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)
MAY 13 2020
Bayfield Co. Zoning Dept.

Permit #:	20-0156
Date:	7-1-20
Amount Paid:	$75 $75 ATF 5-19-2020
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: Robert + Sharon Wahman	Mailing Address: 200 Rockridge Cir.	City/State/Zip: Duluth, MN 55804	Telephone: 218-724-3981
Address of Property: 48705 Clearwater Rd	City/State/Zip: Barnes, WI 54873		Cell Phone: 218-260-7810
Contractor:	Contractor Phone:	Plumber: David Blakeman	Plumber Phone: 715-682-6050
Authorized Agent: (Person Signing Application on behalf of Owner(s)) C+S Design + Engineering, Inc.	Agent Phone: 715 682-0330	Agent Mailing Address (include City/State/Zip): 2023 6th Street west Ashland, WI 54806	Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 4192 04-004-2-44-09-19-2 00-150-1600							Recorded Document: (Showing Ownership)
_____1/4, _____1/4	Gov't Lot 3	Lot(s) 17	CSM	Vol & Page	CSM Doc #	Lot(s) No. 17	Block(s) No.	Subdivision: Clearwater	
Section 19, Township 44 N, Range 9 W			Town of: Barnes					Lot Size	Acreage 1.337

☒ 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: ~ 174' 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
$ 15,000	☐ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☒ Conversion	☒ 2-Story	☒ slab	☐ 3	☒ Sanitary (Exists) Specify Type: POWTS	☐ _____
	☐ Relocate (existing bldg)	☐ _____		☒ 4	☐ 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: 24'	Width: 24'	Height: 22'
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)	(24 X 24)	~~576~~
	☐	Mobile Home (manufactured date) _____	(IRREGULAR)	497
	☐	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) _____	(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): Robert Wahman 4/29/20 Date 4/29/20
(If there are Multiple Owners listed on the Deed All Owners must sign of 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 200 Rockridge Cir, Duluth, MN 55804

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%**

See attached plan

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**		Feet	Setback from the **Lake** (ordinary high-water mark)	~174	Feet
Setback from the **Established Right-of-Way**	186'	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	10	Feet			
Setback from the **South** Lot Line	116	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	174	Feet	**20% Slope Area on the property**	☐ Yes	☑ No
Setback from the **East** Lot Line	186	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	~30	Feet	Setback to **Well**	~30	Feet
Setback to **Drain Field**	~60	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: 17-375	# of bedrooms: 3	Sanitary Date: 5/31/17
Permit Denied (Date):	Reason for Denial:		
Permit #: 20-0156	Permit Date: 7-1-20		

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:

Planning Commission Denied 2nd Dwelling on the parcel - ok Bunkhouse ≥500 sq ft

Zoning District (R-1)
Lakes Classification (\ )

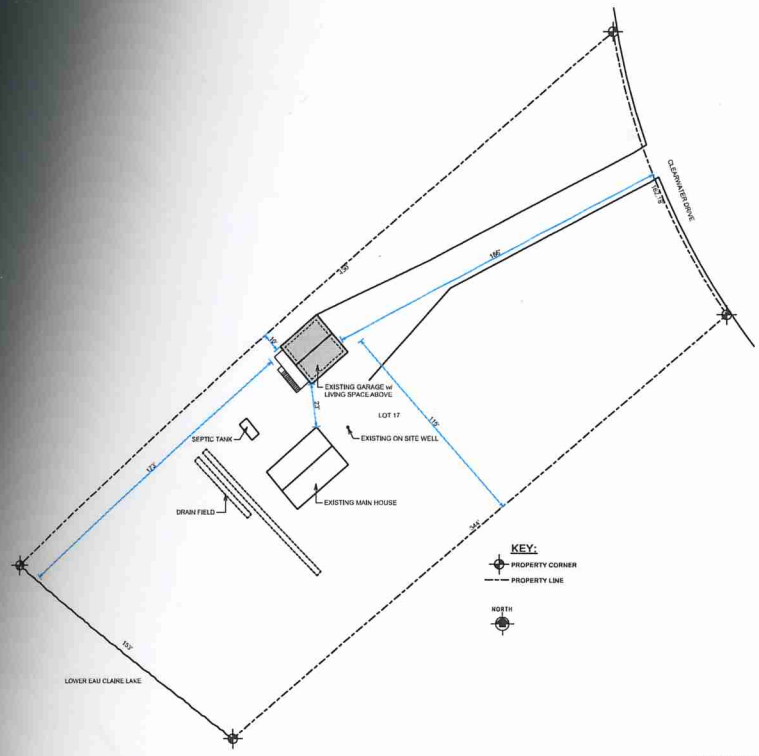
Date of Inspection: Inspected by: Date of Re-Inspection:

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

Bunkhouse No cooking inside structure
closet was closed off to meet ≤500 square feet
Not to be modified to have more than 500 sq ft of Habitable structure

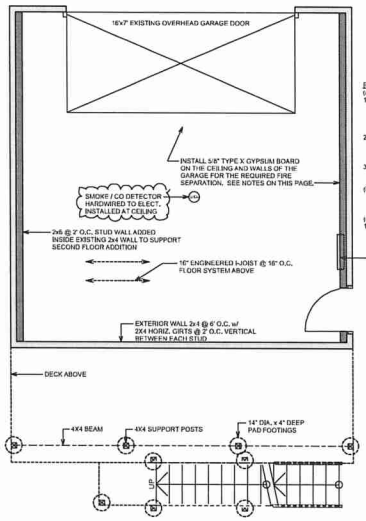
Signature of Inspector: [signature] Date of Approval: 7/1/20

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



SITE PLAN

SCALE: 1" = 30'



REQUIRED FIRE SEPARATE BETWEEN LIVING SPACES AND GARAGE

(a) Attached garages.

1. The walls and ceiling between an attached garage and any portion of the dwelling, including attic or soffit areas, shall be ½-hour fire-resistive construction or shall be constructed as specified in any of the following:
   a. One layer of 5/8-inch Type X gypsum drywall shall be used on the garage side of the separation wall or ceiling.
   b. One layer of ½-inch gypsum drywall shall be used on each side of the separation wall or ceiling.
   c. Two layers of ½-inch gypsum drywall shall be used on the garage side of the separation wall or ceiling.
2. For all methods listed under subd. 1., drywall joints shall comply with one of the following:
   a. Joints shall be taped or sealed.
   b. Joints shall be fitted so that the gap is no more than 1/20-inch with joints backed by either solid wood or another layer of drywall such that the joints are staggered. Note: 1/20-inch is approximately the thickness of a U.S. dime.
3. Vertical separations between an attached garage and a dwelling shall extend from the top of a concrete or masonry foundation to the underside of the roof sheathing or fire-resistive ceiling construction.

(b) Structural elements exposed in an attached garage (EXTERIOR WALL STUDS). Beams, columns and bearing walls which are exposed to the garage and which provide support for habitable portions of the dwelling shall be protected by one of the methods specified in par. (a) 1. a. or c. or other ½ hour fire-resistive protection.

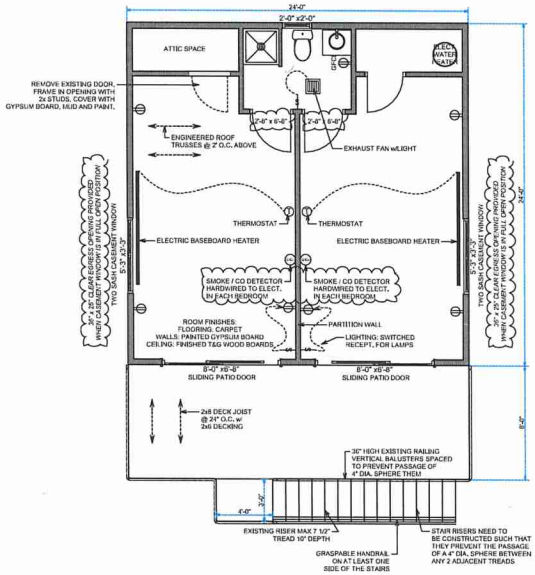
(c) Doors.

1. The door and frame assembly between the dwelling unit and an attached garage shall be labeled by an independent testing agency as having a minimum fire-resistive rating of 20 minutes.

NORTH

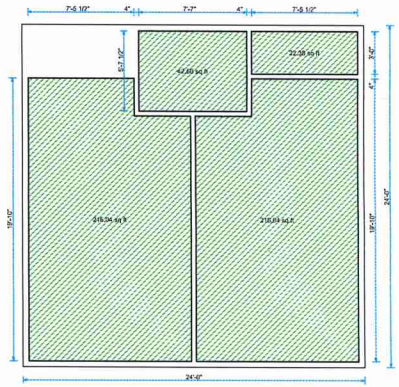
FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"



TOTAL INTERIOR SPACE IS 497.12 SQ.FT.

ELECTRICAL SYMBOLS

- SWITCH
- DUPLEX RECEPTACLE
- GROUND-FAULT CIRCUIT INTERRUPTER (GFCI) RECEPTACLE
- EXHAUST FAN
- SMOKE DETECTOR

PROPOSED UDC PLAN FOR:

WAHMAN BUNKHOUSE

49785 CLEARWATER ROAD, BARNES, WI 54873

SITE AND FLOOR PLANS

DESIGN & ENGINEERING with framework design inc
2023 6th Street West, Ashland, WI 54806
Telephone (715) 682-0330 www.cdesigneng.com

DESIGNED:	A.D.E.
DRAWN:	A.D.E.
SCALE:	AS NOTED
DATE:	MAY 2020
PROJECT NO.	20-3446
REVISIONS:	
APPROVED:	
SHEET NO.	A100

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

LAND USE – **X**
SANITARY – **17-37S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0156** Issued To: **Robert & Sharon Wahman**

Location: - ¼ of - ¼ Section **19** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **17** Block Subdivision **Clearwater** CSM#

For: **Residential Accessory Structure: [2- Story; Bunkhouse (Irregular)]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Bunkhouse no cooking inside structure. Closet was closed off to meet <500 sq. ft. and not to be modified to have more than 500 sq. ft. of habitable structure.

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 1, 2020
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 04 2020
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	20-0157
Date:	7-1-20
Amount Paid:	$75 6-4-20
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:
Nicole M + Justin E. Meyers	5200 8 Mile Lk Rd	Solon Springs, WI	Cell Phone: 920 358 4018
Address of Property: SAME as above →	**City/State/Zip:**		
Contractor: FOREFRONT GARAGES + More Inc	**Contractor Phone:** (715) 919-4300	**Plumber:** —	**Plumber Phone:** —
Authorized Agent: (Person Signing Application on behalf of Owner(s)) SCOTT A. SORENSON DC-0120000051	**Agent Phone:** SAME	**Agent Mailing Address** (include City/State/Zip): 1803 Garfield Ave, Superior	**Written Authorization Attached** ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 376665 04-004-2-46-09-35-3 03-000-23000	Recorded Document: (Showing Ownership)

____1/4, ____1/4	Gov't Lot	Lot(s) 3	CSM 1952	Vol & Page 11 p 286	CSM Doc # 2018R-573427	Lot(s) No.	Block(s) No.	Subdivision:

Section 35, Township 46 N, Range 09 W	Town of: Barnes	Lot Size 5 ac	Acreage 5

☒ 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: 150 + 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: 150 + 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	☒ 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	
	☐ _____		☒ STORAGE		☒ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction: New Garage	Length: 24'-0"	Width: 18'-0"	Height: 12'-4"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☒	**Principal Structure** (first structure on property) GARAGE	(24 X 18)	432
	☐	**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** (explain) _____	(X)	
☐ Municipal Use	☐	**Accessory Building** (explain) _____	(X)	
	☐	**Accessory Building Addition/Alteration** (explain) _____	(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 _____

(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 1803 Garfield Ave, Superior, WI 54880

Attach Copy of Tax Statement

If you recently purchased the property send your **Recorded Deed**

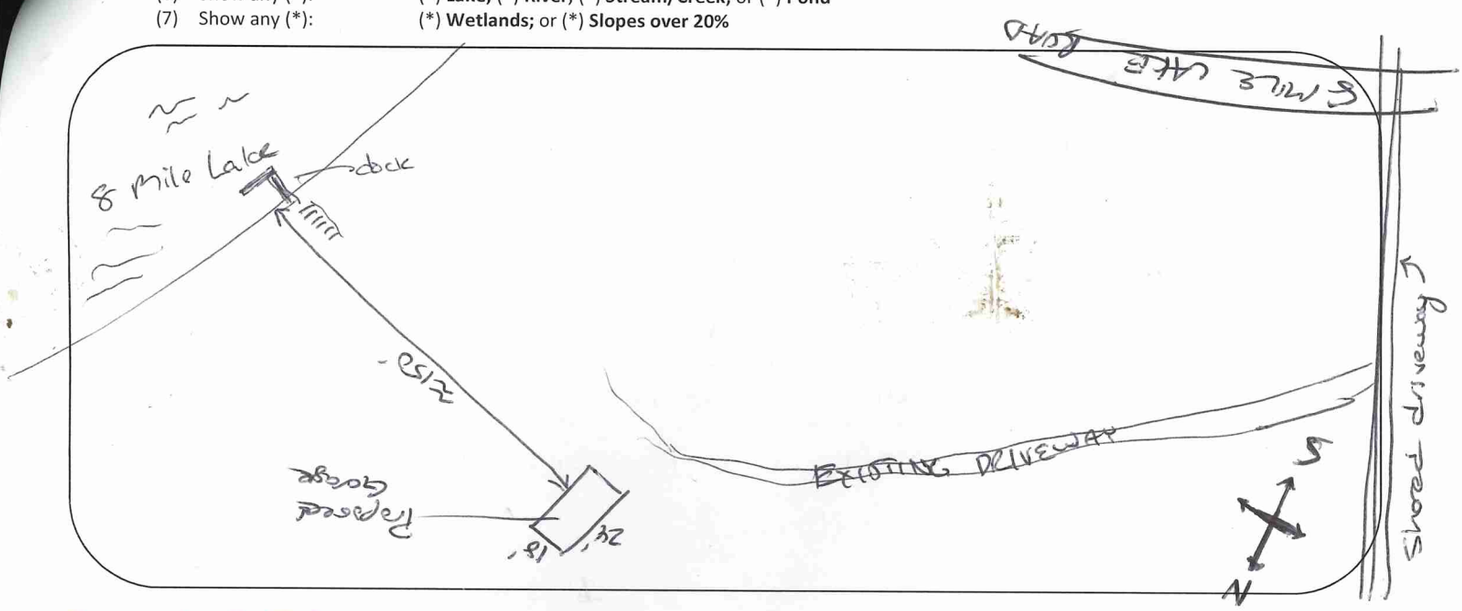
PER STREET NEEDS $50 MORE IN FEES

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**	Feet		Setback from the **Lake** (ordinary high-water mark)	100 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	75 ft Feet			
Setback from the **South** Lot Line	156 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	150 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.

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(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 20-0157	Permit Date: 7-1-20		

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 (3)
Date of Inspection: 6/4/20 Inspected by: [signature]	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.) Not To be used for Human Habitat or sleeping	
Signature of Inspector: [signature]	Date of Approval: 6/4/20
Hold For Sanitary: ☐ _____ Hold For TBA: ☐ _____ Hold For Affidavit: ☐ _____ Hold For Fees: ☐ _____	☐ _____

wn, City, Village, State or Federal
ermits 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. **20-0157** Issued To: **Nicole & Justin Meyers**

Location: - ¼ of - ¼ Section **35** Township **46** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **3** Block Subdivision CSM# **1952**

For: **Residential Principal Structure: [1- Story; Garage (24' x 18') = 432 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation or sleeping.
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 1, 2020
Date