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
FEB 13 2020
Bayfield Co. Zoning Dept.
ENTERED
ATF

Permit #:	20-0159
Date:	7-13-20
Amount Paid:	
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: Benjamin Shawndel Spader	Mailing Address: 1784 Dellridge Ct.	City/State/Zip: Hastings, MN 55033	Telephone:
Address of Property: 5485 Kelly Lake Rd.	City/State/Zip: Barnes, WI 54873		Cell Phone: 651-967-4144
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# 2829	Recorded Document: (Showing Ownership) 2018 R 575816

SW 1/4, NE 1/4	Gov't Lot	Lot(s) 1	CSM 787	Vol & Page V5 P224	CSM Doc # 2018R-	Lot(s) No. 1	Block(s) No.	Subdivision:

Section 26, Township 45 N, Range 09 W	Town of: 575816 1236 BARNES	Lot Size	Acreage 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 : 500 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
$ _____	☐ New Construction	☒ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☒ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☐ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 3	☐ Sanitary (Exists) Specify Type: _____	☐
	☐ Relocate (existing bldg)	☐ _____		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	None
	☒ 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: 30'	Width: 35'	Height: 8'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
☐ Residential Use	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		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) _____	(X)	
	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☒	Special Use: (explain) Storage	(35 X 30)	1050
	☐	Conditional Use: (explain) _____	~~(48 X 36)~~	1728
	☐	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): Benjamin Shawndel Spader Date 2/9/2020
(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 1784 Dellridge Ct. Hastings MN 55033

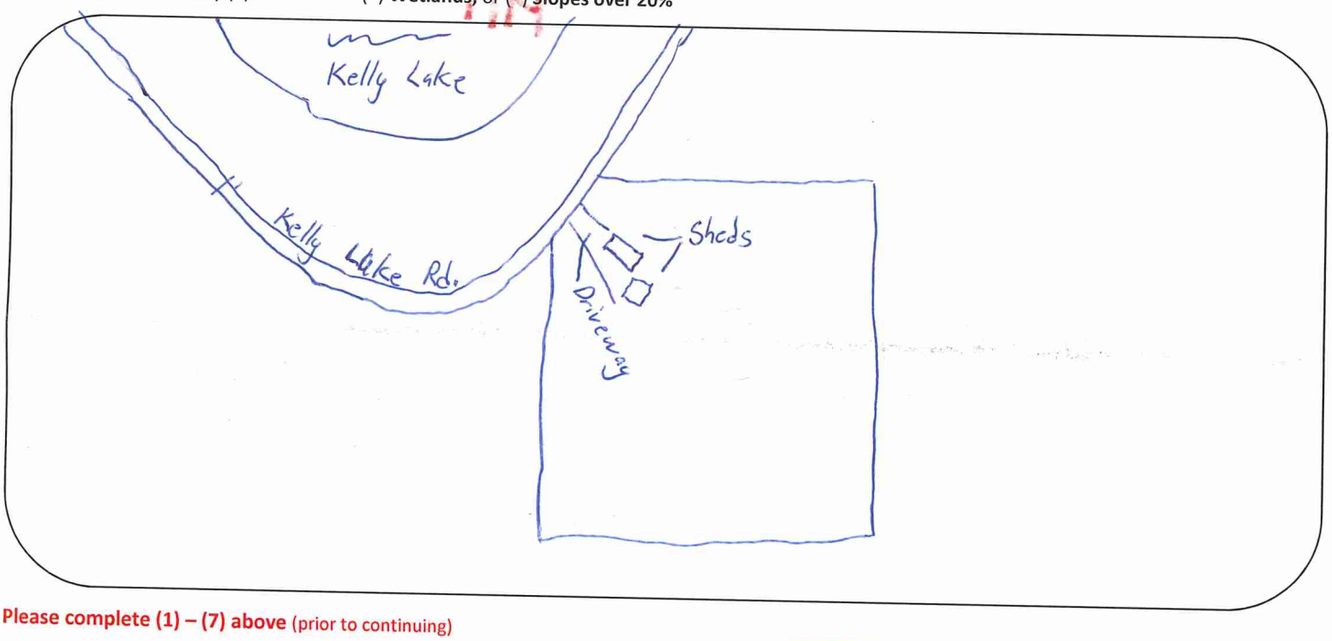
Attach Copy of Tax Statement
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In 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%**



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**	130 Feet	Setback from the **Lake** (ordinary high-water mark)	500 Feet
Setback from the **Established Right-of-Way**	119 Feet	Setback from the **River, Stream, Creek**	— Feet
		Setback from the **Bank or Bluff**	— Feet
Setback from the **North** Lot Line	366 Feet		
Setback from the **South** Lot Line	860 Feet	Setback from **Wetland**	— Feet
Setback from the **West** Lot Line	130 – 120 Feet	**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	1,226 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.

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 #: 20-0159 | Permit Date: 7-13-20

Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) _____ ☑ No
Is Parcel in Common Ownership ☐ Yes (Fused/Contiguous Lot(s)) ☑ No
Is Structure Non-Conforming ☐ Yes _____ ☑ No

Mitigation Required ☐ Yes ☑ No
Mitigation Attached ☐ Yes ☑ No

Affidavit Required ☐ Yes ☑ No
Affidavit Attached ☐ 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 _____
Was Proposed Building Site Delineated ☑ Yes ☐ No _____

Were Property Lines Represented by Owner ☐ Yes _____ ☐ No
Was Property Surveyed ☑ Yes _____ ☐ No

Inspection Record:

Zoning District (F-1)
Lakes Classification (2)

Date of Inspection: 7/1/20 | Inspected by: [illegible] | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Adhere to Planning Commission conditions of 5/21/20
Recorded Affidavit 2020R-582531

Signature of Inspector: [illegible] | Date of Approval: 7/6/20

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

®®August 2017

(®Nov 2018)

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

LAND USE – **Required**
SANITARY – **Required** (if applicable w/land use)
SIGN –
SPECIAL – **X (5/21/2020)**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0159** Issued To: **Benjamin & Shawndel Spader**

Location: **SW** ¼ of **NE** ¼ Section **26** Township **46** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot Block Subdivision CSM#

For: **Mini-Storage in the (2) existing structures in F-1 zone.**
Structure #1 (35 x 30 = 1,050 sq. ft.) and Structure #2 (48 x 36 = 1,748 sq. ft.)

The Planning and Zoning Department **does not** authorize the beginning of any construction or land use; **you must first obtain land use application(s)/permit(s)** from the Planning and Zoning Department. **You (the property owner) shall fulfill** the conditions placed by the Planning and Zoning Committee and/or Dept; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): **1] The (2) existing structures ONLY. 2] Everything must be stored within the (2) existing structures/units. No outside storage.**

NOTE: **Special Use permit shall automatically terminate 12 months** from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. 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 13, 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

RECEIVED
Date Stamp (Received)
JUN 30 2020
Bayfield Co. Zoning Dept.

Permit #:	20-0173
Date:	7-17-20
Amount Paid:	$91 7-1-20
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. **Original Application MUST be submitted** **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: Mark Sandstrom Joyce Sandstrom	Mailing Address: W4626 370th Ave	City/State/Zip: Ellsworth WI 54011	Telephone: 715-307-0881
Address of Property: 1345 Lynx Rd	City/State/Zip: Barnes WI 54873		Cell Phone:
Contractor: Economy Garages 5389 Miller Trunk Hwy Duluth MN 55811	Contractor Phone: (218) 729-5106	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# 3787						Recorded Document: (Showing Ownership) 2009R-524176
_____1/4, _____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page V1000 P2506	CSM Doc #	Lot(s) # 44	Block #		Subdivision: Mohawk Addition to Potawatomi
Section 18, Township 45 N, Range 9 W				Town of: Barnes					Lot Size 146x145x 195x150x136 / Acreage 1.075

X 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 X No	Are Wetlands Present? ☐ Yes X No
	X Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 85 feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
$ ~~33,235.00~~ 30,262.00	X New Construction	X 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	X Well
	☐ Conversion	☐ 2-Story	X Slab	X 3	X Sanitary (Exists) Specify Type: Gravity	☐ _____
	☐ 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 addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 32	Width: 26	Height: 8

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
X Residential Use	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		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 (explain) _____	(X)	
	X	Accessory Building (explain) Garage	(26 X 32)	832
	☐	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): Joyce Sandstrom Joyce Sandstrom / Mark Sandstrom Date 6-24-20
(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 Mark Sandstrom, W4626 370th Ave Ellsworth WI 54011

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

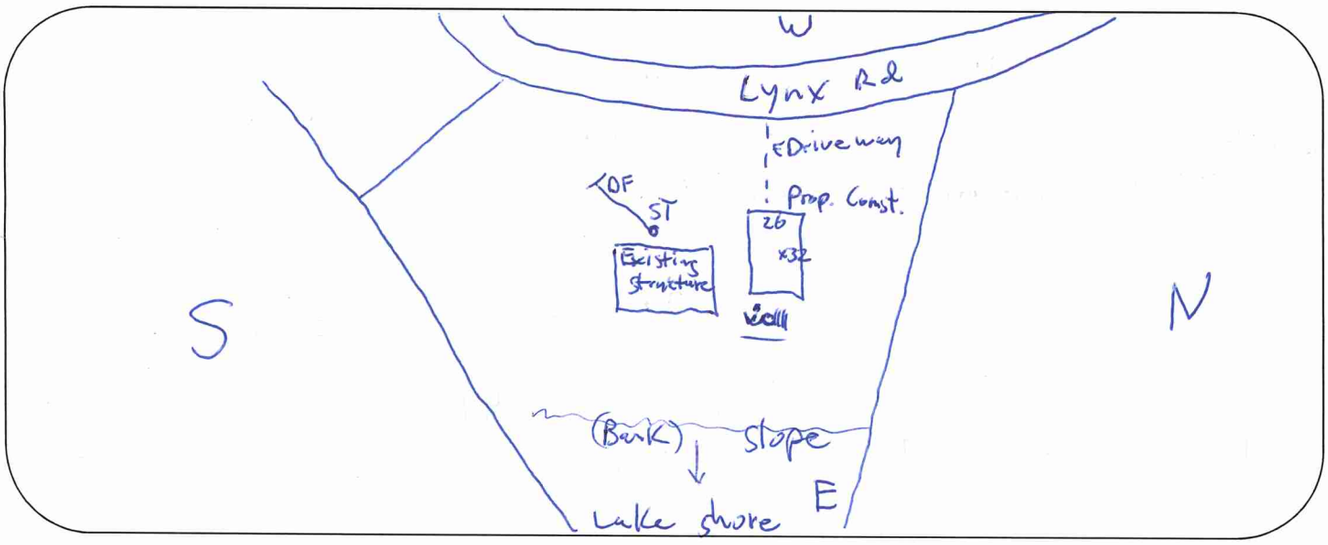
Original Application MUST be submitted

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** → (marked with lime green flags)
(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	Setback Measurements		Description	Setback Measurements
Setback from the **Centerline of Platted Road**	84 Feet		Setback from the **Lake** (ordinary high-water mark)	85 Feet
Setback from the **Established Right-of-Way**	34 Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	41 Feet
Setback from the **North** Lot Line	47 Feet			
Setback from the **South** Lot Line	136 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	34 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	90 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	46 Feet		Setback to **Well**	5 Feet
Setback to **Drain Field**	59 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 #: 20-0173	Permit Date: 7-17-20		

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: well staked

Zoning District (R-1)
Lakes Classification (3)

Date of Inspection: 7/10/20 Inspected by: [illegible] Date of Re-Inspection:

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

Build as proposed
Not for Human Habitation
If pressurized H2O enters structure get septic perm. 45

Signature of Inspector: [illegible] Date of Approval: 7/13/20

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 – **None**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0173** Issued To: **Mark & Joyce Sandstrom**

Location: - ¼ of - ¼ Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **44** Block Subdivision **Mohawk Add to Potawatomi** CSM#

For: **Residential Accessory Structure: [1- Story; Garage #2 (26' x 32') = 832 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as proposed. Not for human habitation. If pressurized water enters structure get septic 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.

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 17, 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

RECEIVED
JUL 08 2020
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	20-0172
Date:	7-17-20
Amount Paid:	$125 7-1-20 7-17-20
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. **Original Application MUST be submitted** **FILL OUT IN INK (NO PENCIL)**

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

Owner's Name: Joyce Sandstrom Mark Sandstrom	Mailing Address: W4626 370th Ave	City/State/Zip: Ellsworth WI 54011	Telephone: 715-307-0881 Cell Phone:
Address of Property: 1345 Lynx Rd	City/State/Zip: Barnes WI 54873		
Contractor: Economy Garages 55811 5389 Miller Trunk Hwy Duluth MN	Contractor Phone: 218-729-5106	Plumber: Doug Manthey Nor Pines Plumbing	Plumber Phone: 715-739-6868
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# 3787						Recorded Document: (Showing Ownership) 2009R-529176
____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page V1000 P2506	CSM Doc #	Lot(s) # 44	Block #	Subdivision: Mohawk Addition to Potawatomi
Section 18, Township 45 N, Range 9 W		Town of: Barnes						Lot Size 146x145x 195x150x136 / Acreage 1.075

☒ 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: 110 feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
$33,235.00	☒ 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: Gravity	☐
	☐ 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 addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 32	Width: 26	Height: 8

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
☒ Residential Use	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		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 (explain) ____	(X)	
	☒	Accessory Building (explain) Garage	(26 X 32)	832
	☐	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): Joyce Sandstrom Joyce Sandstrom / Mark Sandstrom Date 7-5-20
(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**

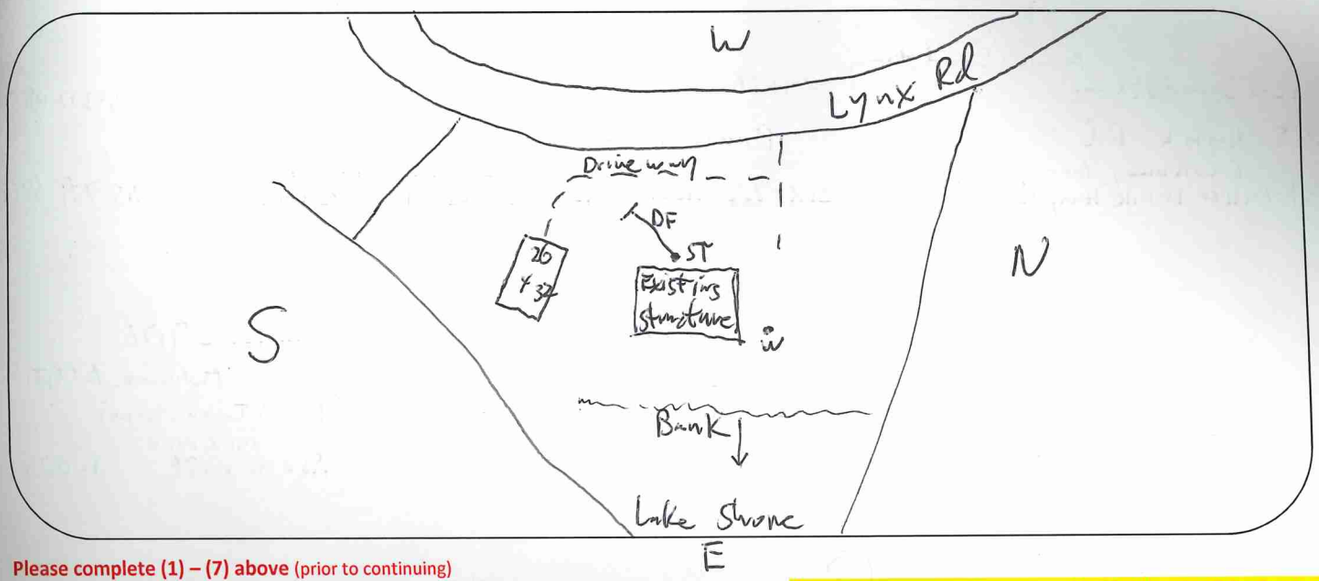
Original Application MUST be submitted

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

in 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** – Marked with posts & lime green tape
(2) Show / Indicate: **North** (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) – Proposed – marked with white flags Application (Barnes) 6-30-20
(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	Setback Measurements		Description	Setback Measurements	
Setback from the **Centerline of Platted Road**	125	Feet	Setback from the **Lake** (ordinary high-water mark)	110	Feet
Setback from the **Established Right-of-Way**	45	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**	60	Feet
Setback from the **North** Lot Line	145	Feet			
Setback from the **South** Lot Line	30	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	45	Feet	**20% Slope Area on the property**	☐ Yes ☐ No	
Setback from the **East** Lot Line	110	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	43	Feet	Setback to **Well**	94	Feet
Setback to **Drain Field**	22	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 #: 20-0172	Permit Date: 7-17-20		

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: 7/10/20	Inspected by: [illegible]	Date of Re-Inspection:

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

Build as propose
Not for Human Habitation
If pressurized H2O enters structure get septic permits

Signature of Inspector: [illegible] Date of Approval: 7/15/20

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 – **None**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0172** Issued To: **Mark & Joyce Sandstrom**

Location: - ¼ of - ¼ Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **44** Block Subdivision **Mohawk Add to Potawatomi** CSM#

For: **Residential Principal Structure: [1- Story; Garage (26' x 32') = 832 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as proposed. Not for human habitation. If pressurized water enters structure get septic 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.

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 17, 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 26 2020
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	20-0170
Date:	7-16-20
Amount Paid:	$970 6-29-20
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. **Original Application MUST be submitted** **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: David & Lorene Anderson	Mailing Address: 1956 145th St.	City/State/Zip: Balsam Lake, WI 54810	Telephone: (715) 553-3000 Cell Phone:
Address of Property: 49786 River Rd	City/State/Zip: Barnes, WI 54873		
Contractor: Pat McElhone	Contractor Phone:	Plumber: Jim Clements/Mike Foat	Plumber Phone: (715) 795-2922
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak	Agent Phone: (715) 817-2034	Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, Iron River, WI 54847	Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	Recorded Document: (Showing Ownership)
		2113	2018R 573946

N 71' of S 142' 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:
	1							

Section 18, Township 44 N, Range 9 W | Town of: Barnes | Lot Size | Acreage 1.801

☒ 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: 75 feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
$290,000	☒ New Construction	☐ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☒ 1-Story + Loft	☐ Foundation	☒ 2	☒ (New) Sanitary Specify Type: Conv	☒ 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 addition, alteration or business is being applied for)	Length:		Width:		Height:		
Proposed Construction: (overall dimensions)	Length:	80	Width:	36	Height:	22	

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
☒ Residential Use	☐	Principal Structure (first structure on property)	(X)	
	☒	Residence (i.e. cabin, hunting shack, etc.)	(30 X 40)	1,200
		with Loft	(30 X 22)	660
		with a Porch covered	(6 X 40)	240
		with (2nd) Porch	(X)	
		with a Deck Covered	(10 X 30)	300
☐ Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(30 X 30)	900
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
☐ Municipal Use	☐	Addition/Alteration (explain) _____	(X)	
	☐	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: Michael Furtak Date 6-24-2020
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 1956 145th St., Balsam Lake, WI 54810

David & Lorene Anderson **Original Application MUST be submitted**

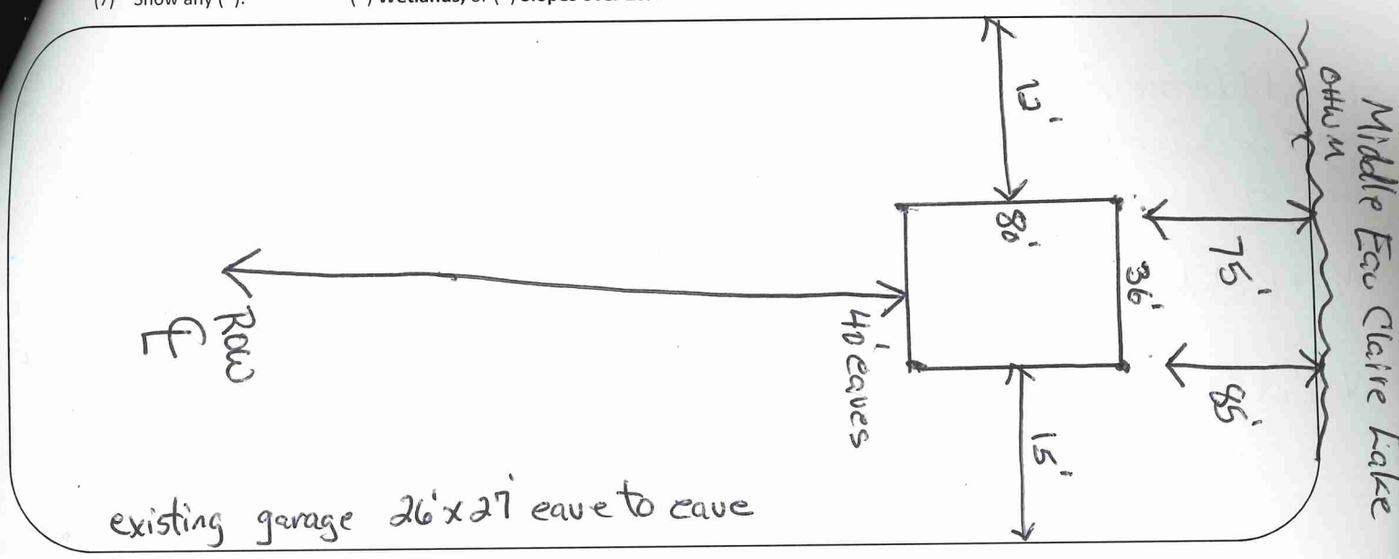
Attach Copy of Tax Statement ✓
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

...low: **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	Setback Measurements		Description	Setback Measurements	
Setback from the **Centerline of Platted Road**	1,000+	Feet	Setback from the **Lake** (ordinary high-water mark)	75	Feet
Setback from the **Established Right-of-Way**	1,000+	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	12	Feet			
Setback from the **South** Lot Line	15	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	900	Feet	**20% Slope Area on the property**	☒ Yes	☐ No
Setback from the **East** Lot Line Lake	NA	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	TBD	Feet	Setback to **Well**	TBD	Feet
Setback to **Drain Field**	TBD	Feet			
Setback to **Privy** (Portable, Composting)	NA	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: 20-815	# of bedrooms: 3	Sanitary Date: 6/25/20
Permit Denied (Date):	Reason for Denial:		
Permit #: 20-0170	Permit Date: 7-16-20		

Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) _____ ☐ No Is Parcel in Common Ownership ☐ Yes (Fused/Contiguous Lot(s)) ☐ No Is Structure Non-Conforming ☐ Yes _____ ☐ No	Mitigation Required ☐ Yes ☐ No Mitigation Attached ☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ 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 _____ Was Proposed Building Site Delineated ☐ Yes ☐ No _____	Were Property Lines Represented by Owner ☐ Yes _____ ☐ No Was Property Surveyed ☒ Yes _____ ☐ No		
Inspection Record: well staked ≥75 ft from H2O		Zoning District (R-1) Lakes Classification (1)	
Date of Inspection: 7/1/20	Inspected by: AP	Date of Re-Inspection:	

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Build as applied
Get required UDC inspections

Signature of Inspector: AMeier			Date of Approval: 7/13/20
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 – **20-81S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0170** Issued To: **David & Loren Anderson / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **18** Township **44** N. Range **9** W. Town of **Barnes**

N71' of S 142' of
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Use: [1.5- Story; Residence (30' x 40') = 1,200 sq. ft.; Covered Porch (6' x 40') = 240 sq. ft.; Covered Deck (10' x 30') = 300 sq. ft.; Attached Garage (30' x 30') = 900 sq. ft.]**
Total Overall = 2,640 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as applied. Get required UDC inspections.

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 16, 2020
Date

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

LAND USE - X
SANITARY - 297812
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

ENTERED

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 07062002-2020 | Tax ID: 3213 | Issued To: TODD W & MARION D COLSTON KOLESKI

Location: SW NE N OF CO HWY N LESS PAR IN V.232 P.139 IN 2017R- 569078 1377A | Section 36 | Township 45 N. | Range 09 W. | BARNES

Govt Lot 0 | Lot | Block | Subdivision: | CSM# NA

For: Residential / Other / 24L x 10W x 8H

Condition(s): Must contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit if required by Statute or Contract.

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 conditions are violated.

Rob Schierman

Authorized Issuing Official

Wed Jul 15 2020

Date

(Disclaimer): Any future expansions or development requires additional permitting.

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

LAND USE - X
SANITARY - 07092001-20
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -

ENTERED

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 07092001-2020 | Tax ID: 4130 | Issued To: BRANDON P CLEMENTS

Location: SHAWNEE ADD TO POTAWATOMI LOT 56 IN V.1158 P.766 2701 | Section 07 | Township 45 N. | Range 09 W.

Govt Lot 0 | Lot | Block | Subdivision: SHAWNEE ADD TO POTAWATOMI | CSM# NA

For: Residential / Other / 4L x 3W x 7H

Condition(s): Must abide by recorded privy agreement.

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 conditions are violated.

Rob Schierman

Authorized Issuing Official

Tue Jul 14 2020

Date

(Disclaimer): Any future expansions or development requires additional permitting.

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

LAND USE - X
SANITARY - None
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

ENTERED

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 06292002-2020 | Tax ID: 2755 | Issued To: GRADY THOMAS & CARIE ANN RADABAUGH

Location: LOT 1 OF CSM #789 IN V.5 P.228 (LOCATED IN GOVT LOT 2) IN DOC 2017R-570757 1190 | Section 23 | Township 45 N. | Range 09 W. | BARNES

Govt Lot 1 | Lot | Block | Subdivision: | CSM# 789

For: Residential / Detached Garage / 25L x 18W x 10H

Condition(s): Must maintain 40' setback to center line of private easement/access road (Holly Rd). Not to be used for human habitation or sleeping purposes.

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 conditions are violated.

Rob Schierman

Authorized Issuing Official

Tue Jul 14 2020

Date

(Disclaimer): Any future expansions or development requires additional permitting.