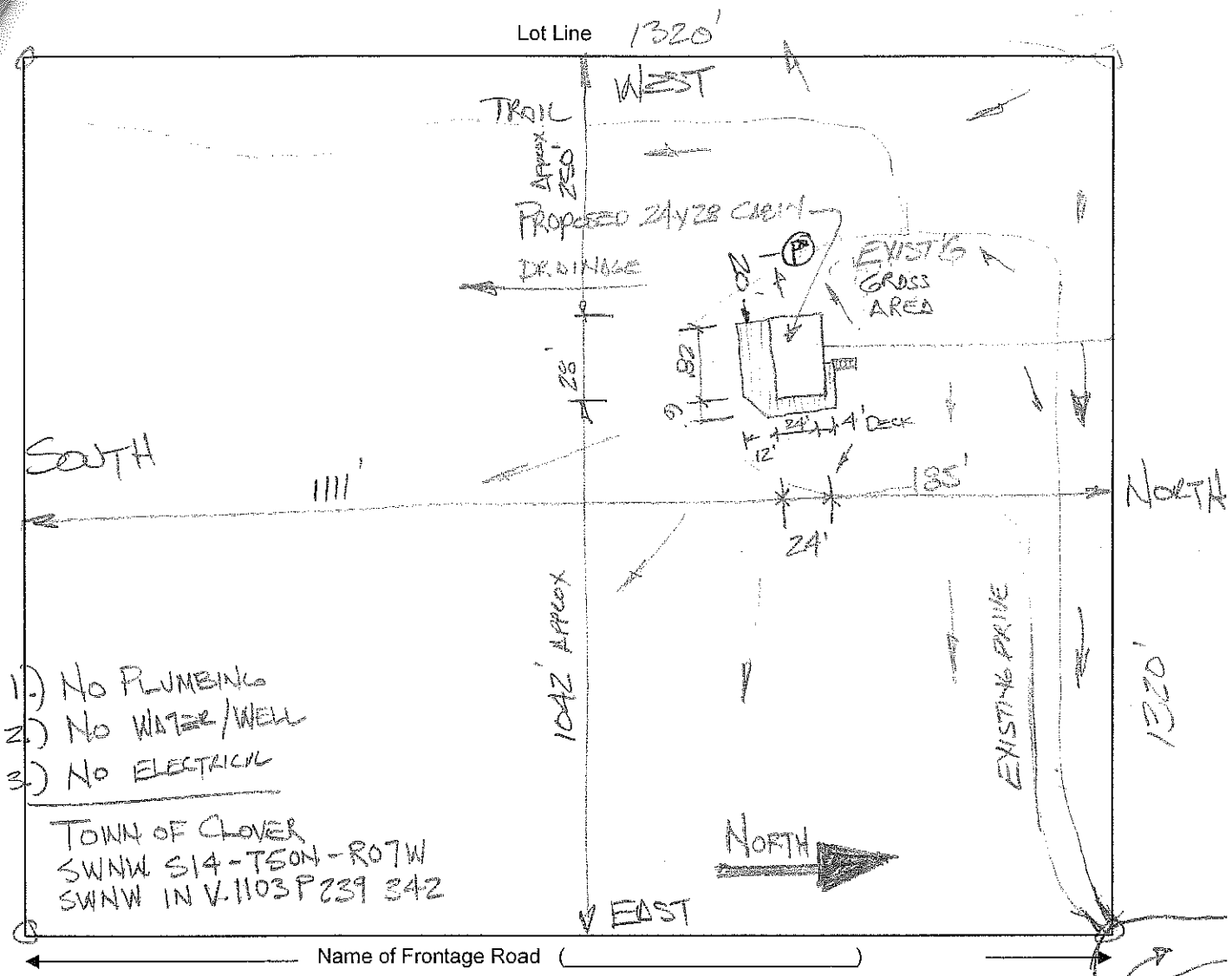
Date of Inspection: 6-12-14 Inspected by: J. Greenberg-Murphy Date of Re-Inspection:

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

OWNER RESPONSIBILITY to OBTAIN NECESSARY LUC PERMIT. BUILDING NOT APPROVED FOR INDOOR PLUMBING FIXTURES OR CONNECTION TO PRESSURIZED WATER.

Signature of Inspector: Date of Approval: 6-16-14

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



✓ 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

✓ 2. Show the approximate location and size of the building.

✓ 3. Show the location of the well, septic tank and drain field.

N/A 4. Show the location of any lake, river, stream or pond if applicable.

✓ 5. Show the approximate location of other existing structures.

✓ 6. Show the approximate location of any wetlands or slopes over 20 percent.

✓ 7. Show dimensions in feet on the following:

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY

✓ a. Building to all lot lines
b Building to centerline of road
c. Building to lake, river, stream or pond
d. Septic / holding tank to closest lot line
e. Septic/holding tank to building
f. Septic / holding tank to well
g. Septic / holding tank to lake, river, stream or pond
h. Privy to closest lot line
i. Privy to building
j. Privy to lake, river, stream or pond
k. Drain field to closest lot line
l. Drain field to building
m. Drain field to well
n. Drain field to lake, river, stream or pond
o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

APPLICATION FOR RECREATIONAL VEHICLE

ENTERED

Office Use:
Zoning District/Lakes Class 1
Application No. 14-0217
Date 7-25-14
Fee Paid $175 6-10-14
RENEW CLASS A

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone – (715) 373-6138

RECEIVED
JUN 09 2014
Bayfield Co. Zoning Dept.

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.
Changes in plans must be approved by the Zoning Department

Property Owner James Farkns

Mailing Address 4 Bennington Road
Superior WI 54880

Telephone 218 428 0452

Property Address of RV placement. 89165 Bark Point Road
Herbster WI 54844

Agent:

Written Authorization Attached: Yes ( ) No ( )

***Accurate* Legal Description involved in this request:**

____1/4 of ____1/4 of Section 26 Township 51 N. Range 7 W. Town of CLOVER

Gov't Lot____ Lot____ Block____ Subdivision ____ CSM # 1029

Volume____ Page____ of Deeds Parcel I.D. # 04-014-2-51-7-26-3 05-001-20000 Acreage 2.6

Additional Legal Description: ALSO LOCATED GOVT LOT #1

ATTACH Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☑ No ☐ If Yes, Distance from Shoreline: 75' or greater ☑ < 75' to 40' ☐ less than 40' ☐

RV: New ☐ Replacement ☐ **Year:** 2003 **Vin #:** 4YDT29924 3120826 4

Make of RV: KEYSTONE **Model of RV:** Sprinter 299 RLS

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

Rec'd for Issuance
JUL 25 2014
Secretarial Staff

APPLICANT – PLEASE COMPLETE REVERSE SIDE

For Office Use Only Zoning District/Lakes Class: RRB/1 - Superior

Permit Issued: **Sanitary Number** 12-0244 **Date** 7-13-12

Issuance Date 7-25-14 **Permit Number** 12-0244 **Permit Denied (Date)**

Reason for Denial: 14-0217

Inspection Record: RV on site awaiting Town renewal

By Tom Murphy **Date of Inspection** 6-12-14

Variance (B.O.A.) #

Condition: ~~RV may be placed up to 4 months from issuance date.~~ **Must be removed by:** 2 years from date of issuance per town of Clover condition

Signed **Inspector** **Date of Approval** 7-25-14

me and use frontage road as a guideline, and indicate North (N) on p

Show the RV (Recreation Vehicle) location

Det

. Show dimensions in feet on the following:

a. RV from centerline of road(s).

b. RV from right-of-way line

c. RV from property lines

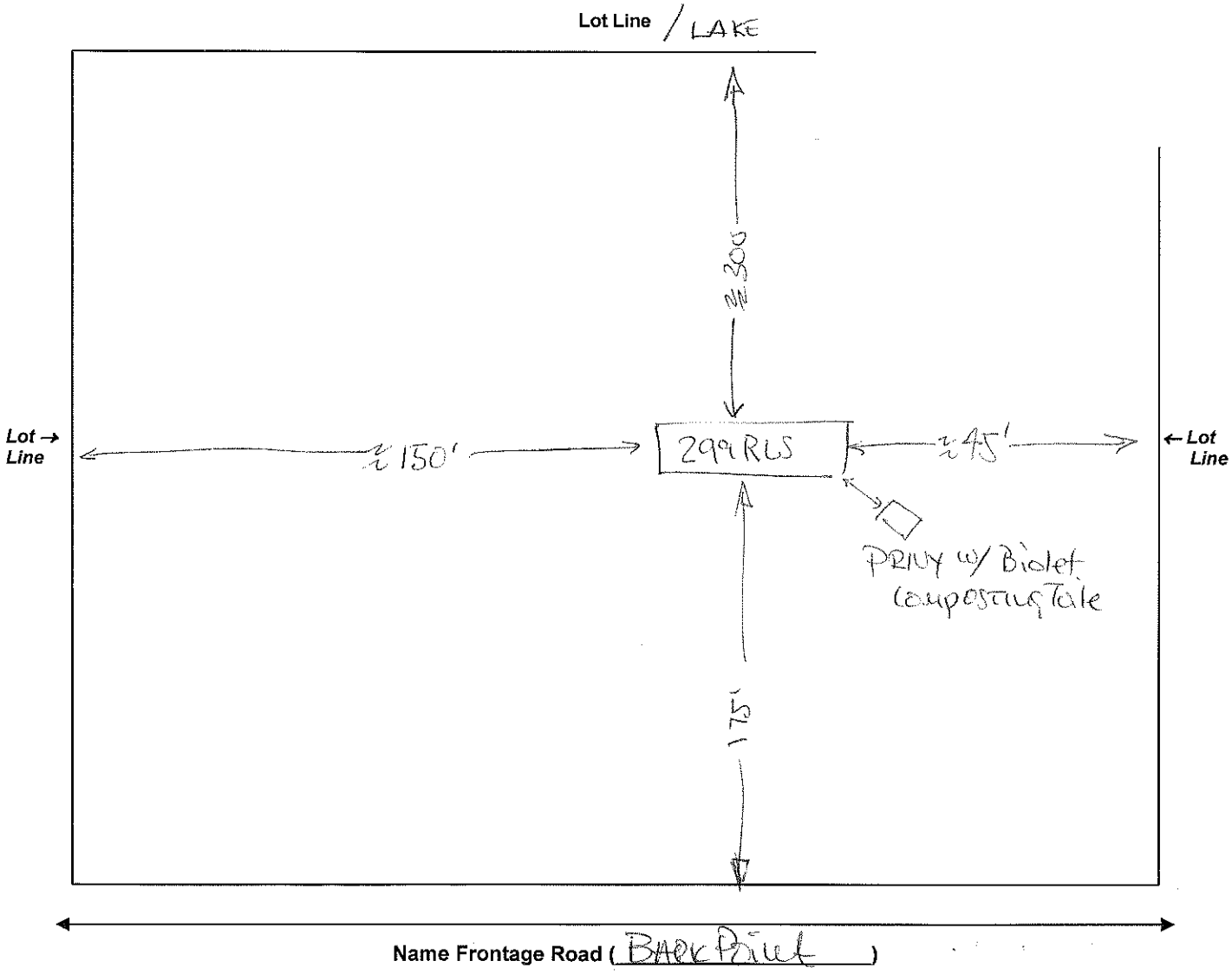
d. RV from

e. RV from

Thank you and please feel free to visit the property.

Sincerely,

James Parkas



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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 or Authorized Agent JAMES PARKAS Date 6-5-14

Address to send permit 4 Bennington ROAD

Superior WI 54880

COMPLETED APPLICATION, TAX ENT 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

Date Stamp (Received) RECEIVED APR 1 1 2014 Bayfield County Dept.

Permit #:	14-0211
Date:	7-22-14
Amount Paid:	$125 4-11-14
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: Scott SAMPLE	Mailing Address: 11074 Zumbrata Crt	City/State/Zip: Blaine MN 55449	Telephone: 612 ~~508~~ 4097 home
Address of Property: 87685 Bark Point Road	City/State/Zip: Herbster WI 54844		Cell Phone: 33 91 71 work
Contractor: John Hedberg	Contractor Phone: 651 247 8042	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) 04-014-2-50-07-04-1 05-002 1000						Recorded Document: (i.e. Property Ownership) Volume 845 Page(s) 557	
____1/4, ____1/4	Gov't Lot 2	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.		Subdivision: subject to easement	
Section 4, Township 50 N, Range 07 W				Town of: Herbster				Lot Size	Acreage 7.5

☒ 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 : 100 feet		
☐ Non-Shoreland				

small wetland not @ site of const

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
$ 30,000 35K per owner	☒ New Construction	☐ 1-Story	☒ Seasonal	1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☒ 1-Story + Loft	☐ Year Round	☐ 2	☐ (New) Sanitary Specify Type: HOLDING TANK	☒ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☒ Sanitary (Exists) Specify Type:	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☒ None	☐ Portable (w/service contract)	
	☒ Garage w/ Studio	☐ Foundation			☐ Compost Toilet	
		☐ Slab			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:		Width:		Height:	
Proposed Construction:	Length:	40	Width:	25	Height:	20 shed peak

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
☒ 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 (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 w/ Studio	(25 X 40)	1000
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance JUL 22 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): ____ Date 1/31/14
(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)

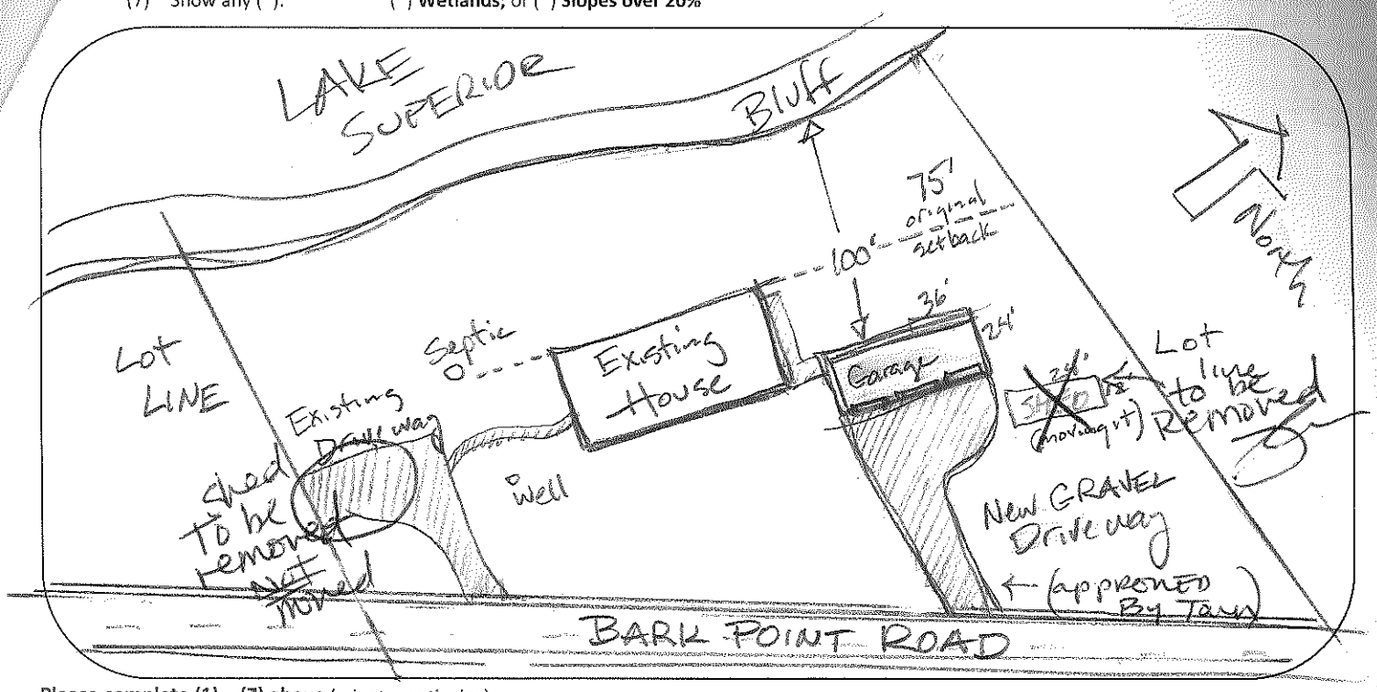
Address to send permit ____

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

w: 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**	+63	Feet	Setback from the **Lake** (ordinary high-water mark)	150+	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff** Required minimum	100	Feet
Setback from the **North** Lot Line		Feet			
Setback from the **South** Lot Line	30	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	+100	Feet	Setback from **20% Slope Area**	100	Feet
Setback from the **East** Lot Line	+ 20	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	+100	Feet	Setback to **Well**	+100	Feet
Setback to **Drain Field**	N/A	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 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 #: 14-0811	Permit Date: 7-22-14		

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: Several inspections. ATF Addition permitted + proposed shoreline restoration plan for 95' cleared approved by LWCD AS Requirements for this permit. Inspected by Travis + Rob.

Zoning District ( )
Lakes Classification (1-Superior)

Date of Inspection: 7-17-14 (final) Inspected by: J Greenberg-Murphy

Date of Re-Inspection:

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

NOT APPROVED FOR HUMAN HABITATION OR INDOOR PLUMBING FIXTURES. Shoreland restoration per 6/26/14 PLAN IS REQUIRED TO BE INSTALLED WITHIN ONE YEAR OF DATE OF THIS PERMIT ISSUANCE. SHED IS REQUIRED TO BE REMOVED. NO FREE STANDING DECK(S) ALLOWED W/IN 50 FT VEGETATIVE BUFFER.

Signature of Inspector: _____ Date of Approval: 7-22-14

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

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bluff setback on this parcel calculated at 100 Ft to TOP OF BLUFF. House is nonconforming (71 Ft to T.o.B.) Approved AT 75' 4 Ft of BLUFF loss.