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

Permit #:	15-0366
Date:	9-24-15
Amount Paid:	$600 9-24-15
Refund:	

Date Stamp (Received) RECEIVED SEP 03 2015 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.

TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

Owner's Name:	Mailing Address:	City/State/Zip:	Telephone:
PETER + MERI ANNIN	BOX 249	CORNUCOPIA, WI 54827	Cell Phone: 608 239-4567
Address of Property: 87775 WEST ROAD	City/State/Zip: CORNUCOPIA, WI 54827		
Contractor: Terry Hannu Ruotsala Constr	Contractor Phone: 906 364-9205	Plumber: Bachand	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) 04-010-2-50-06-06-2 05-001-30000	Recorded Document: (i.e. Property Ownership) Volume 1144 Page(s) 319

____1/4, ____1/4	Gov't Lot 1	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 506, Township T50N N, Range R06W	Town of: BELL	Lot Size	Acreage 5

☒ Shoreland →	☒ NO 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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$200,000	☒ 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)	
		☐ Foundation			☐ Compost Toilet	
	☐ _____	☐ _____			☐ None	

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
	☒	Principal Structure (first structure on property)	(28 X 32)	896
	☒	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		with Loft	(11 X 18)	198
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(10 X 28)	280
		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 SEP 24 2015 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 9/3/15
(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

...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%**

SEE 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**	± 500	Feet	Setback from the **Lake** (ordinary high-water mark)	± 225	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**	± 130	Feet
Setback from the **North** Lot Line	± 250	Feet			
Setback from the **South** Lot Line	± 100	Feet	Setback from **Wetland** (mapped)	± 130	Feet
Setback from the **West** Lot Line	± 160	Feet	**20% Slope Area on property**	☐ Yes	☐ No
Setback from the **East** Lot Line	± 500	Feet	Elevation of **Floodplain**	± 130	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 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: 15-124S	# of bedrooms: 3	Sanitary Date: 9-23-15
Permit Denied (Date):	Reason for Denial:		
Permit #: 15-0366	Permit Date: 9-24-15		

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: Property delineated + waterways (drainages) on property determined non-navigable intermittent streams.

Zoning District (RRB)
Lakes Classification (1-Superior)

Date of Inspection: 9-10-15 | Inspected by: J Croonborg Murphy | Date of Re-Inspection:

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

NECESSARY UDC PERMIT AND INSPECTIONS REQUIRED. SOIL IN WETLANDS SHALL NOT BE FILLED, GRADED, OR DISTURBED W/O NECESSARY PERMIT FROM WDNR.

Signature of Inspector: [signature] | Date of Approval: 9-11-15

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

® October 2013

Quick Zoom
Bell
Bayfield County Zoning
X: 786002.28, Y: 551263.42
Current Action: Draw Line
Draw/Measure
7369
WEST RD
7369
Length: 224.75 ft
WEST RD
37095
50 m
100 ft
Current theme:
Zoning

$114.00 9-25-15

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 25 2015
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0375
Date:	9-30-15
Amount Paid:	$114 9-30-15
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: Steve + Mary Jo Hughes	Mailing Address: 2870 Lake Sarah Rd	City/State/Zip: Maple Plain MN 55359	Telephone: 763-477-6733
Address of Property: 20371 S Siskiwit Shores Rd.	City/State/Zip: Cornucopia WI. 54827		Cell Phone: 763-710-1541
Contractor: Matt Lazorik	Contractor Phone: 715-475-8462	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) 04-010-2-50-06-20-205-004-1000					Recorded Document: (i.e. Property Ownership) Volume 1131 Page(s) 568	
____ 1/4, ____ 1/4	Gov't Lot 4	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
Section 20, Township 50 N, Range 06 W				Town of: BELL			Lot Size	Acreage 8.330

Par in SW corner of Govt Lot less plat of Siskiwit Shores subdiv in V of Tot Plats P 46+ and less V 1131 P. 568

☒ 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: 718 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
$ ~~35000~~ 38000	☒ 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: Drainfield	☐
	☐ 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:	Width:	Height:
Proposed Construction:	Length: 56'	Width: 40'	Height: 12'

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) Pole Shed	(46 X 40)	1840
	☐	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): Steve Hughes Mary Jo Hughes Date 9/25/15
(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)

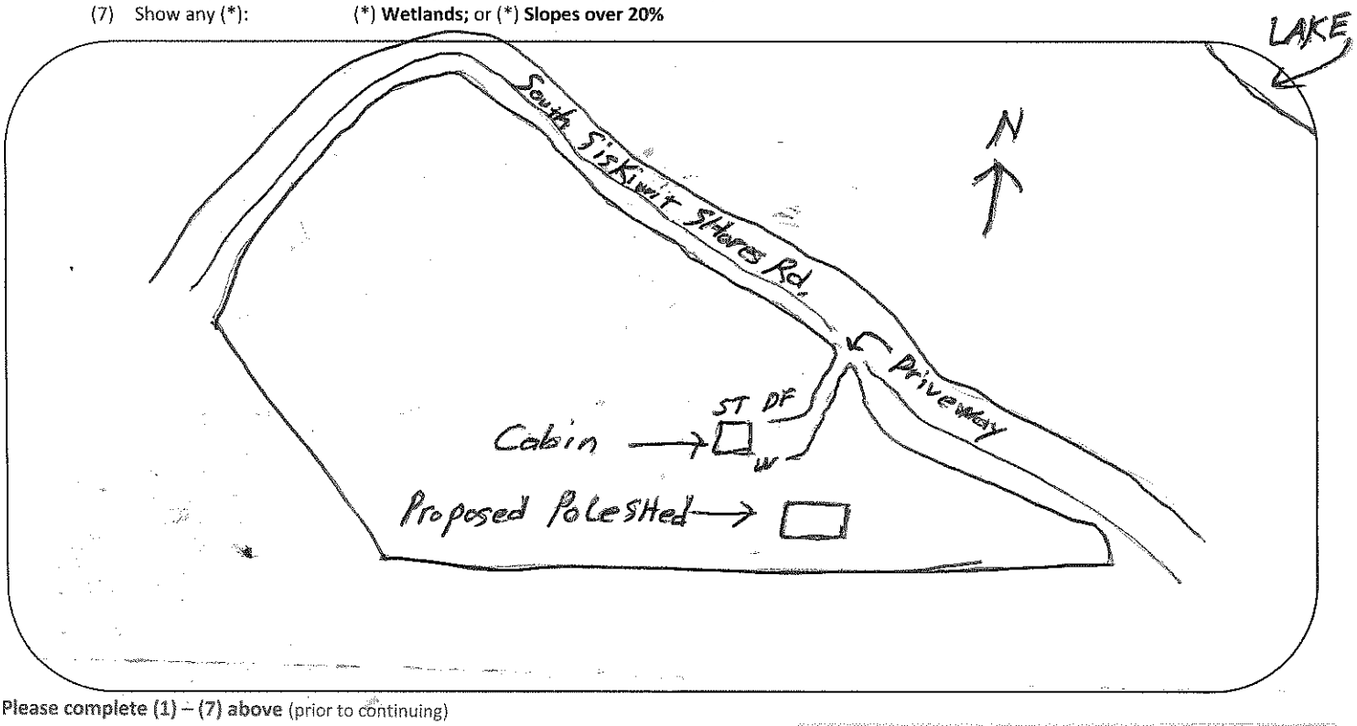
Address to send permit ____

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)

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**	169'	Feet	Setback from the **Lake** (ordinary high-water mark)	718'	Feet
Setback from the **Established Right-of-Way**	119'	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	193'	Feet			
Setback from the **South** Lot Line	17' ✓	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	570'	Feet	**20% Slope Area on property**	☐ Yes	☒ No
Setback from the **East** Lot Line	360'	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	93"	Feet	Setback to **Well**	38'	Feet
Setback to **Drain Field**	86'	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: 425182	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 15-0375	Permit Date: 9-30-15		

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: on site well staked

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

Date of Inspection: 9-29-15 | Inspected by: J Cromberg-Murphy | Date of Re-Inspection:

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

BUILDING SHALL NOT BE USED FOR HUMAN HABITATION AND SHALL NOT CONTAIN INDOOR PLUMBING FIXTURES WITH CONNECTION TO PRESSURIZED WATER UNLESS APPROVED CONNECTION TO POWTS BY MASTER PLUMBER.

Signature of Inspector: | Date of Approval: 9-29-15

Hold For Sanitary: ☐ ____ Hold For BOA: ☐ ____ Hold For Affidavit: ☐ ____ Hold For Fees: ☐ ____ ☐