BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

ENTERED

Zoning District RJ
Lakes Class 2

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test No:	County Permit No: 20-0314
Property Owner's Name: Miguel Kelleher	County: Bayfield	
Address of Property: 5585 Kelly Lk. Rd. Barnes, WI. 54873	Property Location: ¼ ¼, S 26 T 45 N, R 09 E (or) W	
Property Owner's Mailing Address: 10228 E County Road L	Township: Barnes	Gov. Lot #: 1
City, State: Lake Nebagamon, WI. / Zip Code: 54849 / Phone Number: (715) 817-4773	Lot #: 1 / Block #: DOC / CSM #: 2019R / CSM Doc #: 577915 / Subdivision Name: 1244A	

II. TYPE OF BUILDING: (Check One)

- ☐ State Owned
- ☐ Public (Explain the use/purpose _____)
- ☐ 1 or 2 Family Dwelling - No. of Bedrooms _____

Tax ID#: 2838
04-004-2-45-09-26-1 05-001-70000

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) ☒ New ☐ Replacement ☐ County Private Interceptor

☐ Reconnection ☐ Repair ☐ Revision ** ☐ Transfer of Owner (**List Previous Owner below**)

_____

B) ☐ A Sanitary Permit was previously issued. ***Previous Permit Number***: _____ Date Issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

C) ☐ Pit Privy ☒ Vault Privy (Vault size: 200 gallons or ____ cubic yards) Previous Land owner installed Privy.

☐ Portable Privy ☐ Camping Transfer Unit Container ☐ Composting Toilets ☐ Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:

	Capacity In Gallons: New Tanks	Capacity In Gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
~~Septic Tank or~~ Holding Tank		200	200	1	ALME TANKS				X		
Lift Pump Tank / Siphon Chamber											

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VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Owner's Name(s): (Print) *If applying for Section C above*	**Owner's Signature(s)**: (No Stamps)
Miguel Kelleher + Amanda Kelleher	[signature] Amanda Kelleher

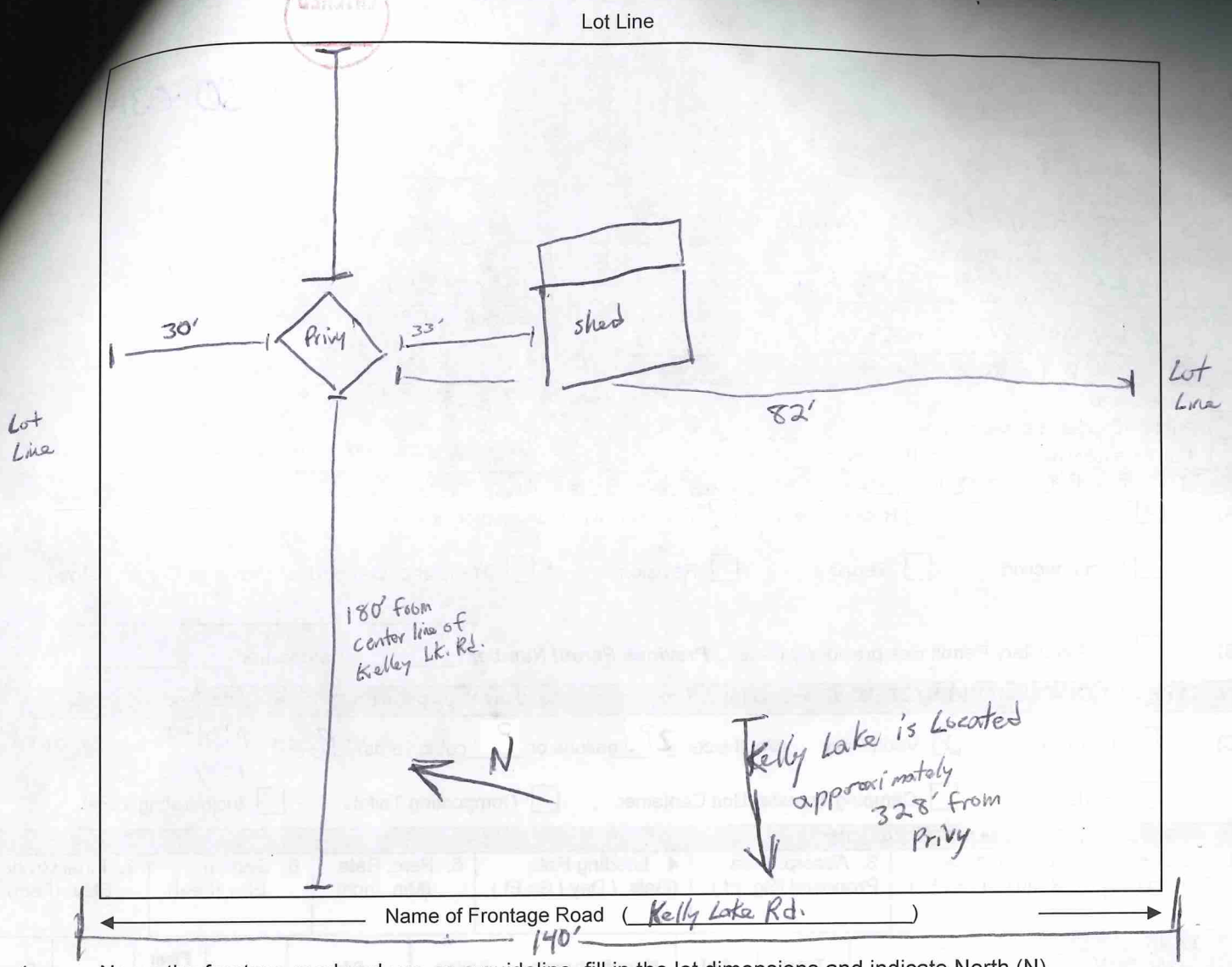
Plumber's Name: (Print) If applying for Section A or B) above	*Plumber's Signature: (No Stamps)*	*MP/MPRSW No:*
Plumber's Address: (Street, City State, Zip Code)	*Home Phone:*	*Business Phone:*

VIII. COUNTY / DEPARTMENT USE ONLY

☒ Approved 11/9/2020	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: $150	Date Issued: 11-13-20	Issuing Agent's Signature / Date: 11/9/2020 1085929

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Plot Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

IMPORTANT DETAILED PLOT PLAN IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY

a. Building to all lot lines
b Building to centerline of road
c. Building to lake, river, stream or pond
d. Septic / holding tank to closest lot line
e. Septic/holding tank to building
f. Septic / holding tank to well
g. Septic / holding tank to lake, river, stream or pond
h. Privy to closest lot line
i. Privy to building
j. Privy to lake, river, stream or pond
k. Drain field to closest lot line
l. Drain field to building
m. Drain field to well
n. Drain field to lake, river, stream or pond
o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Proofed by: ____

ty, Village, State or Federal
mits May Also Be Required

LAND USE – X
SANITARY – X
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0314** Issued To: **Miguel & Amanda Kelleher**

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

N 140' OF S 518' OF

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [Vaulted Privy (200 gallon)]**

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

Condition(s):

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.

Rob Schierman

Authorized Issuing Official

November 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)
OCT 08 2020
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	20-0317
Date:	11-13-20
Amount Paid:	$175 10-9-20
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: BRENDA K BAKKE	Mailing Address: 3935 E ROBINSON LAKE RD	City/State/Zip: BARNES, WI 54873	Telephone: N/A
Address of Property: 3935 E ROBINSON LAKE RD	City/State/Zip: BARNES, WI 54873		Cell Phone: 608-239-8432
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# 3115							Recorded Document: (Showing Ownership) V1126 P892
SE 1/4, SE 1/4		Gov't Lot 1		Lot(s)	CSM 1294	Vol & Page 8	CSM Doc # 47		Lot(s) #	Block #	Subdivision:
Section 33, Township 45 N, Range 09 W						Town of: BARNES				Lot Size 482.22'x449.81'x163.23'x190.0'	Acreage 1.52

☐ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: ____ feet	Is your Property in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☐ Yes ☒ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: ____ feet		
☒ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	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
$ ____	☐ 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: SEPTIC	☐ ____
	☐ Relocate (existing bldg)	☒ w/ Basement	☐ ____	☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☐ None	☐ Portable (w/service contract)	
			☐ Year Round		☐ Compost Toilet	
	☒ Home		☐ ____		☐ None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	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)	
☐ 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) ____	(X)	
	☐	Accessory Building Addition/Alteration (explain) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☒	Other: (explain) SHORT TERM RENTAL OF EXISTING HOME	(28 X 36)	1008

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): Brenda K. Bakke Date 10-6-2020
(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 3935 E ROBINSON LAKE RD - BARNES, WI 54873

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

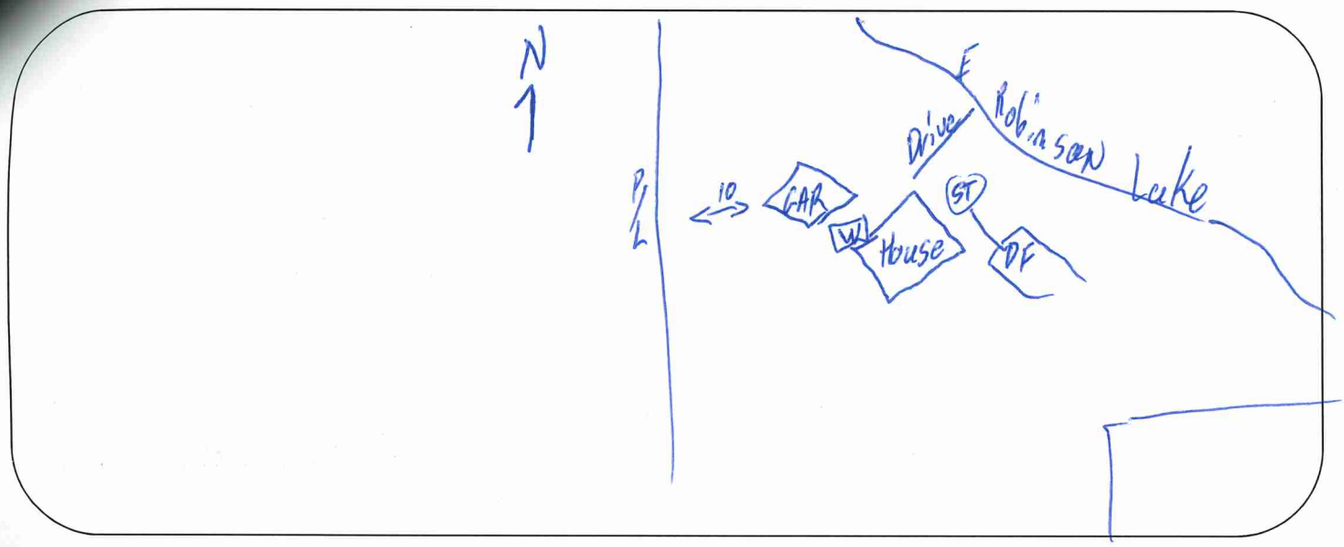
Original Application MUST be submitted

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

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)	N/A Feet
Setback from the **Established Right-of-Way**	Feet	Setback from the **River, Stream, Creek**	N/A Feet
		Setback from the **Bank or Bluff**	N/A Feet
Setback from the **North** Lot Line	40+ Feet		
Setback from the **South** Lot Line	100+ Feet	Setback from **Wetland**	Feet
Setback from the **West** Lot Line	10 Feet	**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	60 Feet	Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	10 Feet	Setback to **Well**	5 Feet
Setback to **Drain Field**	30 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: 05-467275	# of bedrooms: 3	Sanitary Date: 9-9-05
Permit Denied (Date):	Reason for Denial:		
Permit #: 20-0317	Permit Date: 11-13-20		

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 (N/A)
Date of Inspection: 10/6/20	Inspected by: [illegible]	Date of Re-Inspection:

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

- Max occupancy limited to 3 Bedroom/sleeping areas due to septic Design
- Contact Bayfield Cnty Public Health & Town for licensure + room taxes

Signature of Inspector: [illegible]	Date of Approval: 11/3/20

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

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

LAND USE – **X**
SANITARY – **05-467275**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **20-0317** Issued To: **Brenda Bakke**

Location: **SE** ¼ of **SE** ¼ Section **33** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **1294**

For: **Residential Other: [1 – Unit; 1- Story; Short-term Rental]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Max occupancy limited to 3 bedrooms / sleeping areas due to septic design. Contact Bayfield County Public Health and Town for licensure and room taxes.

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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

November 13, 2020
Date