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
AUG 10 2017
Bayfield Co. Admin. Dept.

ENTERED

Permit #:	17-0369
Date:	9-13-17
Amount Paid:	100 8-14-17
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:	Mailing Address:	City/State/Zip:	Telephone:
Annette Trowbridge	576 Springhill Rd	Vadnais Hts, MN 55127	651 429 9405
Address of Property: 47320 Canterbury Trail	City/State/Zip: Cable, WI 54821		Cell Phone: 651 283 5735
Contractor: Self	Contractor Phone: —	Plumber: N/A	Plumber Phone: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A	Agent Phone: —	Agent Mailing Address (include City/State/Zip): N/A	Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) 16839	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 238 R-34

_____1/4, _____ 1/4	Gov't Lot 7	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 29, Township 44 N, Range 6 W	Town of: Grand View	Lot Size 398 x 1046 x 216 x 1041	Acreage 7.32

☒ 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: 75 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
$ 2,000	☐ New Construction	☐ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☒ 1-Story + Loft	☒ Year Round	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☐ _____	☒ 3	☒ Sanitary (Exists) Specify Type: Septic	☐ _____
	☐ 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	
	☒ Stairs to Lake	☐ _____			☐ 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)	
☒ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
	☐	Addition/Alteration (specify) _____	(X)	
☐ Municipal Use	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☒	Other: (explain) Stairs to Lake	(4' X 32')	128

Rec'd for Issuance
SEP 13 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): Annette Trowbridge Date 8/06/17
(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)

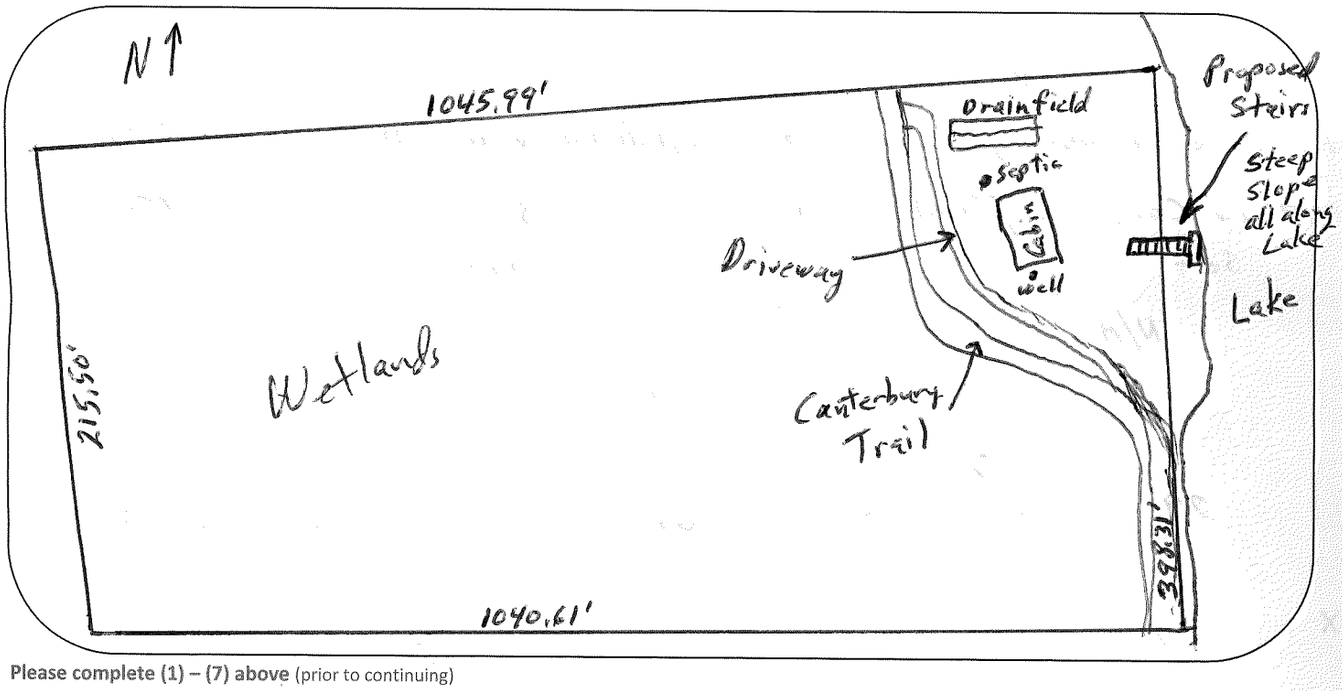
Address to send permit 576 Spring Hill Rd; Vadnais Hts, MN 55127

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

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



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	110	Feet	Setback from the **Lake** (ordinary high-water mark)	75	Feet
Setback from the **Established Right-of-Way**	90	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	130	Feet			
Setback from the **South** Lot Line	250	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	1,000	Feet	**20% Slope Area on property**	☒ Yes	☐ No
Setback from the **East** Lot Line	0	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	50	Feet	Setback to **Well**	30	Feet
Setback to **Drain Field**	80	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: 327204	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0369	Permit Date: 9-13-17		

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 #:	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:		Zoning District (R-1) Lakes Classification (1)
Date of Inspection: 8/24/17	Inspected by: [signature]	Date of Re-Inspection:

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

Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

Signature of Inspector: [signature] Date of Approval: 9/13/17

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

n, City, Village, State or Federal
rmits May Also Be Required

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

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **17-0369** Issued To: **Annette Trowbridge**

Location: - ¼ of - ¼ Section **29** Township **44** N. Range **6** W. Town of **Grand View**

Par in
Gov't Lot **7** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [Stairs to the Lake (4' x 32') = 128 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

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.

Tracy Pooler
Authorized Issuing Official

September 13, 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)
SEP 08 2017
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0375
Date:	9-15-17
Amount Paid:	BS 9-11-17
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:	Mailing Address:	City/State/Zip:	Telephone:
Charles & Chris Anne Best	45015 Sugar Bay Dr	Cable, WI 54821	715-794-2278
Address of Property: 47010 County Hwy D	City/State/Zip: Cable, WI 54821		Cell Phone:
Contractor: Silver Creek Post & Frame	Contractor Phone: 715-681-0667	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) 16738	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____

_____1/4, _____ 1/4	Gov't Lot	Lot(s) 1	CSM 859	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 25, Township 44 N, Range 6 W	Town of: Grand View	Lot Size	Acreage 3.4

☐ 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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$ 45,000.00	☒ 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: _____	☒ n/a
	☐ 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: 52'	Width: 26'	Height: 18'

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) Storage	(52' X 26')	1352
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
SEP 15 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): x Charles L Best Chris Anne Best Date 9/7/17
(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)

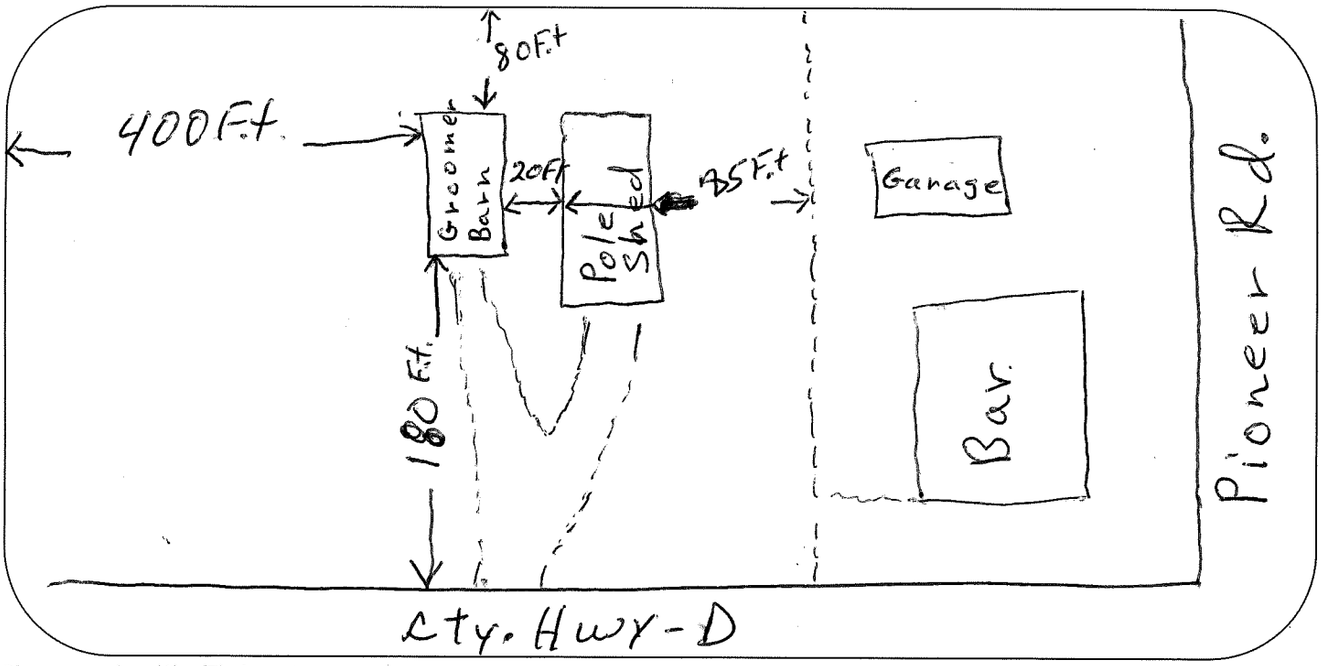
Address to send permit _____

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Show: 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**	180	Feet	Setback from the **Lake** (ordinary high-water mark)	n/a	Feet
Setback from the **Established Right-of-Way**	150	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	400	Feet			
Setback from the **South** Lot Line	80	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	150	Feet	**20% Slope Area on property**	☐ Yes	☒ No
Setback from the **East** Lot Line	80 ~~150~~	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	n/a	Feet	Setback to **Well**		Feet
Setback to **Drain Field**	n/a	Feet			
Setback to **Privy** (Portable, Composting)	n/a	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: N/A	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0375	Permit Date: 9-15-17		

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 #:	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:		Zoning District (C) Lakes Classification (–)
Date of Inspection: 9/12/17	Inspected by: [signature]	Date of Re-Inspection:

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

Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

No Pressurized water into building without approved connection to POWTS

Signature of Inspector: [signature]

Date of Approval: 9/13/17

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

[illegible], City, Village, State or Federal
[illegible]mits May Also Be Required

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

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **17-0375** Issued To: **Charles & Chris Ann Best**

Location: - ¼ of - ¼ Section **26** Township **44** N. Range **6** W. Town of **Grand View**

Gov't Lot Lot **1** Block Subdivision CSM# **859**

For: **Commercial Accessory Structure: [1- Story; Storage (52' x 26') = 1,352 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. No pressurized water into building without approved connection to 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.

Tracy Pooler
Authorized Issuing Official

September 15, 2017
Date