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
JUN 13 2019
Bayfield Co. Zoning Dept.
(Date Stamp (Received))

ENTERED

Permit #:	19-0226
Date:	7-11-19
Amount Paid:	$175 6-17-19
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: Scott Moorman	Mailing Address: 15 Federal Ave	City/State/Zip: Mason City IA 50401	Telephone: / Cell Phone:
Address of Property: 43520 Duck Point Rd	City/State/Zip: Cable WI 54821		
Contractor: Steve Bollig?	Contractor Phone: 651-276-1199	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# 25244	Recorded Document: (Showing Ownership) 2017R 570448

_____1/4, _____1/4	Gov't Lot	Lot(s) 4 5 6	CSM 3	Vol & Page 3-201	CSM Doc #	Lot(s) No. 30	Block(s) No.	Subdivision: Namakagon Lake Shore

Section 13, Township 43 N, Range 06 W	Town of: Namakagon	Lot Size .60	Acreage .60

☐ 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: 63 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
$6,000	☐ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☒ Post	☐ 3	☒ Sanitary (Exists) Specify Type: Conv.	☐ _____
	☐ Relocate (existing bldg)	☒ Deck		☐ _____	☐ 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: 54 x ~~32~~	Width: 32	Height: 13'
Proposed Construction:	Length: 22.5	Width: 8	Height: 3'

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) Add To Existing Deck	(22.5 x 8)	180
☐ Municipal Use	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 5-19-19
(If there are Multiple Owners listed on the Deed **All** Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ 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**

OK TO ISSUE W/ COPY OF MITIGATION RECORDED. MITIGATION PLAN FROM 2013?

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**	90 Feet		Setback from the **Lake** (ordinary high-water mark)	43 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	90 Feet			
Setback from the **South** Lot Line	63 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	63 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	43 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	70 Feet		Setback to **Well**	70 Feet
Setback to **Drain Field**	70 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 #: 19-0226	Permit Date: 7-11-19		

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 42 ft from H20	☐ No					

Granted by Variance (B.O.A.) ☐ Yes ☒ No Case #: Voiding case #1 (#14-03B)

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-RB)
Lakes Classification ( )

Date of Inspection: 6/19/19 Inspected by: [signature] Date of Re-Inspection:

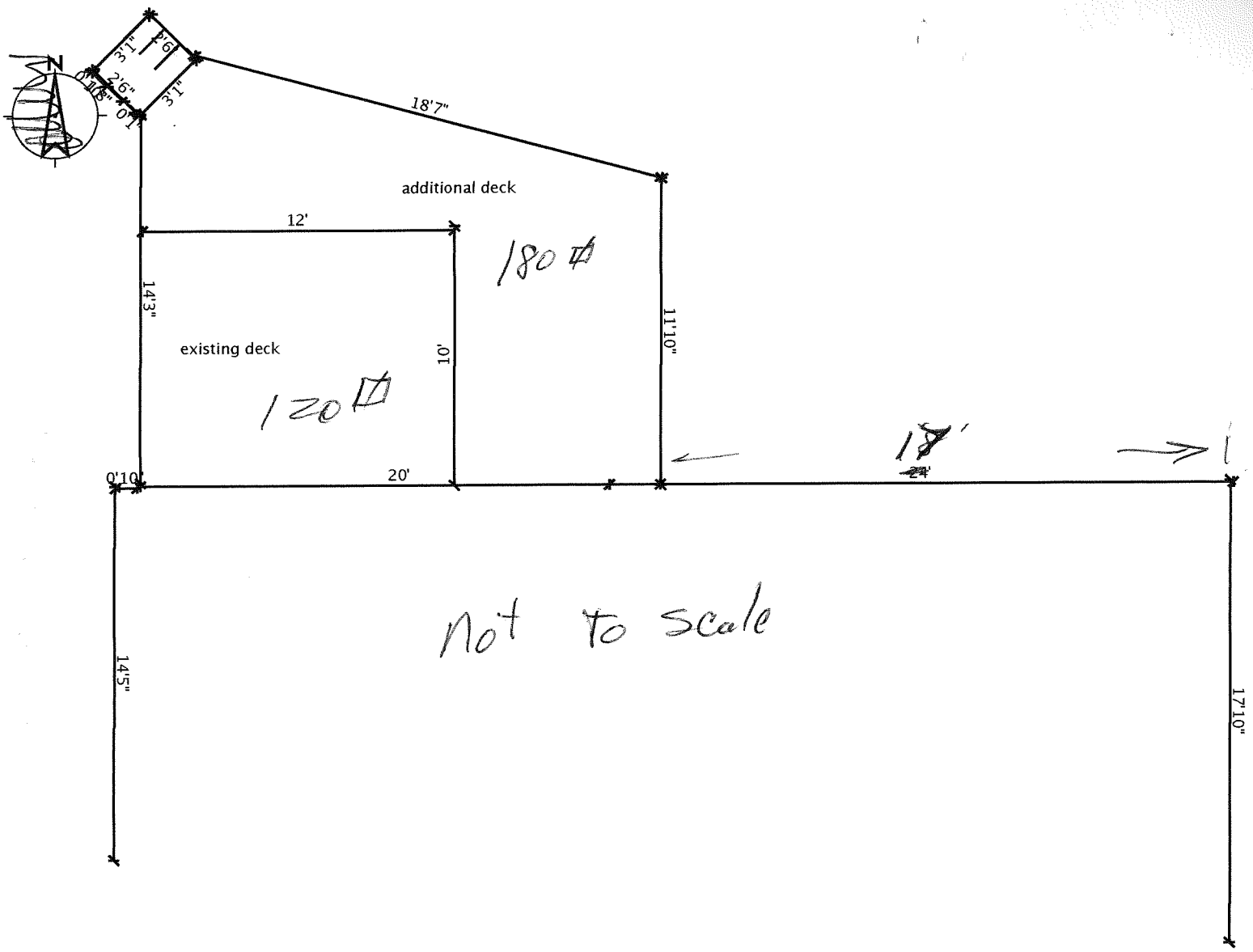
Condition(s): Town Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)

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.

+ STATUTORY changes TO NR 115.05(g) eliminates the need for Variance #case #1 (#14-03B) which was never initiated. Current project meets standards for additions allowed by NR 115.05(g)
Variance #CASE #1 (#14-03B) is Null + Void

Signature of Ins [signature] Date of Approval: 7/2/19

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


N
3'1"
2'6"
0'10"
3'1"
18'7"
additional deck
12'
180 □
14'3"
existing deck
10'
11'10"
120 □
18'
0'10"
20'
14'5"
17'10"
not to scale

N

Village, State or Federal
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. **19-0226** Issued To: **Scott & Susan Moorman**

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

Gov't Lot Lot **4, 5, & 6** Block Subdivision **Namakagon Lakeshore** CSM#

For: **Residential Addition / Alteration: [1- Story; Addition to Deck (22.5' x 8') = 180 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. Statutory changes to NR115005(g) eliminate the need for variance case #1 (14-0313) which I was never initiated. Current project meets standards for additions allowed by NR115.05(g). Variance case #1 (14-0313) is null and void.

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.

Tracy Pooler
Authorized Issuing Official

July 11, 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

Date Stamp (Received) RECEIVED JUN 10 2019 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	19-0289
Date:	7-12-19
Amount Paid:	$525 6-10-19
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: James Stroschein	Mailing Address: 1126 County Rd QQ	City/State/Zip: Mineral Point, WI 53565	Telephone:
Address of Property: 44775 Namakagon Sunset Road	City/State/Zip: Cable, WI 54821		Cell Phone: (608) 642-0788
Contractor: self	Contractor Phone: 608-642-0788	Plumber: Andry Rasmussen & Sons Inc	Plumber Phone: 715-798-3355
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# 23932	Recorded Document: (Showing Ownership) 2018R 573680

_____1/4, _____1/4	Gov't Lot A, 2	Lot(s)	CSM	Vol & Page 342 90	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:

Section 7, Township 43 N, Range 5 W	Town of: Namakagon	Lot Size	Acreage 18

☐ 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: 78 feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$ 175,000	☒ New Construction	☐ 1-Story	☒ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☒ 2	☒ (New) Sanitary Specify Type: Septic	☒ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 3	☐ Sanitary (Exists) Specify Type: _____	☐ _____
	☐ Relocate (existing bldg)	☒ 1½ Story		☐ _____	☐ 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: 58'	Width: 24'	Height: 27'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☒	Residence (i.e. cabin, hunting shack, etc.)	(24 x 58)	1612
☒ Residential Use		with ~~Loft~~ ½ story	(24 x 34)	816
		with a Porch	(12 x 18)	216
		with (2nd) Porch	(X)	
		with a Deck	(4 x 12)	48
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(26'8" x 30)	789
	☐	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) _____	(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): James B. Stroschein Sharon B. Stroschein Date 6/6/2019
(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 1126 County Road QQ Mineral Point WI 53565

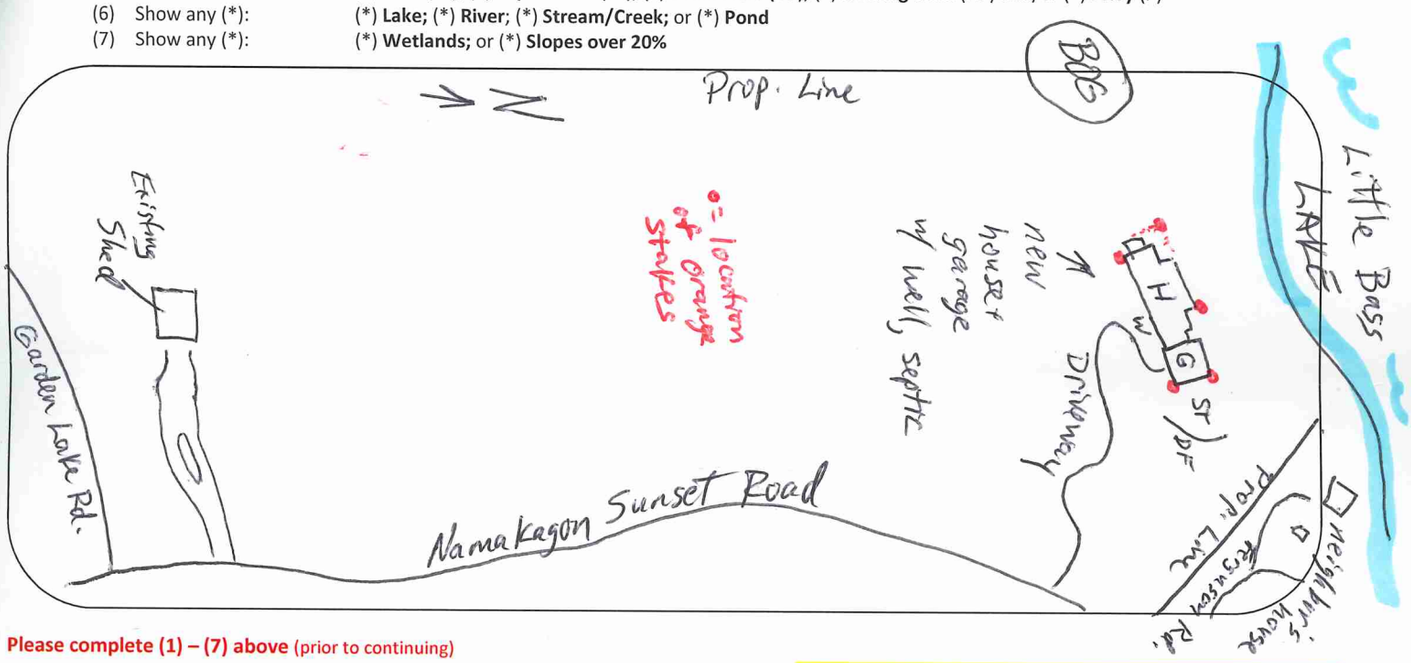
Attach Copy of Tax Statement
If you recently purchased the property send your **Recorded Deed**

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**	340 Feet		Setback from the **Lake** (ordinary high-water mark)	90+ 78 Feet
Setback from the **Established Right-of-Way**	322 Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	80+ Feet			
Setback from the **South** Lot Line	1200 Feet		Setback from **Wetland**	78 Feet
Setback from the **West** Lot Line	150 Feet		**20% Slope Area on the property**	☐ Yes ☒ No
Setback from the **East** Lot Line	330 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	90 Feet		Setback to **Well**	150 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.

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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 19-0229	Permit Date: 7-12-19		

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: well staked		Zoning District (R-2) Lakes Classification (3)
Date of Inspection: 6/19/19	Inspected by: [illegible]	Date of Re-Inspection:
Condition(s): Town, Committee or Board Condi... 1.)		
Signature of Inspector: [illegible]		Date of Approval: 6/20/19

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.

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 – **19-60S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **19-0229** Issued To: **James & Sharon Stroschein**

Location: - ¼ of - ¼ Section **7** Township **43** N. Range **5** W. Town of **Namakagon**

Par in
Gov't Lot **2 & 4** Lot Block Subdivision CSM#

For: **Residential Use: [1.5 - Story; Residence (24' x 58') = 1,612 sq. ft.; Porch (12' x 18') = 216 sq. ft.; Deck (4' x 12') = 48 sq. ft.; Attached Garage (26.8' x 30') = 789 sq. ft.]**
Total Overall = 2,665 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.

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.

Tracy Pooler
Authorized Issuing Official

July 12, 2019
Date