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 APR 12 2019 Bayfield Co. Zoning Dept.
ENTERED

Permit #:	19-0271
Date:	8-13-19
Amount Paid:	$125 4-12-19
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:	Mailing Address:	City/State/Zip:	Telephone:
Robert S Hartman	74268 Bjork Rd	Washburn, WI 54891	
Address of Property:	**City/State/Zip:**		Cell Phone:
90495 Holt Rd	Bayfield, WI 54814		(262) 347-8510
Contractor:	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#	Recorded Document: (Showing Ownership)
		5530	2007R 514548

NE 1/4, SE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) No.	Block(s) No.	Subdivision:
				972 866 V938, P969				

Section 24, Township 51 N, Range 5 W	Town of:	Lot Size	Acreage
	Bayfield		40

☐ 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
$ 1,000	☒ New Construction	☒ 1-Story	☐ Basement	☒ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☒ platform	☐ 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: 14	Width: 24	Height: 12

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	~~(14 x 24)~~	~~336~~
	☐	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)	
☒ Commercial Use		with (2nd) Deck	(X)	
		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) Platform Tent	(14 X 24)	336
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☒	Conditional Use: (explain) Campground	(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 4/11/2019
(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

the 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%**

Attached to Cond. Use documents.

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**	450 Feet		Setback from the **Lake** (ordinary high-water mark)	Feet
Setback from the **Established Right-of-Way**	600 Feet		Setback from the **River, Stream, Creek**	N/A Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	642 Feet			
Setback from the **South** Lot Line	655 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	404 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	835 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 19-0871	Permit Date: 8-13-19		

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: Site staked. appears code compliant.

Zoning District (R1)
Lakes Classification ( )

Date of Inspection: 5/1/19 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.)
A Uniform Dwelling Code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to start of construction, if required. must meet & maintain set backs. Addition conditions per recorded affidavit.

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

Hold For Sanitary: ☒ 6/6 Hold For TBA: ☐ _____ Hold For Affidavit: ☐ _____ Hold For Fees: ☐ _____ ☐ _____

Hartman: Setbacks

4/12/2019, 6:33:38 PM

- Wetlands
- 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

1:1,550

0 0.02 0.04 0.07 mi

0 0.03 0.06 0.11 km

Bayfield County, Bayfield County Land Records

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

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

LAND USE – **X**
SANITARY – **Portable Privy**
SIGN –
SPECIAL –
CONDITIONAL – **X** **(ZC Mtg: 1/1/2013)**
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **19-0271** Issued To: **Robert Hartman**

Location: **NE** ¼ of **SE** ¼ Section **24** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **EIA approval and a 2-Unit Campground; consisting of an existing yurt (24' diameter) and a new wall tent (14 x 24 = 336 sq. ft)**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A uniform dwelling code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to the start of construction. Must meet and maintain set-backs. Additional conditions per recorded affidavit.

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.

Todd Norwood
Authorized Issuing Official

August 13, 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
JUL 31 2019
Bayfield Co. Zoning Dept.

Permit #:	19-0275
Date:	8-14-19
Amount Paid:	$75 7-31-19
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:	Mailing Address:	City/State/Zip:	Telephone:
Paul & Anna Cadotte	25930 Star Route Rd	Bayfield, WI 54814	715-779-3126
Address of Property:	**City/State/Zip:**		Cell Phone:
25930 Star Route Rd	Bayfield WI 54814		
Contractor: Sean Cadotte	Contractor Phone: 715-779-5039	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# 5238	Recorded Document: (Showing Ownership) 2018R-512463

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

Section 18, Township 50 N, Range 05 W	Town of: Bayfield	Lot Size	Acreage 5.00

☐ 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	Total # of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$4700.00	☐ 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	☒ Pavers	☒ 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	

	Length:	Width:	Height:
Existing Structure: (if permit being applied for is relevant to it)	72	24W/26E	12
Proposed Construction:	14	10	3

*

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) Deck	(10 X 14)	140
	☐	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): Paul R. Cadotte Anna M. Cadotte Date 7/30/2019
(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 25930 Star Rt. Rd. Bayfield, WI 54814

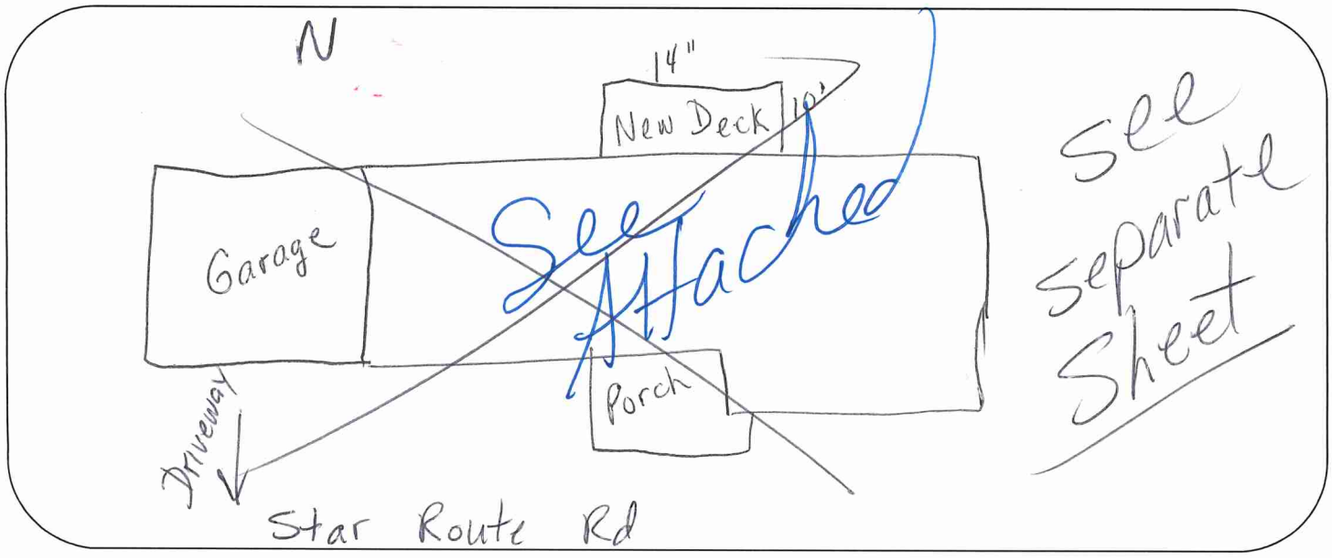
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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**	473 ~~300~~ Feet		Setback from the **Lake** (ordinary high-water mark)	Feet
Setback from the **Established Right-of-Way**	440 ? Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line 155/785	~~1500~~ Feet			
Setback from the **South** Lot Line	440 ~~300~~ Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	165 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	165 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	20 Feet		Setback to **Well**	Feet
Setback to **Drain Field**	100 ~~5~~ 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: 12-30s	# of bedrooms: 3	Sanitary Date: 5-16-12
Permit Denied (Date):	Reason for Denial:		
Permit #: 19-0275	Permit Date: 8-14-19		

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: owner on-site and project site identified. Appears code compliant.

Zoning District (AG1)
Lakes Classification (____)

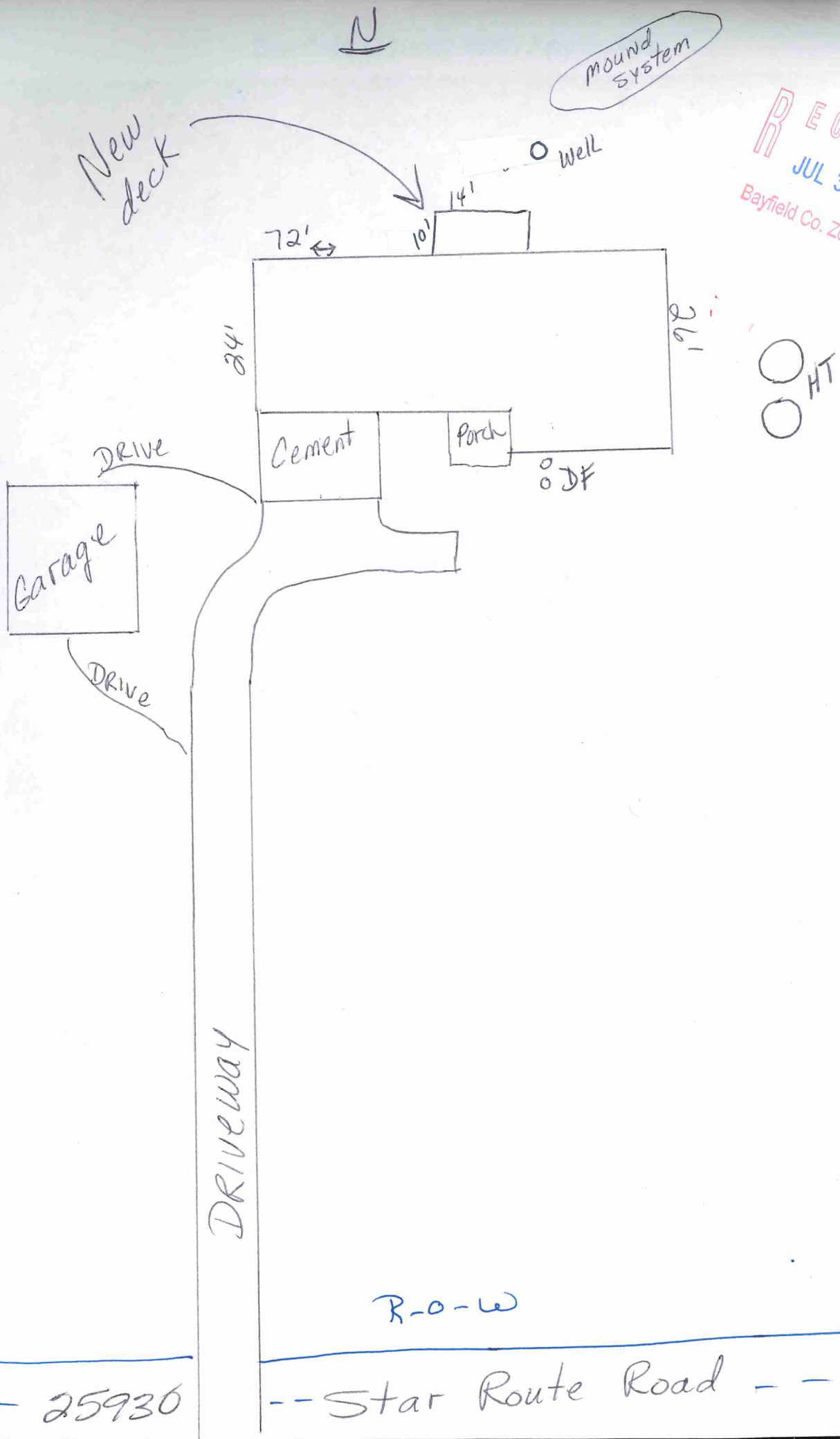
Date of Inspection: 8-12-19 | Inspected by: Todd Norwood | Date of Re-Inspection:

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

must meet and maintain setbacks

Signature of Inspector: Todd Norwood | Date of Approval: 8-13-19

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



RECEIVED
JUL 31 2019
Bayfield Co. Zoning Dept.

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(1) Show L
(2) Show /
(3) Show Lo
(4) Show:
(5) Show:

...n, City, Village, State or Federal
...mits May Also Be Required

LAND USE – **X**
SANITARY – **12-30S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **19-0275** Issued To: **Paul Cadotte**

S 670' of W 330' of E 660' of
Location: **SE** ¼ of **SE** ¼ Section **18** Township **50** N. Range **5** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Deck (10' x 14') = 140 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): 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

August 14, 2019
Date