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)
APR 04 2019
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	19-0211
Date:	6-27-19
Amount Paid:	$175 4-5-19
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.

FILL OUT IN INK (NO PENCIL)

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

Owner's Name: Eric Carlson & Ellen Kwiatowski	Mailing Address: 34045 S Co Hwy J	City/State/Zip: Bayfield WI 54814	Telephone: ~~715 779 3698~~
Address of Property: 34045 Co Hwy J	City/State/Zip: Bayfield WI 54814		Cell Phone: 209-06666
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Jenna Gallagher	Agent Phone: 715-209-3947	Agent Mailing Address (include City/State/Zip): PO Box 1005, Bayfield, WI 54814	Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 4878	Recorded Document: (Showing Ownership) 2017R 567746

NW 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page V246 P259	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:

Section 22, Township 50 N, Range 04 W | Town of: Bayfield | Lot Size 38 ac. | Acreage 38 acres

☐ 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	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$ 95,100 Assessed Improved Value	☐ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☒ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☒ 2-Story	☒ Slab	☐ 3	☒ Sanitary (Exists) Specify Type: mound	☐ _____
	☐ Relocate (existing bldg)	~~☐ Slab~~		~~☐ 5~~	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☐ None	☐ Portable (w/service contract)	
	☒ Short-term Rental		☒ Year Round		☐ Compost Toilet	
			☐ _____		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 32ft	Width: 48ft	Height: 2 stories
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)	
☐ Municipal Use	☐	Addition/Alteration (specify) _____	(X)	
	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☒	Special Use: (explain) Short term rental	(32 X 48)	~3600
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
JUN 25 2018
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 4/3/19
(If there are Multiple Owners listed on the Deed **All** Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Jenna Gallagher Date 4/3/19
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 1005, Bayfield, WI 54814

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)

Fill Out in Ink – NO PENCIL

(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**	163 Feet		Setback from the **Lake** (ordinary high-water mark)	Feet
Setback from the **Established Right-of-Way**	130 Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	550 Feet			
Setback from the **South** Lot Line	700 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	130 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	1100 Feet		Elevation of **Floodplain**	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: 425177	# of bedrooms: 2	Sanitary Date: 5/18/04
Permit Denied (Date):	Reason for Denial:		
Permit #: 19-0211	Permit Date: 6-27-19		

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:
Existing house proposed for short-term rental. Appears code compliant

Zoning District (RRB)
Lakes Classification (—)

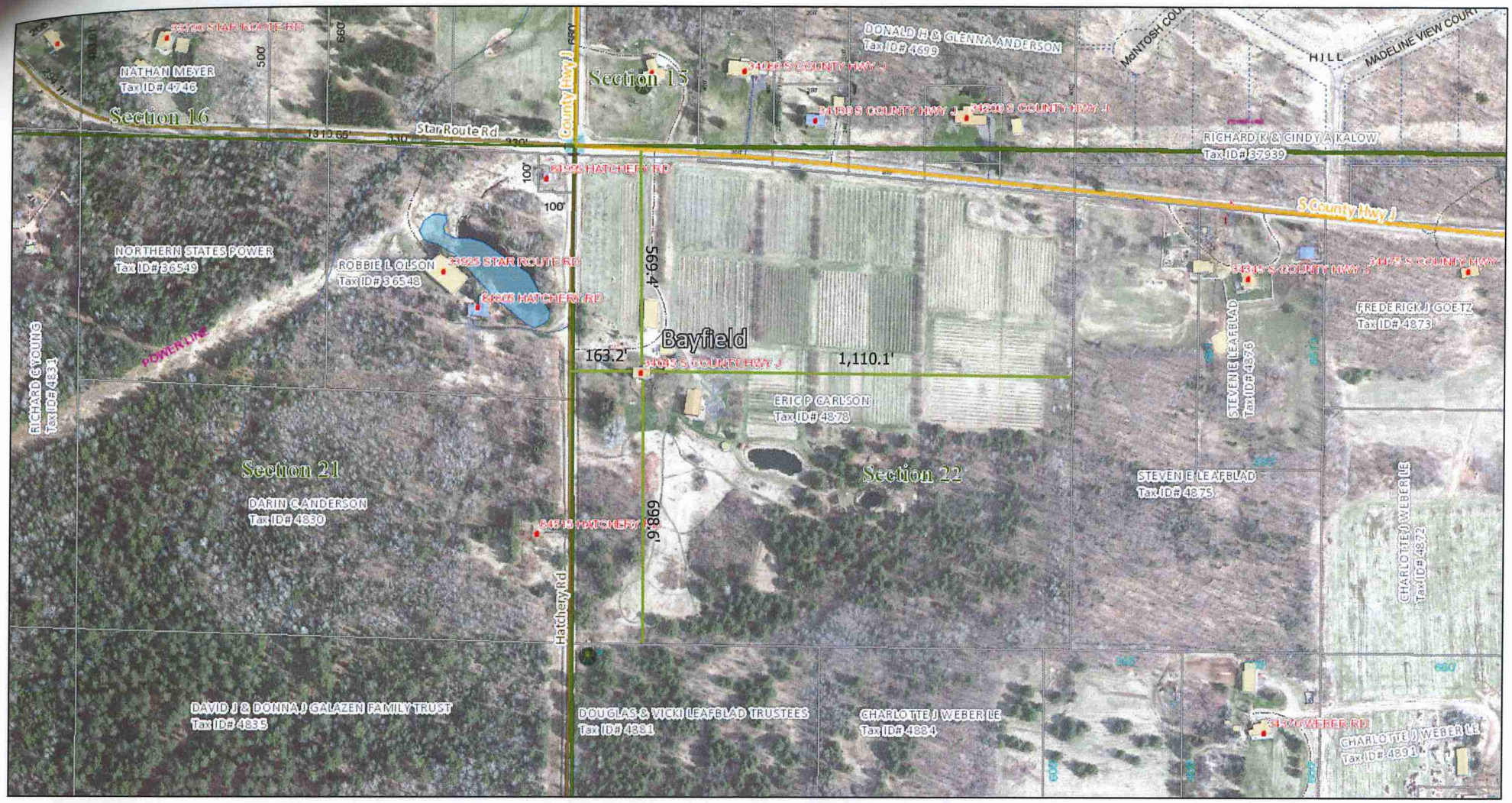
Date of Inspection: 6/20/19 | Inspected by: Todd Norwood | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Must have required Health Dept. licenses prior to renting. Sanitary system approved for two bedrooms.

Signature of Inspector: Todd Norwood | Date of Approval: 6/20/19

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

Bayfield County Web AppBuilder



6/24/2019, 8:38:19 AM

- Ashland Co Parcels
- Douglas Co Parcels
- Rivers
- Lakes
- Tie Lines
- Meander Lines
- Approximate Parcel Boundary
- Section Lines
- Government Lot
- Municipal Boundary
- Red Cliff Reservation Boundary

All Roads
- Federal
- State
- County
- Town
- CFR
- Private

Survey Maps
- UnRecorded Map
- Recorded Map

Corner Tie Sheets
- Section Corner Monument on File
- Section Corner Monument Referenced on Survey

Building Footprint 2009-2015
- Changed
- Demolished

1:3,009

0 0.04 0.07 0.15 mi

0 0.05 0.1 0.2 km

Bayfield County, Bayfield County Land Records

Web AppBuilder for ArcGIS
Bayfield County | Bayfield County Land Records |

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

LAND USE – **X**
SANITARY – **425177 (5/18/2004)**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **19-0211** Issued To: **Eric Carlson / Jenna Galegher, Agent**

Location: **NW** ¼ of **NW** ¼ Section **22** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [1- Story; 1 – Unit; Short-term Rental (32' x 48') = 3,000 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must have required Health Department license prior to renting. Sanitary system approved for two bedrooms.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or 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.

Todd Norwood
Authorized Issuing Official

June 27, 2019
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 19 2019
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	19-0217
Date:	6-28-19
Amount Paid:	$75 6-19-19
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.

FILL OUT IN INK (NO PENCIL)

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

Owner's Name: Joel & Kathy Furda	Mailing Address: 3865 N. Shore Dr	City/State/Zip: Rhinelander, WI 54501	Telephone: 715-369-0340
Address of Property: 87125 Fire Hill Rd	City/State/Zip: Bayfield, WI 54814		Cell Phone: 715-493-7361
Contractor: Mike Pederson	Contractor Phone: 715-373-2517	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# 35737	Recorded Document: (Showing Ownership) 1092 6663

_____ 1/4, _____ 1/4	Gov't Lot	Lot(s) 4	CSM 1657	Vol & Page 9/409	CSM Doc # 2009R-526634	Lot(s) No.	Block(s) No.	Subdivision:

Section 3, Township 50 N, Range 4 W	Town of: Bayfield	Lot Size	Acreage 3.850

☐ 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 your 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	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$ 20,000.00	☑ New Construction	☑ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☑ 2	☐ (New) Sanitary Specify Type: _____	☑ Well
	☐ Conversion	☐ 2-Story	☑ Slab	☐ 3	☑ Sanitary (Exists) Specify Type: _____	☐ _____
	☐ Relocate (existing bldg)	☐ _____	☐ _____	☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☐ None	☐ Portable (w/service contract)	
			☐ Year Round		☐ Compost Toilet	
	☐ _____		☐ _____		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:		Width:		Height:	
Proposed Construction:	Length:	24	Width:	24	Height:	15

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) Garage	(24 X 24)	576
	☐	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): Joel L. Furda Kathy L. Furda Date 6/19/2019

(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

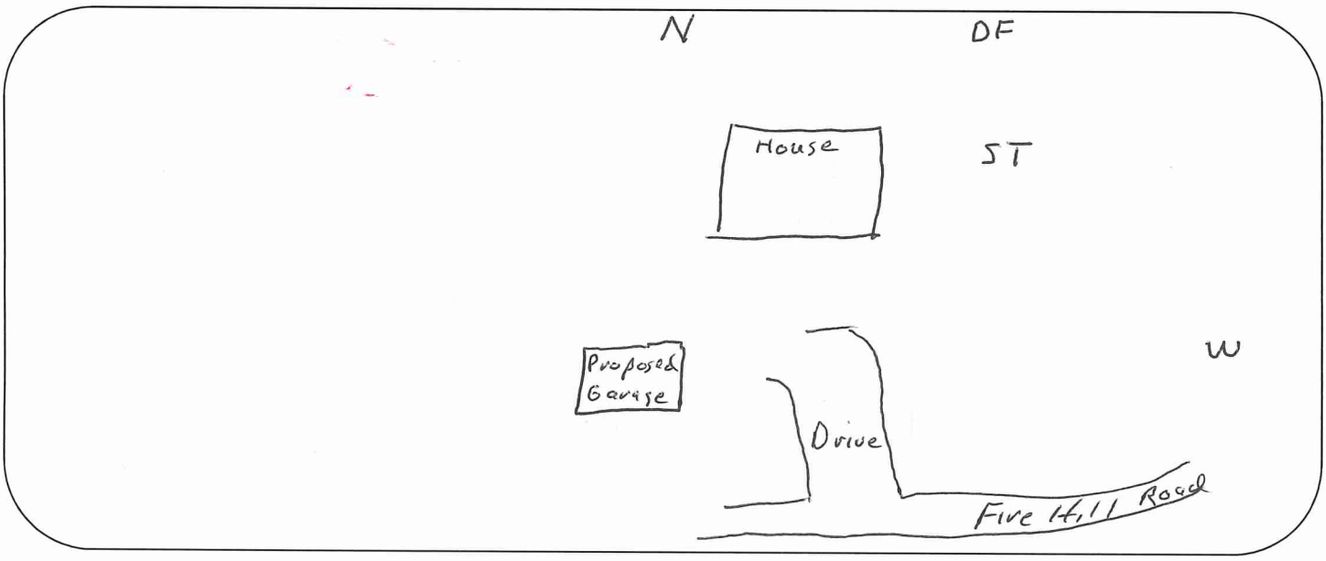
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

Fill Out in Ink – NO PENCIL

(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
	69 ft to Private Road Five Hill			
Setback from the **Centerline of Platted Road**	150 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	>1000 Feet			
Setback from the **South** Lot Line	100 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	200 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	100 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	100 Feet		Setback to **Well**	150 Feet
Setback to **Drain Field**	>1000 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.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 06-133s	# of bedrooms: 3	Sanitary Date: 7/24/06
Permit Denied (Date):	Reason for Denial:		
Permit #:	Permit Date:		

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 Stakes	Was Property Surveyed ☑ Yes CSM 1657 ☐ No

Inspection Record: Project site staked and appears code compliant.

Zoning District (R1)
Lakes Classification (—)

Date of Inspection: 6/27/19 | Inspected by: Todd Norwood | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? [

May not be used for human habitation. No water under pressure in structure.
Must meet and maintain setbacks

Signature of Inspector: Todd Norwood | Date of Approval: 6/27/19

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

Town, City, Village, State or Federal Permits 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. **19-0217** Issued To: **Joel & Kathy Furda**

Location: - ¼ of - ¼ Section **3** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot **4** Block Subdivision CSM# **1657**

For: **Residential Accessory Structure: [1- Story; Garage (24' x 24') = 576sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation. No water under pressure in structure. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or 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.

Todd Norwood
Authorized Issuing Official

June 28, 2019
Date