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)
NOV 14 2016
Bayfield Co. Zoning Dept.

Permit #:	17-0288
Date:	6-27-17
Amount Paid:	$75 11-14-16
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 + Carol DeVitt	Mailing Address: 327 Curve MI Blvd	City/State/Zip: St. Paul, MN 55105	Telephone: (612) 876-4663 Cell Phone: (612) 296-5444
Address of Property: 23040 Garmisch Rd unit 12	City/State/Zip: Cable, WI		Plumber Phone:
Contractor: Biscobing Builders	Contractor Phone: (715) 798-3653	Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Richard Brooks	Agent Phone: Same	Agent Mailing Address (include City/State/Zip): 42420 Woodcrest Dr Cable, WI 54821	Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) 25325					Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 880 R- 522	
____ 1/4, ____ 1/4	Gov't Lot 12	~~Lot(s)~~ Unit 12	CSM	Vol & Page		Lot(s) No.	Block(s) No.	Subdivision: Garmisch USA
Section 23, Township 43 N, Range 6 W			Town of: Namakagon					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
	☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 228 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
$ 24,000	☐ 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: ST	☐ ____
	☐ 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: 44	Width: 36	Height: 18
Proposed Construction:	Length: 20	Width: 18	Height: 15

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) Porch	(18 X 20)	360
☐ 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 27 2017
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 ____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Richard Brooks Date Nov. 14/16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 42420 Wood Crest Dr 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

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**	406	Feet	Setback from the **Lake** (ordinary high-water mark)	230	Feet
Setback from the **Established Right-of-Way**	373	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	80	Feet			
Setback from the **South** Lot Line	80	Feet	Setback from **Wetland**	160 ~~NA~~	Feet
Setback from the **West** Lot Line	30	Feet	**20% Slope Area on property**	☐ Yes	☐ No
Setback from the **East** Lot Line	40	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	25	Feet	Setback to **Well**	150	Feet
Setback to **Drain Field**	710	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: 22788 1	# of bedrooms: 11	Sanitary Date: 11/26/1999
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0222	Permit Date: 6-27-17		

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 #: NA	Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #: NA
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 Condo Plat ☐ No

Inspection Record: Project location as identified by owner appears to be Code Compliant. OK to issue LU Permit

Zoning District (RRB)
Lakes Classification (1)

Date of Inspection: 6/7/2017	Inspected by: Robert Schierman	Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Must Contact local Uniform Dwelling Code (UDC) inspection agency and secure a UDC Permit if project is within scope of UDC Contract.

Signature of Inspector: [signature] Date of Approval: 6/23/17

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

® October 2016

6

1:828

0 0.0075 0.015

0 0.015 0.03

State

Town

Municipal Boundary

Section Lines

r Monument on File

r Monument Referenced on Survey

, City, Village, State or Federal
ermits May Also Be Required

LAND USE – X
SANITARY – 227881
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **17-0222** Issued To: **Steven, Carol, & Linda Devitt / Richard Biscobing, Agent**

Location: - ¼ of - ¼ Section **14** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **12** Block Subdivision **Garmish USA** CSM#

For: **Residential Addition: [1- Story; Porch (18' x 20') = 360 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact UDC inspection agency and secure a UDC permit if project is within scope of UDC contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman
Authorized Issuing Official

June 27, 2017
Date

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 26 2017
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0233
Date:	6-27-17
Amount Paid:	75 6-26-17
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: Gary Seidler	Mailing Address: 28306 N. Lake Dr	City/State/Zip: Waterford WI 53185	Telephone:
Address of Property: 43635 Duck Point Rd	City/State/Zip: Cable WI 54821		Cell Phone: 262-215-3056
Contractor: Dick Biscobing	Contractor Phone: 715-798-3653	Plumber: NA	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)	Tax ID# (4-5 digits) 034-2-43-06-13-202-227-3100	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1071 R-422

____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 13, Township 43 N, Range 06 W				Town of: Namakagon			Lot Size 4.3 / 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
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 47 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
$2000.00	☐ 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: Septic Tank	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☒ None	☐ Portable (w/service contract)	
	☒ Replace Dock with Patio	☐ Foundation			☐ Compost Toilet	
		☐ ____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 50	Width: 13.5	Height: 2'
Proposed ~~Construction~~: Replaced w/patio	Length: 14.5	Width: 13.5	Height: at grade

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)	
☐ Municipal Use	☒	Addition/Alteration (specify) Replace Dock with Patio	(34.5 X 13.5)	245.75
	☐	Accessory Building (specify) ____	(X irregular)	
	☐	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): Gary Seidler Linda M Seidler Date 6-26-17

(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 43635 Duck Point Rd 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

Use 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 Map

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**	210	Feet	Setback from the **Lake** (ordinary high-water mark)	47	Feet
Setback from the **Established Right-of-Way**	177	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	100+	Feet			
Setback from the **South** Lot Line	100+	Feet	Setback from **Wetland**	—	Feet
Setback from the **West** Lot Line Lake	40	Feet	**20% Slope Area on property**	☐ Yes	☑ No
Setback from the **East** Lot Line	Road	Feet	Elevation of **Floodplain**	—	Feet
Setback to **Septic Tank** or **Holding Tank**	107	Feet	Setback to **Well**	105	Feet
Setback to **Drain Field**	107	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: 41420	# of bedrooms: 2	Sanitary Date: 8/6/1976
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0233	Permit Date: 6-27-17		

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 Shoreland Setback					

Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #: NA	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: Replacing Previous Deck(s) with smaller at grade Patio. Previous 2 existing footprint. OK to issue LU permit

Zoning District (RR3)
Lakes Classification (1)

Date of Inspection: 6/14/2017 Inspected by: Robert Schierman Date of Re-Inspection:

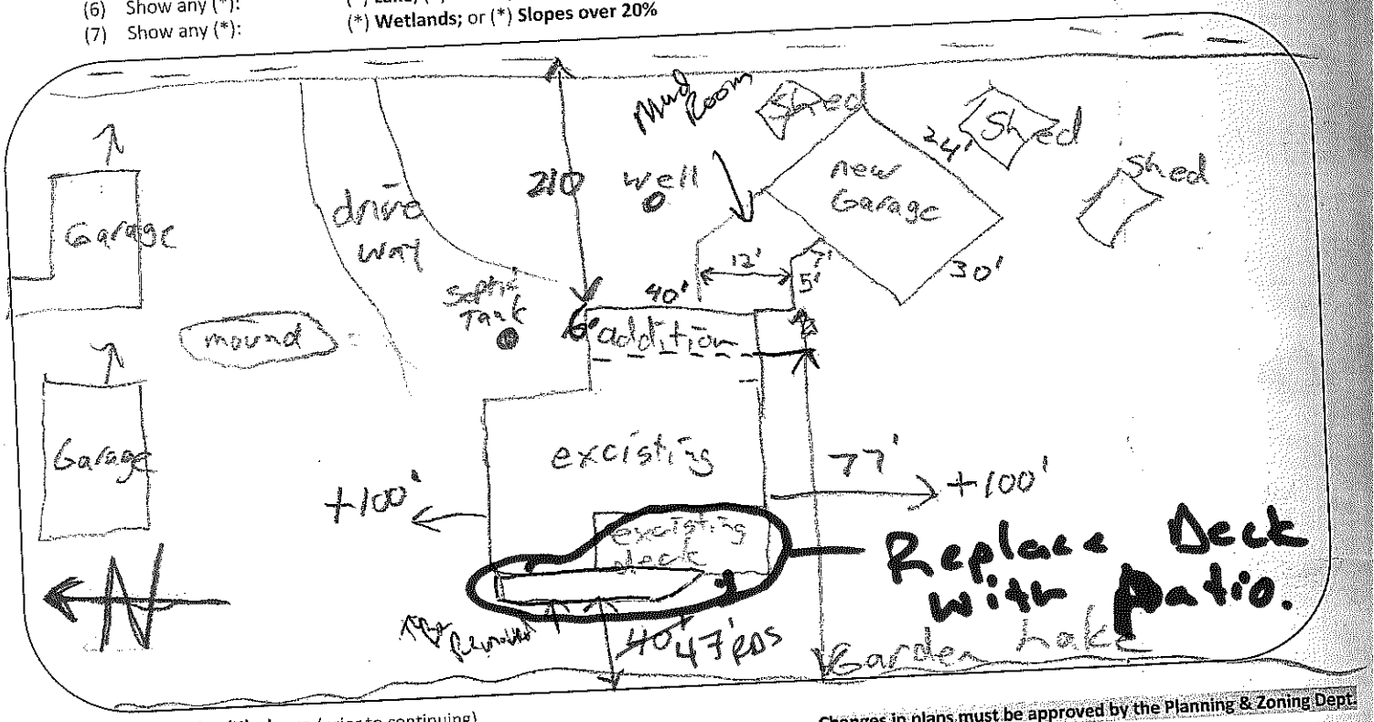
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Must be built within footprint of previously Existing deck.
No further encroachment on Lake

Signature of Inspector: Date of Approval: 6/27/2017

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

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 **Lake** (ordinary high-water mark)	47 ~~40~~	Feet
Setback from the **Centerline of Platted Road**	210	Feet	Setback from the **River, Stream, Creek**		Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	+100	Feet			Feet
Setback from the **South** Lot Line	+100	Feet	Setback from **Wetland**	☐ Yes	☐ No
Setback from the **West** Lot Line	40	Feet	**20% Slope Area on property**		Feet
Setback from the **East** Lot Line	210	Feet	Elevation of **Floodplain**		
Setback to **Septic Tank** or **Holding Tank**	107	Feet	Setback to **Well**		Feet
Setback to **Drain Field**	107	Feet			
Setback to **Privy** (Portable, Composting)		Feet			

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(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: 41420	# of bedrooms:	Sanitary Date: 8-6-1976
Permit Denied (Date):	Reason for Denial:		
Permit #: 16-0013	Permit Date: 1-15-16		

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				

Denied

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

Previously Granted by Variance (B.O.A.) ☒ Yes ☒ No 4-30-84 Case #: 318 Permit # 5986

Was Parcel Legally Created ☒ Yes ☐ No
Was Proposed Building Site Delineated ☒ Yes ☐ No

Were Property Lines Represented by Owner ☐ Yes
Was Property Surveyed ☐ Yes

Zoning District (RRB)
Lakes Classification (1)
Date of Re-Inspection:

Inspection Record:
Varified Prior BOA - OK Varified out Bldgs - OK

Date of Inspection: 12-17-15 + 1/14/16 Inspector: J Rowley

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.)
Garage Not for human habitation. No water pressure.
Must get UDC for Mudroom. Deck must no Extend past West portion of house.

Date of Approval: 1-14

Signature of Inspector: J Rowley

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

© October 2013

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – **X**
SANITARY – **41420**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **17-0233** Issued To: **Gary & Linda Seidler**

Location: - ¼ of - ¼ Section **13** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **31** Block Subdivision **Namakagon Lake Shore** CSM#

For: **Residential Addition / Alteration: [1- Story; Replacing Deck (34.5' x 13.5') = 465 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must be built within footprint of previously existing deck. No further encroachment on lake.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman
Authorized Issuing Official

June 27, 2017
Date

Complete PKT (back to Zoning w/fee)

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) RECEIVED JUN 14 2017 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0235
Date:	6-27-17
Amount Paid:	75 6-14-17
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: Scott Campbell	Mailing Address: 22530 Circle DR. N.	City/State/Zip: Cable, WI 54821	Telephone: 715-577-2126
Address of Property: 22530 Circle DR. N	City/State/Zip: Cable, WI 54821		Cell Phone: 715-577-8414
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)	Tax ID# (4-5 digits) 24388	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2012 R- 541 929 1075-20

____1/4, ____1/4	Gov't Lot 3 (2 parcels IN)	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 3, Township 43 N, Range 6 W	Town of: Namakagon	Lot Size	Acreage 2.100

☒ 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: 400 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
$12,000.00	☒ 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: Mainfield	☒ NO
	☐ 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	
	☐ ____	☐ Slab			☐ 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)	(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	(26 X 30)	780
	☐	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): Scott A Campbell Julia J. Campbell Date 6-12-17
(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)

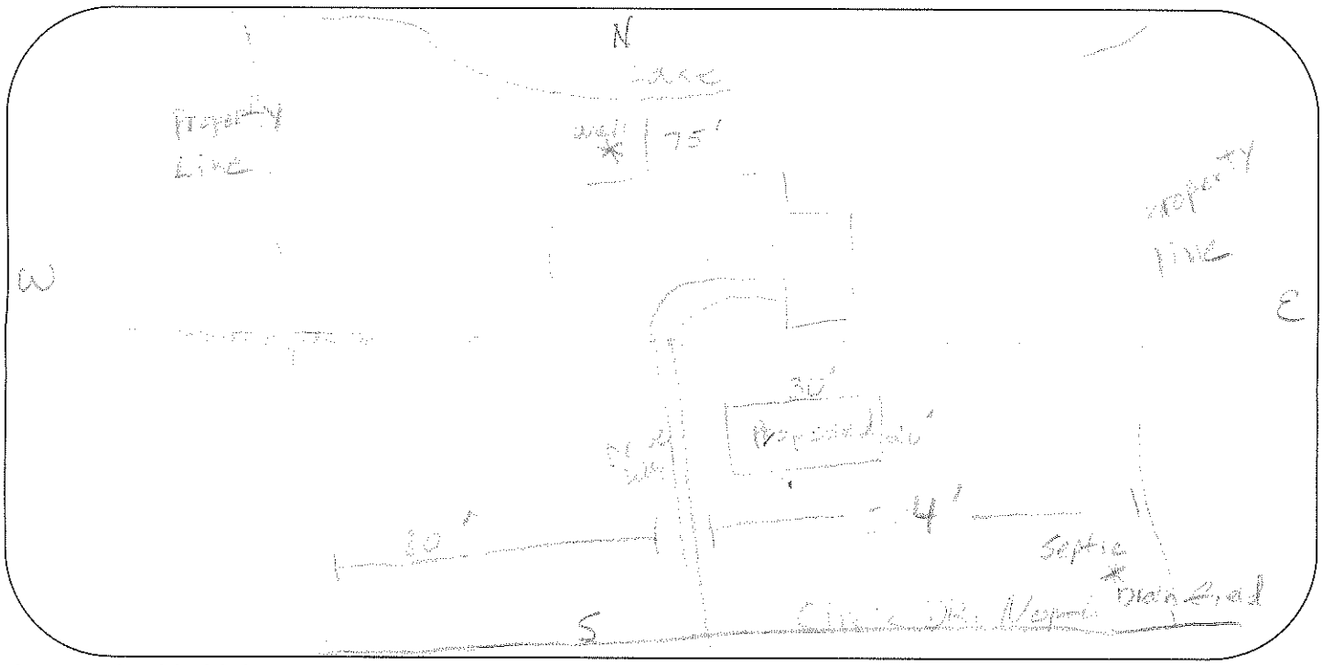
Address to send permit ____

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%**



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)	200	Feet
Setback from the **Established Right-of-Way**	30	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	200	Feet			
Setback from the **South** Lot Line	63	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	30	Feet	**20% Slope Area on property**	☐ Yes	☑ No
Setback from the **East** Lot Line	454	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	50	Feet	Setback to **Well**	150	Feet
Setback to **Drain Field**	490	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 #: 17-0235	Permit Date: 6-27-17		

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 #: NA	Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #: NA
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: Project location as represented by homeowner appears Code Compliant. OK to issue LU Permit

Zoning District (R1)
Lakes Classification (,)

Date of Inspection: 6/20/17 | Inspected by: Robert Schierman | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Not to be used for human habitation. No H_2O under pressure to enter structure unless structure is served by a Code Compliant POWTS.

Signature of Inspector: [signature] | Date of Approval: 6/27/17

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

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LAND USE – **X**
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BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **17-0235** Issued To: **Scott & Julia Campbell**

Location: - ¼ of - ¼ Section **3** Township **43** N. Range **6** W. Town of **Namakagon**

2 Par in Gov't Lot **3** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (26' x 30') = 780 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure to enter structure unless structure is served by a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman
Authorized Issuing Official

June 27, 2017
Date