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

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

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **22-0073** Issued To: **Bayfield County Forestry and Parks**

Location: **NW** ¼ of **NE** ¼ Section **32** Township **50** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot Block Subdivision CSM#

Residential Accessory:

For: **[1- Story]; Vaulted Privy (1800 gallon Huffcutt)**

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

Condition(s): Meet all setbacks, including eaves and overhangs. Properly Bed with 6" of Sand

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 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, AZA

Authorized Issuing Official

May 10, 2022

Date

ENTERED

RECEIVED
MAR 11 2022
Bayfield Co.
Planning and Zoning Agency

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test No:	County Permit No: 22-0073
Property Owner's Name: Bayfield County Forestry & Parks	County: **Bayfield**	
Address of Property: 32050 Whiting Road. No address (application submitted)	Property Location: NW ¼ NE ¼, S 32 T 50 N, R 04 E (or) W	
Property Owner's Mailing Address: 117 E 5th St.	Township: Bayview	Gov. Lot #:
City, State: Washburn, WI / Zip Code: 54891 / Phone Number: 715-373-6114	Lot #	Block #: / Subdivision Name or CSM #:
II. TYPE OF BUILDING: (Check One)	Parcel ID Tax Number(s): 6673	

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

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

A) ☒ New ☐ Replacement ☐ County Private Interceptor

1. ☐ Reconnection 2. ☐ Repair 3. ☐ 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: 1800 gallons or _____ cubic yards)

☐ Portable Privy (**Temporary Use Only**) ☐ 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	1800		1800	1	HuffCutt	Yes					
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

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

Plumber's / **Owner's** Name: (Print) Bayfield County Forestry - Jason Bodine	Plumber's / **Owner'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	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: $150	Date Issued: 5-10-2022	Issuing Agent's Signature / Date: 1423713 5/5/22

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

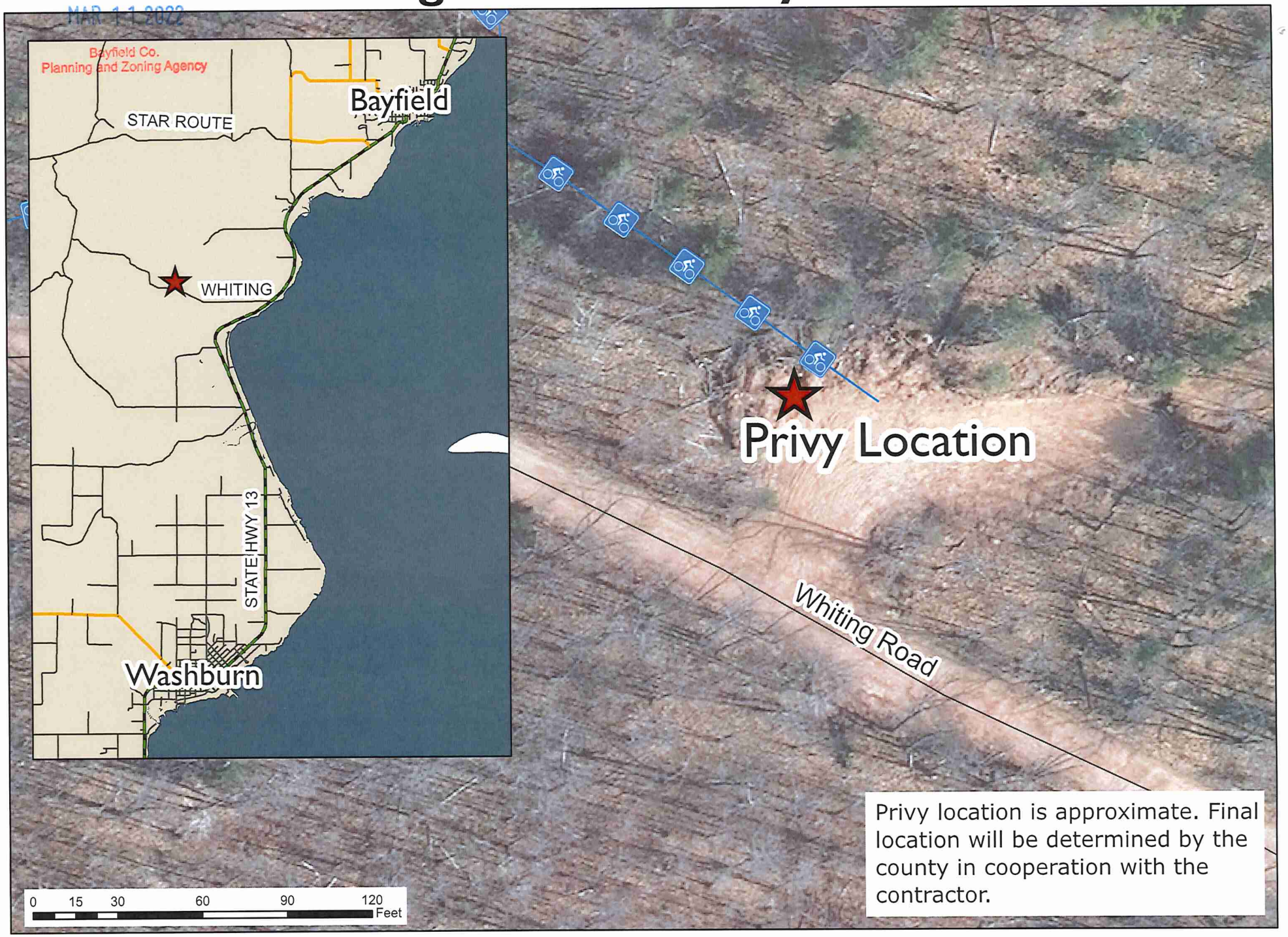
- Properly bed w/ 6" of Sand

Plot Plan on reverse side

1

RECEIVED
MAR 11 2022

Whiting Trailhead Privy Location



Privy location is approximate. Final location will be determined by the county in cooperation with the contractor.

2022R-594482 1

PRIVY AGREEMENT

(ATTACHED TO THE SANITARY PERMIT APPLICATION)

2022R-594482
DANIEL J. HEFFNER
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
05/04/2022 08:00AM
TF EXEMPT #:
RECORDING FEE: 30.00
PAGES: 1

Property Owner(s): Bayfield County Forestry and Parks				
Mailing Address: 117 E 5th St., Washburn, WI 54891		Property Address: Whiting Road, (address applied for)		
Legal Description: ____ /4, NW 1/4,		Section, Township, Range: S 32 T 50 N, R 04 W		
Gov't Lot	Lot #	CSM#	Vol & Page	CSM Doc. #
Lot(s) #	Block(s) #	Subdivision		
Tax ID # 6673		Date: 2/24/2022		

Return To: **ZONING**

1. ***NO PLUMBING*** will be installed in the habitable building.
2. ***NO PLUMBING*** includes: water closets, sinks, bathtubs or showers, laundry facilities, or any other fixture or receptacle receiving domestic waste, will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
3. A privy vault / pit shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Building	Lake / Stream	Additional County Setbacks
OPEN PIT	50 Ft.	15 Ft.	Min. 75 Ft.	
SEALED VAULT	25 Ft.	15 Ft.	Min. 75 Ft.	

4. Privies for public buildings shall comply with SPS 353.63.
5. Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
6. Privies as per SPS 391.12 (1) states as follows:
   (a.) The storage chamber of a vault privy shall conform with the requirements of s. SPS 384.25 relating to holding tanks and shall have a minimum storage capacity of 200 gallons or one cubic yard.
   (b.) The storage chamber of a pit privy shall be sited and located in soil recognized to provide treatment and dispersal in accordance with s. SPS 383.44 (4)(b).
7. The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.
8. This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the Register of Deeds in a manner, which allows its existence to be determined by reference to the property where the privy is installed.

Printed Owner(s) Name(s) Bayfield County Forestry and Parks Jason Bodine	**This instrument was signed before me in the State of Wisconsin, County of Bayfield** On this 3 day May, 2022 by: Frances Gross Notary Public My commission expires on: October 24, 2023
Owner(s) Signature:	

FRANCES GROSS NOTARY PUBLIC STATE OF WISCONSIN

Drafted By: J. Bodine (must be filled out by person submitting form)

u/forms/sanitary/privyform - ®June2016

© December 2012

STATE OF WISCONSIN
PUBLIC
LIBRARY

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
APR 01 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0076 ENTERED
Date:	5-10-2022
Amount Paid:	$175 Spcl-Use-A 4-28-22 JIG
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: James Lean	Mailing Address: 2117 Abbey Rd #402	City/State/Zip: Onalaska, WI 54650	Telephone: 715 292 4863 Cell Phone:
Address of Property: 77240 S. Houghton Pt Rd	City/State/Zip: Washburn, WI 54891		
Contractor: NA	Contractor Phone: NA	Plumber: NA	Plumber Phone: NA
Authorized Agent: (Person Signing Application on behalf of Owner(s)) NA	Agent Phone: NA	Agent Mailing Address (include City/State/Zip): NA	Written Authorization Attached NA ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 36662						Recorded Document: (Showing Ownership) 2022R-593876	
____ 1/4, NW 1/4	Gov't Lot 1-4	Lot(s) 1	CSM 1836	Vol & Page 11 & 15	CSM Doc # 1836	Lot(s) #	Block #	Subdivision:	
Section 27, Township 49 N, Range 4 W			Town of: Bayview					Lot Size	Acreage 3.5

☒ 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: 125 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: 125 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
$ 0	☐ 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: Mound	
Using Existing Structure	☐ Relocate (existing bldg)	☐	☐	☒ 4-5	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☐ None	☐ Portable (w/service contract)	
	☒ Short Term Rental		☒ Year Round		☐ Compost Toilet	
			☐		☐ None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	NA	Width:	NA	Height: NA
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) Use Existing Home for Short Term Rental	(52 X 40)	4650

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

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

Owner(s): James Lean Date 4-1-22
(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 2117 Abbey Rd #402, Onalaska, WI 54650

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

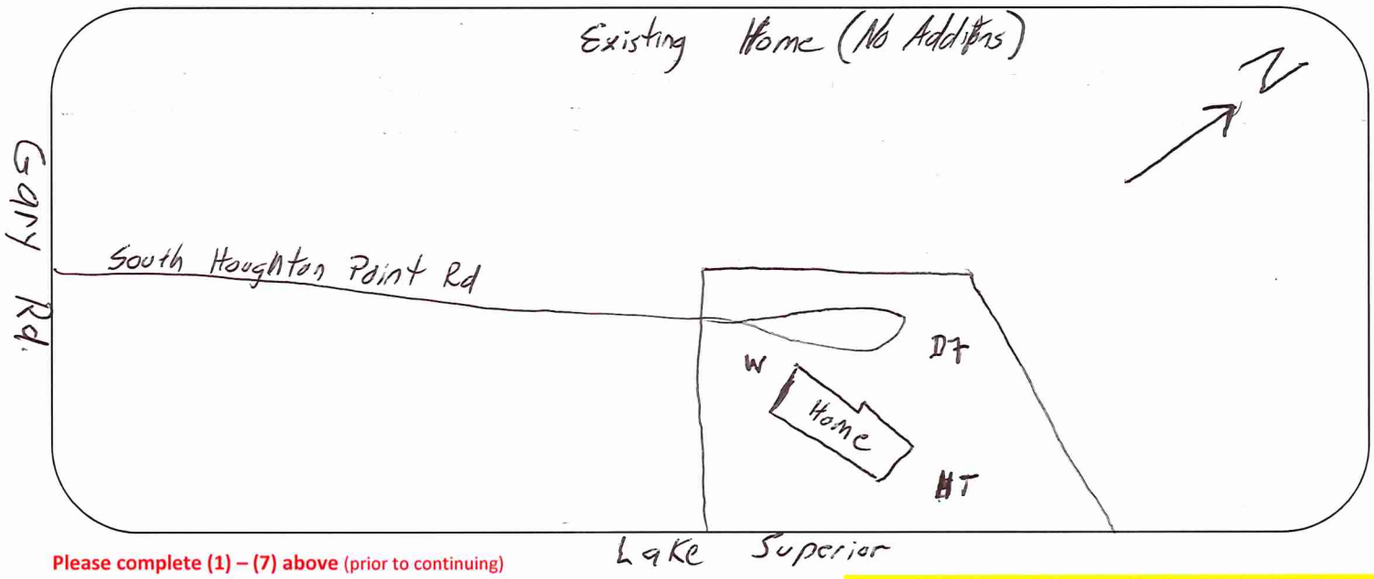
Original Application MUST be submitted

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**
(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) NA (No Proposed New Construction)

Description	Setback Measurements		Description	Setback Measurements	
Setback from the **Centerline of Platted Road**	156	Feet	Setback from the **Lake** (ordinary high-water mark)	195	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	118	Feet			
Setback from the **South** Lot Line	80	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	204	Feet	**20% Slope Area on the property**	☐ Yes	☒ No
Setback from the **East** Lot Line	156	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	62	Feet	Setback to **Well**	35	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).
NA

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: 282797	# of bedrooms: 3	Sanitary Date: 5-30-97
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0079	Permit Date: 5-10-2022		

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 #: NA	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: Nothing out of the ordinary with the site. Home is bigger than a three bedroom home.	Zoning District (R-1) Lakes Classification ( )
Date of Inspection: 5-5-2022 Inspected by: EM	Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
To meet all town conditions, obtaining proper Town/County/State permits. No increase in number of bedrooms permitted. Three bedroom rental with a max of two people per room.

Signature of Inspector: Erica Mulcahy	Date of Approval: 5-9-2022

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

Town

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

*When **Town Board** has completed this form, please mail to:*

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)
RECEIVED
APR 20 2022
Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. ***Attach a copy*** *of the* ***County Application (8 ½ x 14)*** *[front/back]*. This is a **Class A** special use request. ***Note:*** *The Town's Planning Commission meets prior to the Town.* Once the Town meets they will forward their recommendation to the Planning and Zoning Department. *Ask Town if you should be present at their meeting(s).*

Property Owner James Lean Contractor NA

Property Address 77290 S. Houghton Pt Rd Authorized Agent James Lean

Washburn, WI 54891 Agent's Telephone 715 292 4563

Telephone 715 292 4563 Written Authorization Attached: NA Yes ( ) No ( )

Accurate Legal Description involved in *this request* (specify ***only*** the property involved with this application)

____ 1/4 of NW 1/4, Section 27, Township 49 N., Range 4 W. Town of Bayview

Govt. Lot 1-4 Lot 1 Block ____ Subdivision ____ CSM# 1436

Volume 11 Page 15 of Deeds Tax I.D# 36662 Acreage 3.5

Additional Legal Description: ____

Applicant: *(State what you are asking for)* ***Zoning District:*** R-1 ***Lakes Classification*** ____

Request to use existing home as a single unit short term rental.

We, the Town Board, ***TOWN OF*** Bayview, do hereby recommend to

☐ **Table** ☒ **Approval** ☐ **Disapproval**

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ ***Yes*** ☐ ***No***

Township: **(In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)**

On the Condition that room tax will be paid directly to Town, Not through third party

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. **The Town's reasoning for the tabling, approval or disapproval**
3. The form returned to Zoning Department **not a copy or fax**

***** NOTE:***

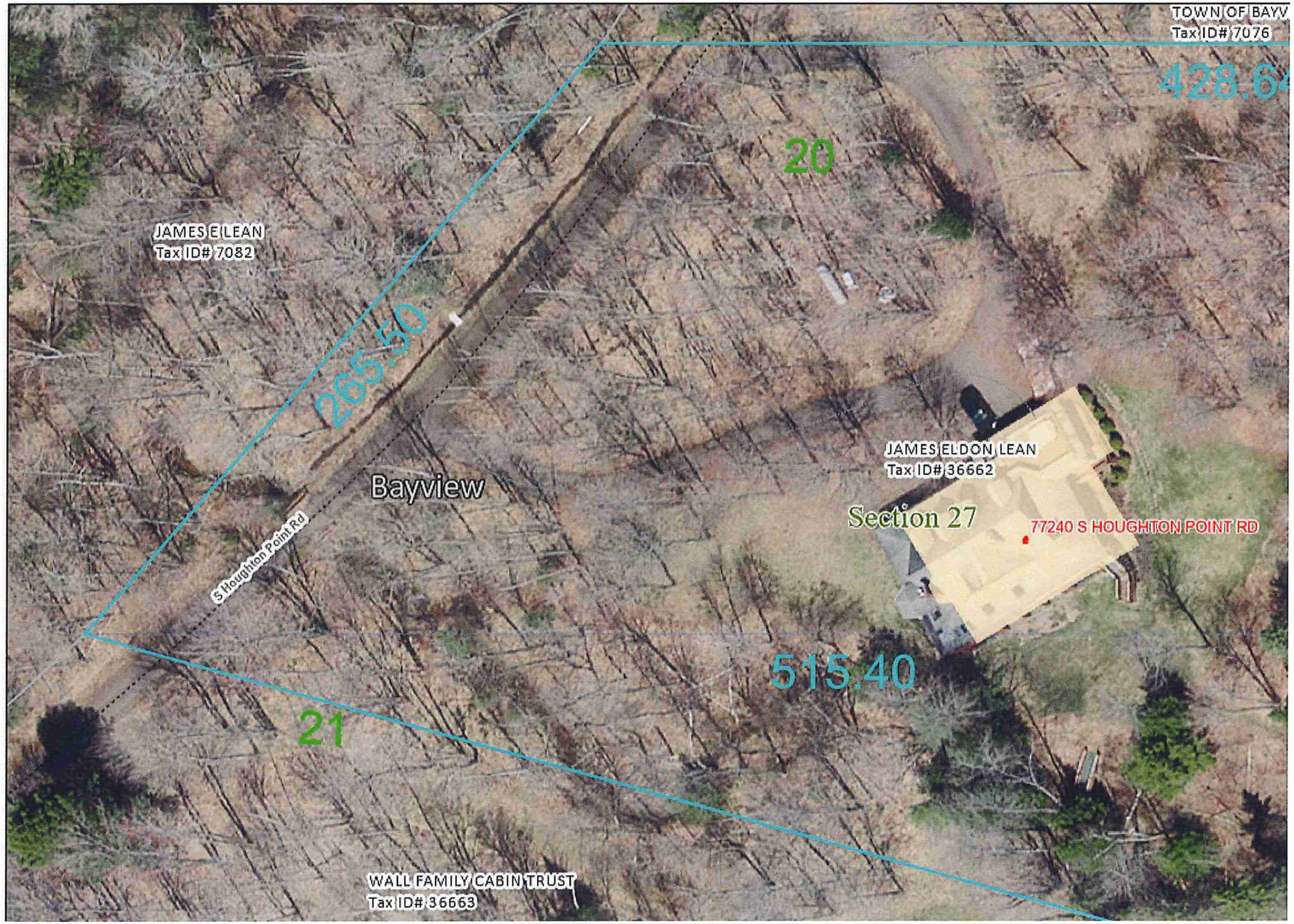
Receiving Town Board approval, ***does not*** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Signed:
Chairman: [signature]
Supervisor: Bill Bodin
Supervisor: [signature]
Supervisor: ____
Clerk: Wanda Hyde
Date: 4/19/22

Revised: November 2017

u/forms/townboardrecommendation-ClassA

Bayfield County, WI



DANIEL J. HEFFNER
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2022R-593876

03/18/2022 02:40PM
TF EXEMPT #:
RECORDING FEE: $30.00
TRANSFER FEE: $1,208.70

PAGES: 1

Document Number	State Bar of Wisconsin Form 3-2003 **QUIT CLAIM DEED** Document Name

THIS DEED, made between

Katrine Karrie Sorum, a single person

("Grantor," whether one or more), and James Eldon Lean a/k/a

James E. Lean, a single person

("Grantee," whether one or more).

Grantor quit claims to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Bayfield County, State of Wisconsin ("Property") (If more space is needed, please attach addendum):

Recording Area

Name and Return Address:
Town n' Country Title, LLC
525 McHugh Road, #1
Holmen, WI 54636

04-008-2-49-04-27-2 00-187-23100
Parcel Identification Number (PIN)

This is homestead property.

Lot One (1) of Certified Survey Map No. 1836 as recorded in Volume 11 of Surveys on Page 15, as Document No. 2013R-548258, located in and being part of Lots Twenty (20) and Twenty-one (21) Grant's Houghton Point, Town of Bayview, Bayfield County, Wisconsin.

For Informational Purposes Only
77240 S Houghton Point Rd
Washburn, WI 54891
Parcel(s): 04-008-2-49-04-27-2 00-187-23000

Dated: 2/19/2022

Katrine Karrie Sorum

Katrine Karrie Sorum

AUTHENTICATION

Signature(s): Katrine Karrie Sorum, a single person authenticated on

_____

_____

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:
Sandi Jo Stanek, Town n' Country Title, LLC, under the direction of Katrine Karrie Sorum, a single person

SCOTT STUBER
NOTARY PUBLIC
STATE OF WISCONSIN

ACKNOWLEDGMENT

STATE OF WISCONSIN

COUNTY OF La Crosse

The foregoing instrument was acknowledged before me by means of ✓ physical presence or ____ online notarization this 19th day of February, 2022 the above-named Katrine Karrie Sorum, to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Scott Stuber
Notary Public

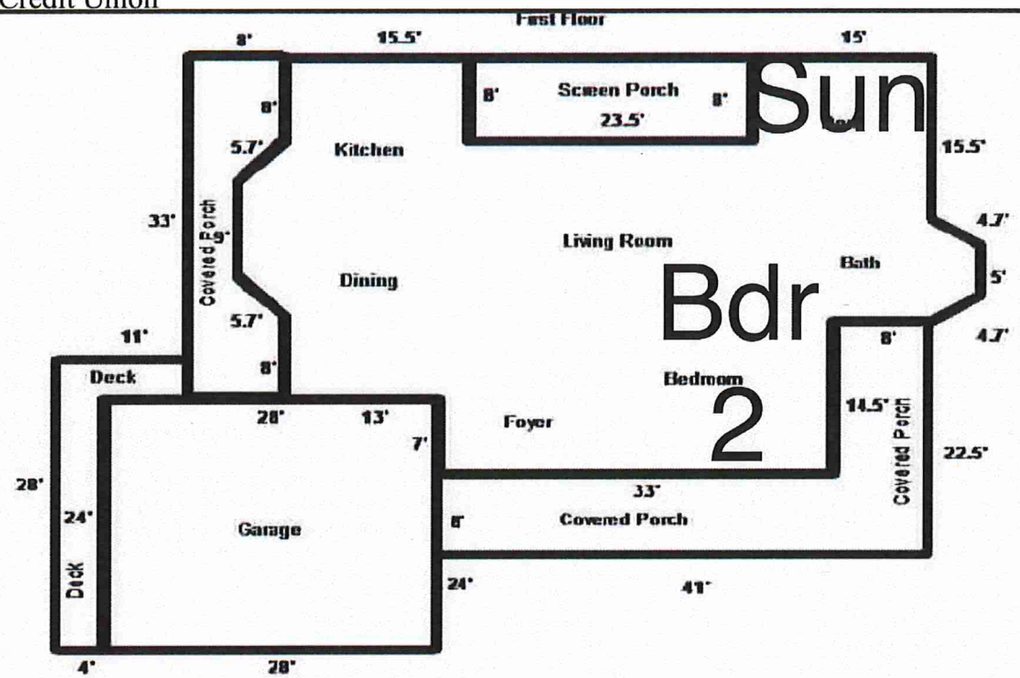
Printed Name: Scott Stuber
My Commission Expires: 3/2/2025

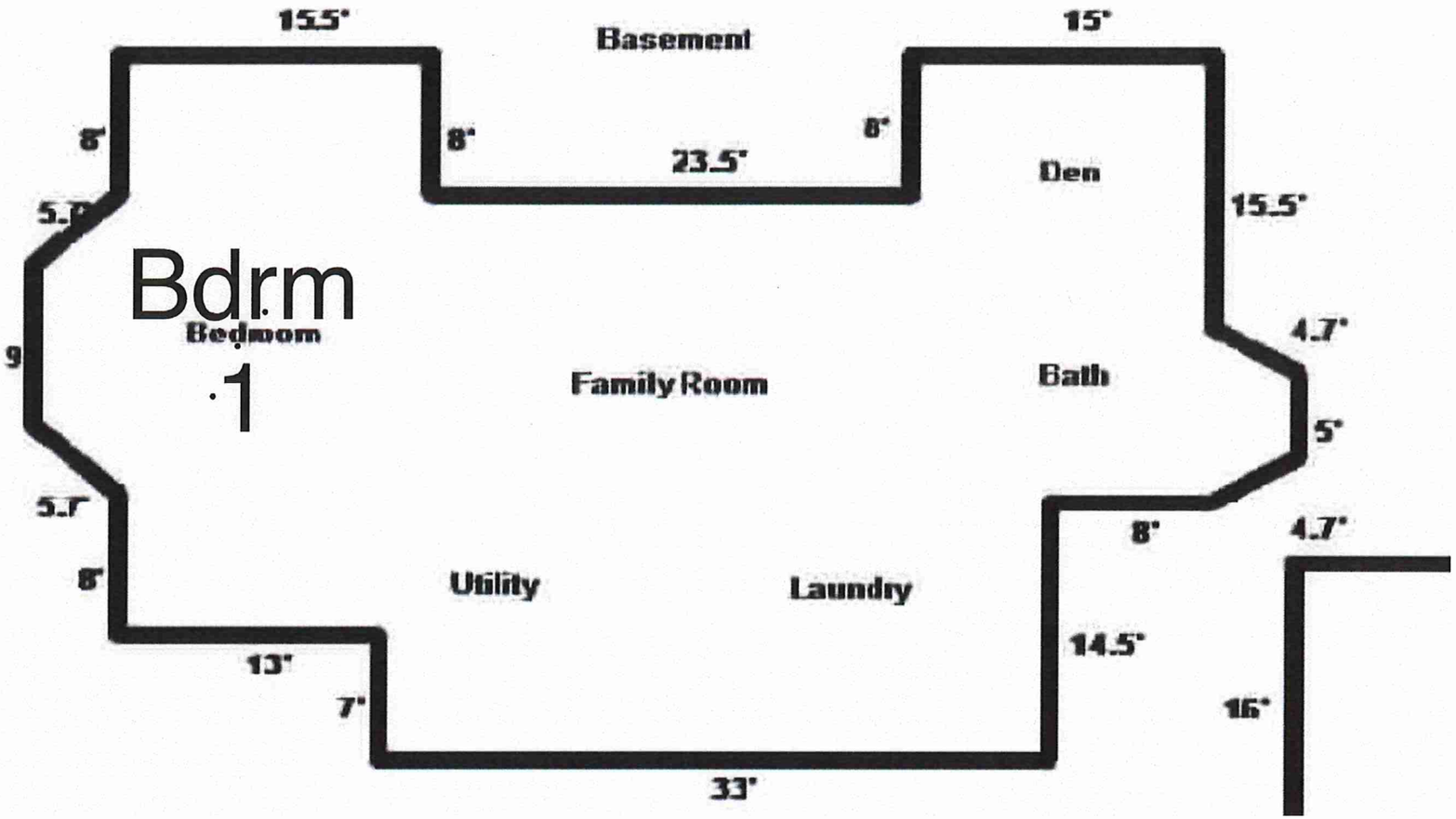
(Signatures may be authenticated or acknowledged. Both are not necessary.)
NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

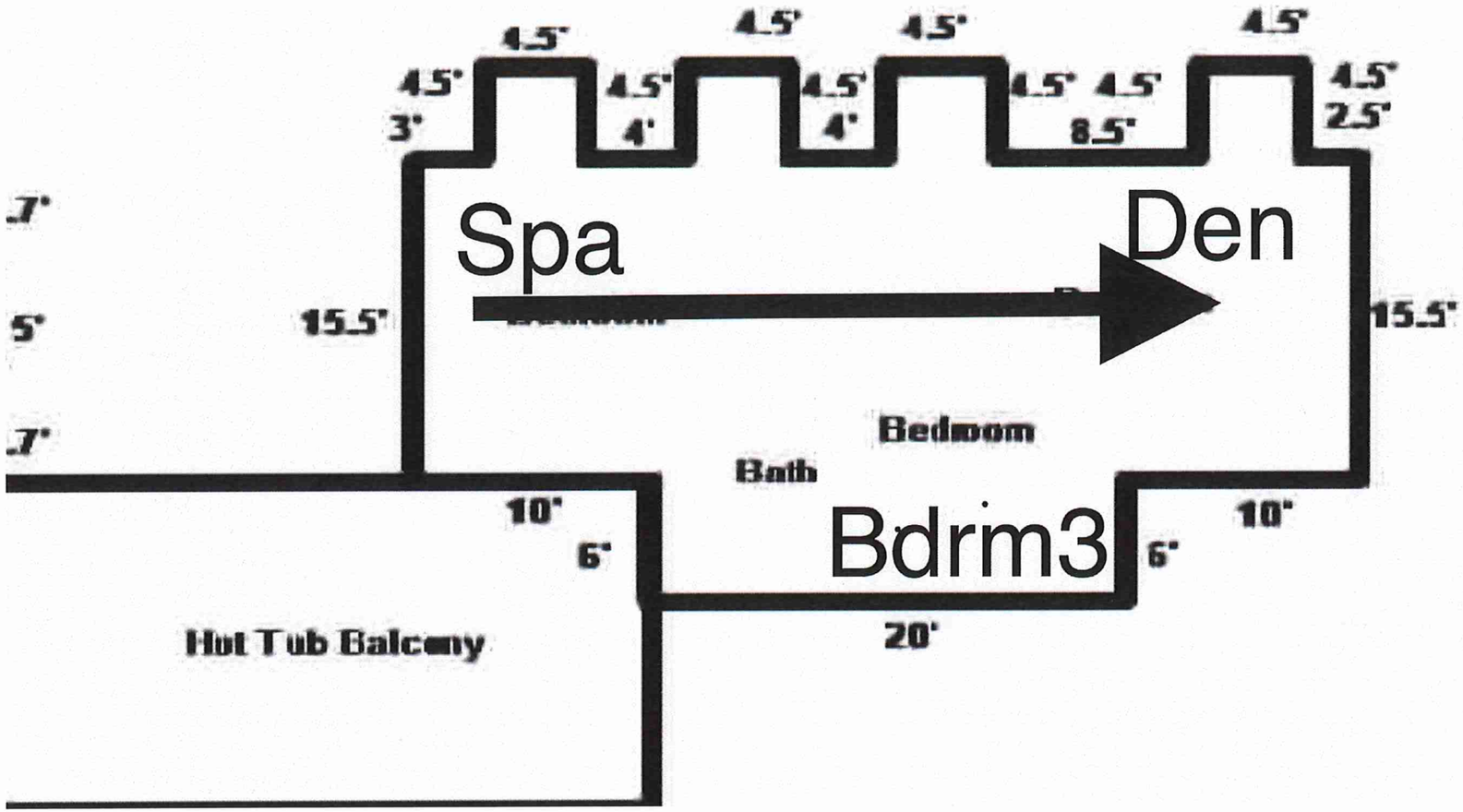
QUIT CLAIM DEED © 2003 STATE BAR OF WISCONSIN FORM NO. 3-2003
* Type name below signatures

SKETCH ADDENDUM

Borrower or Owner	James Lean
Property Address	77240 S Houghton Point Rd
City	Washburn
County	Bayfield
State	WI
Zip Code	54891
Client	Altra Federal Credit Union




Basement
15.5'
15'
8'
8'
8'
23.5'
Den
15.5'
5.7'
Bdrm
Bedroom
1
9'
Family Room
Bath
4.7'
5'
5.7'
8'
4.7'
8'
Utility
Laundry
14.5'
13'
7'
16'
33'


4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
4.5'
3'
4'
4'
8.5'
2.5'
Spa
Den
15.5'
15.5'
Bedroom
Bath
Bdrm3
10'
10'
6'
6'
20'
Hot Tub Balcony

See Quit Claim Attached

Real Estate Tax Statement

BAYFIELD COUNTY, WISCONSIN

Printed: 4/1/2022 11:29:26 AM

~~**SORUM, KATRINE KARRIE**~~**, LEAN, JAMES ELDON &**

Tax ID: 36662
Legacy PIN:
PIN: 04-008-2-49-04-27-2 00-187-23100

Property Description

Site Address: 77240 S HOUGHTON POINT RD
Municipality: TOWN OF BAYVIEW
Description: *(Not for use on Legal Documents)*
NW S27-T49N-R04W
Plat Name: GRANTS HOUGHTON POINT
GRANTS HOUGHTON POINT (LOCATED IN GOVT LOTS 1-4) LOT 1 CSM #1836 IN V.11 P.15 (LOCATED IN LOTS 20 & 21) IN DOC 2020R-582123
Document: 2020R-582123
Acreage: 3.510

LEAN, JAMES ELDON & SORUM, KATRINE KARRIE
2117 ABBEY RD
ONALASKA WI 54650

2021 Assessments

Code	Acres	Land	Impr.	Total
G1 - RESIDENTIAL	3.510	313,200	387,300	700,500
Total Values:	3.510	313,200	387,300	700,500
Estimated Fair Market Value:				805,800

Ownership

JAMES ELDON LEAN	2117 ABBEY RD UNIT 402	ONALASKA WI 54650
KATRINE KARRIE SORUM	N4884 CLIFFORD DR	ONALASKA WI 54650

TAX RECORDS - KEY TO CODES

RE = Real Estate	**SA** = Special Assessments	**PF** = Private Forest
LC = Lottery Credit	**SC** = Special Charges	**MFLO** = Managed Forest Land Open
FD = First Dollar Credit	**DU** = Delinquent Utilities	**MFLC** = Managed Forest Land Closed

~~~ THERE ARE NO PRIOR DELINQUENT PAYMENTS DUE ~~~

2021 TAXES	GRE	(FD)	(LC)	RE	SA	SC	DU	PF	MFLO	MFLC	TOT
Tax Due:	10,119.44	(54.49)	(0.00)	10,064.95	0.00	0.00	0.00	0.00	0.00	0.00	10,064.95
Tax Paid:				10,064.95	0.00	0.00	0.00	0.00	0.00	0.00	10,064.95
Balance:				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Tax ID 36662 **Total Due For 2021 Tax:** 0.00

~~~ THERE ARE NO TAXES DUE ON TAX ID 36662 ~~~

Bayfield County Treasurer
JENNA GALLIGAN
PO BOX 397
WASHBURN WI 54891
Phone: (715) 373-6131

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

LAND USE – **X**
SANITARY – 282797
SIGN –
SPECIAL – **X** **(Town of Bayview-4/20/2022)**
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **22-0079** Issued To: **James Lean**

Location: ¼ of ¼ Section **27** Township **49** N. Range **4** W. Town of **Bayview**

Grants Houghton Point
Gov't Lot Lot **1** Block Subdivision CSM# **1836**

Residential Use in Residential-1 zoning district
(1-Unit) Short-Term Rental

For: **[2-Story], Existing Residence (52' x 40') = 4650 sq. ft. Height of ?**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Meet all Town condition (room tax will be paid directly to the Town, not through a third party). Obtain proper Town/County/State permits. No increase in number of bedrooms permitted. Three-bedroom rental with a maximum of two people per room.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Erica Meulemans, AZA
Authorized Issuing Official

May 10, 2022
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)
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0083
Date:	5-10-2022
Amount Paid:	$75 4-19-22 Res Acc Bldg FIG
Other:	
Refund:	

ENTERED

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: NEAL M & LEEANN FREY	Mailing Address: 78765 WASHINGTON AVE	City/State/Zip: WASHBURN WI 54891	Telephone:
Address of Property: 78765 WASHINGTON AVE		City/State/Zip: WASHBURN WI 54891	Cell Phone: 715 308 1400
Email: (print clearly) NMFREY.81@GMAIL.COM			
Contractor: SELF	Contractor Phone:	Plumber: NONE	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Required (for Agent)

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# ~~37490~~ See Plot Plan 36417	Recorded Document: (Showing Ownership) 2012R 543709

NE 1/4, NW 1/4 less lot 1 CSM 1786	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:

Section 20, Township 49 N, Range 4 W	Town of: BAYVIEW	Lot Size	Acreage 35

☐ 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
$ 3500.	☒ 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)	☐ _____	☒ SKIDS	☐ _____	☐ 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: 16'	Width: 8'	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) SAUNA with deck	(12 X 8)	96
	☐	Accessory Building Addition/Alteration (explain) _____	(4 X 8)	32
	☐	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): N/M Frey LeeAnn Frey Date 3.28.2022
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (See Note below) Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 78765 WASHINGTON AVE WASHBURN WI 54891

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

Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

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%**

SEE ATTACHED PLOT 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	Setback Measurements		Description	Setback Measurements
Setback from the **Centerline of Platted Road**	> 100 Feet		Setback from the **Lake** (ordinary high-water mark)	Feet
Setback from the **Established Right-of-Way**	> 100 Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	> 100 Feet			
Setback from the **South** Lot Line	35' Feet		Setback from **Wetland**	550 Feet
Setback from the **West** Lot Line	> 100 Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	> 100 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	120 Feet		Setback to **Well**	> 100 Feet
Setback to **Drain Field**	90 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(s):

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.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

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: 11-725	# of bedrooms: 3	Sanitary Date: 8-5-11
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0083	Permit Date: 5-10-2022		

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: CSM in the works, but building site is 35' from current parcel boundary. Joining adjacent 10 acre property. See attached paper work. Verified w/ parcel stake	Zoning District (A1) Lakes Classification ( )
Date of Inspection: 5-5-2022 Inspected by: GM	Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
To meet all setbacks, including eaves and overhangs. No sleeping/living quarters permitted. No plumbing permitted. For personal storage only. Town/State/DNR permits may be required.

Signature of Inspector: Erica Malkemus — Date of Approval: 5-6-2022

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

Field Investigation

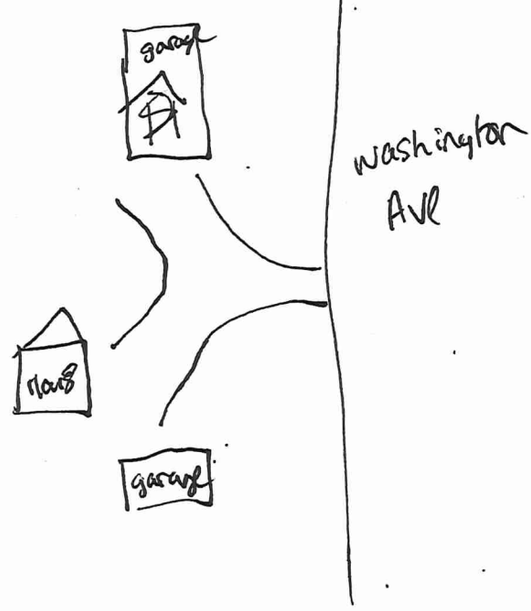
Date: 4-28-22	Arrive: Depart:
Landowner: Frey, Neal + Lee Ann	Photos taken: Yes No
Project Location: 78765 Washington	Persons Present:
Waterway: washburn	Purpose of visit:
PIN# _____ *Attach Real Estate Inquiry*	X ZP Onsite ____ SAP X Sanitary ____ Wetland Delineation ____ Floodplain ____ OHWM ____ Boathouse ____ Complaint ____ Averaging ____ Walkout
Paid $_____ Receipt #_____	____ Other: _____

Accessory building
~~30'~~ 30' from boundary

A1
35 acres

sauna

* CSM
a few
weeks
ago

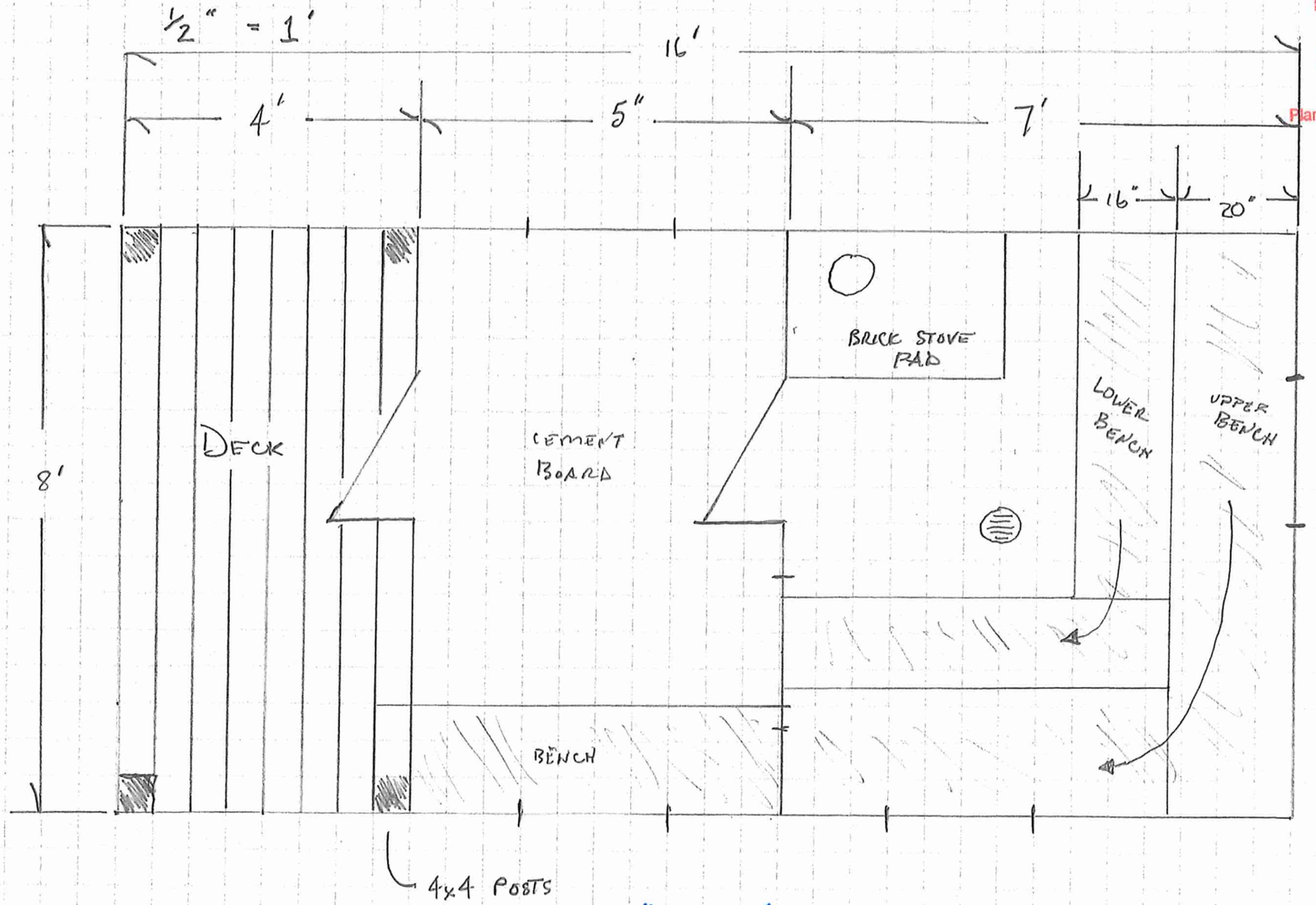


SAUNA

PROPOSED FLOOR PLAN

NEAL FREY

RECEIVED
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency



FOUNDATION – 2 8"x8"x16' TIMBERS

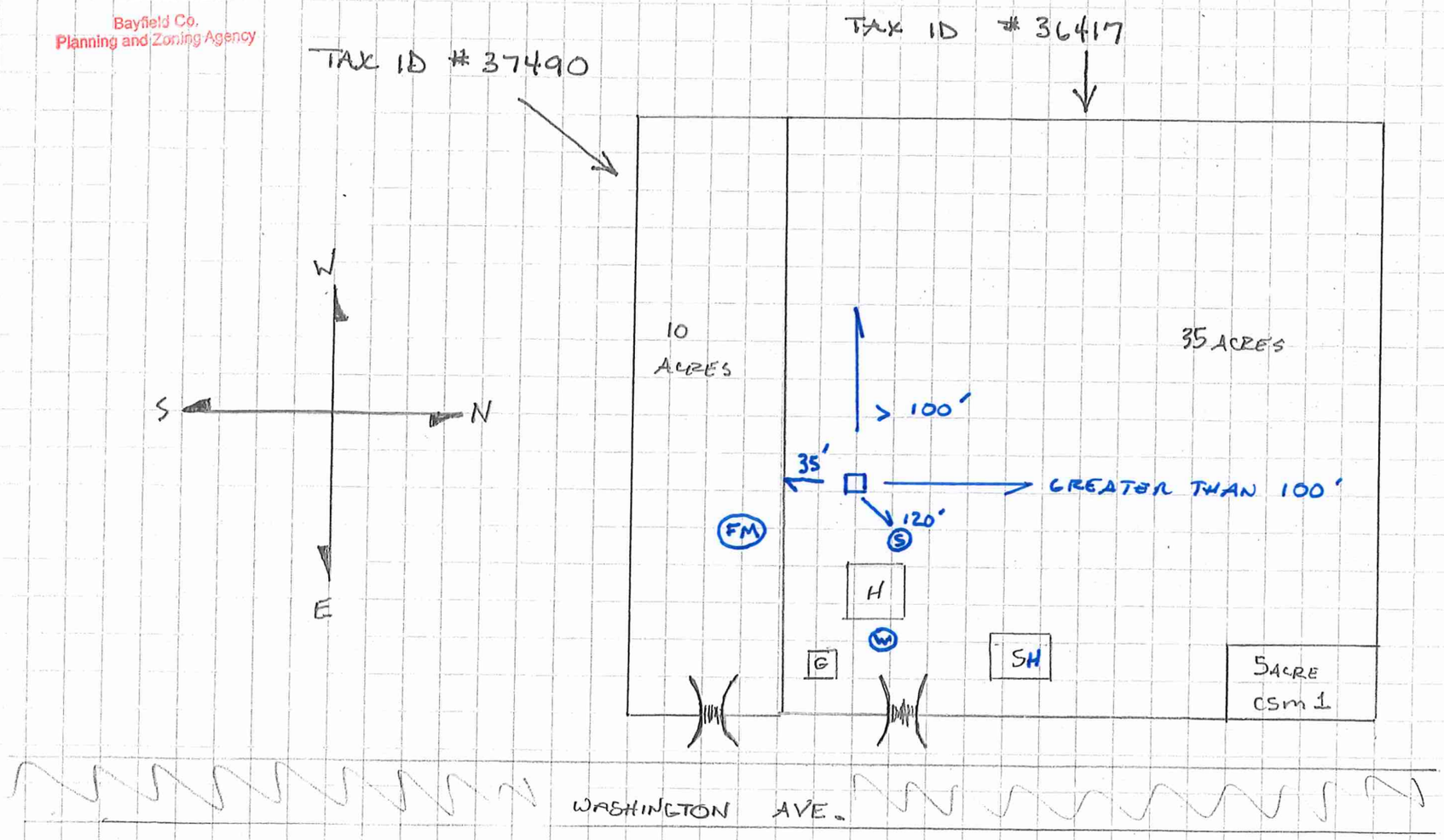
TOTAL SQUARE FEET INCLUDING DECK 128

W/O DECK 96

RECEIVED
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency

NEAL FREY

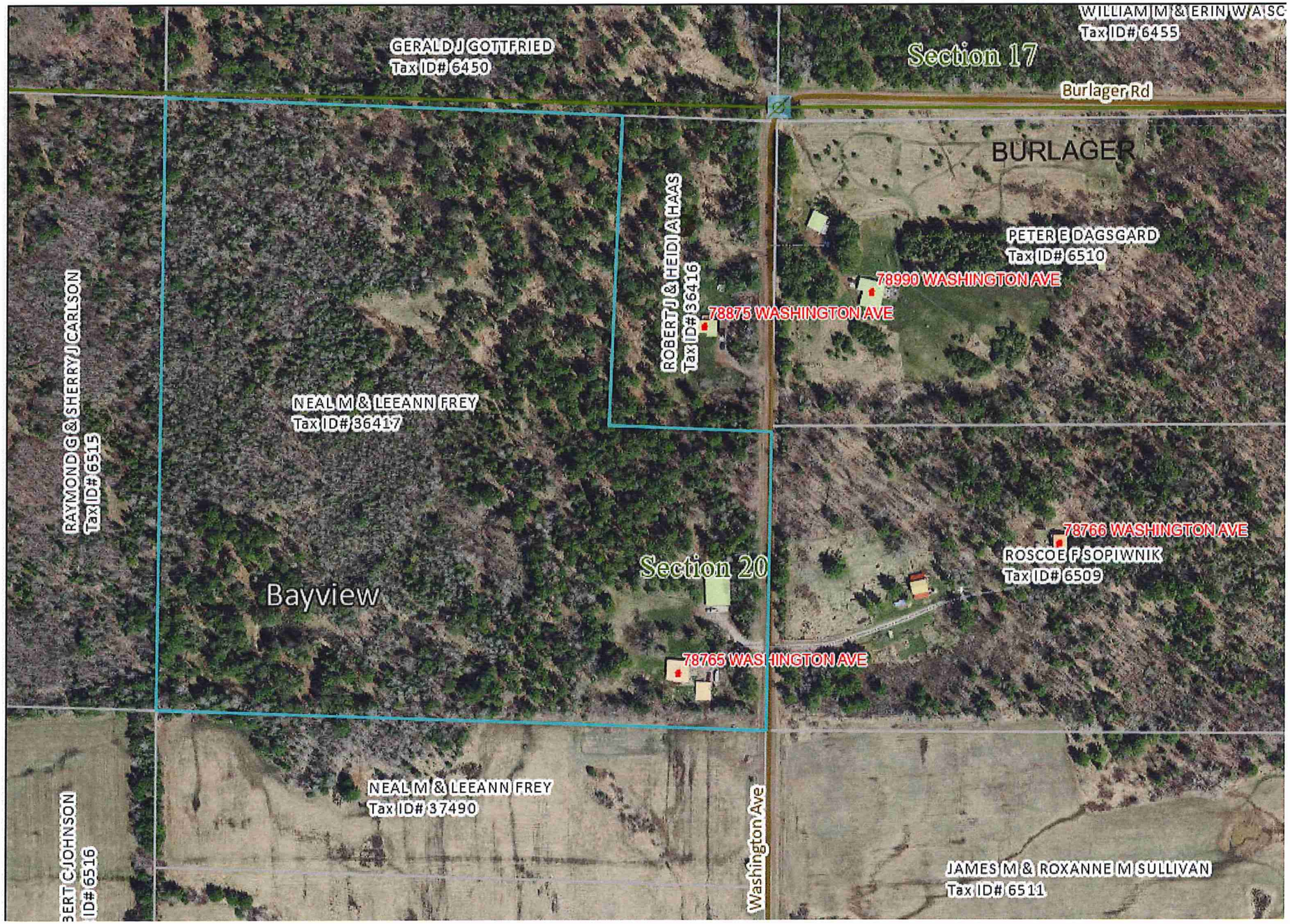
PLOT PLAN



H - HOUSE
G - GARAGE
SH - SHOP

W - WELL
S - SEPTIC
FM - FUTURE MOUND 11/2022

Bayfield County, WI



RECEIVED
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency

2022R-593888 2

Document Number

State Bar of Wisconsin Form 3-2003
QUIT CLAIM DEED

Document Name

2022R-593888
DANIEL J. HEFFNER
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
03/21/2022 09:15AM
TF EXEMPT #:
RECORDING FEE: 30.00
PAGES: 2

Recording Area

Name and Return Address
NEAL FREY
78765 WASHINGTON AVE,
WASHBURN, WI
54891

THIS DEED, made between NEAL M. FREY AND LEEANN FREY, HUSBAND AND WIFE, AS SURVIVORSHIP MARITAL PROPERTY ("Grantor," whether one or more), and NEAL M. FREY AND LEEANN FREY, HUSBAND AND WIFE, AS SURVIVORSHIP MARITAL PROPERTY ("Grantee," whether one or more). Grantor quit claims to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in BAYFIELD County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

See Attached.

The intent of this deed is to combine PIN 04-008-2-49-04-20-2 04 000 22000 and 04-008-2-49-04-20-2*. This transfer is exempt from fee and form as it is not defined as a conveyance under 77.21(1).
*01-000-12000

Parcel Identification Number (PIN)

This IS homestead property.
(is) (~~is not~~)

Dated 3.18.2022.

(SEAL) * NEAL M. FREY

(SEAL) * LEEANN FREY

(SEAL) *

(SEAL) *

AUTHENTICATION

Signature(s)

authenticated on

*

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by Wis. Stat. § 706.06)

MATTHEW P CROWELL NOTARY PUBLIC STATE OF WISCONSIN

THIS INSTRUMENT DRAFTED BY:
NEAL M. FREY

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
BAYFIELD COUNTY)

Personally came before me on 3.18.2022, the above-named NEAL M. FREY LEEANN FREY to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

* MATTHEW P CROWELL
Notary Public, State of Wisconsin Bayfield County
My Commission (is permanent) (expires: 6/2/2023)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

© 2003 STATE BAR OF WISCONSIN

* Type name below signatures.

RECEIVED
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency

EXHIBIT "A"

THAT PART OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER (SE¼NW¼), SECTION TWENTY (20), TOWNSHIP FORTY-NINE (49) NORTH, RANGE FOUR (4) WEST, TOWN OF BAYVIEW, BAYFIELD COUNTY, IN THE TOWN OF BAYVIEW, BAYFIELD COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS:

TO LOCATE THE POINT OF BEGINNING, COMMENCE AT A 1-1/8"SQUARE IRON BAR AT THE N 1/4 CORNER OF SAID SECTION 20 AND RUN S 00°08'51" W, 1316.77 FEET ON THE N-S 1/4 LINE OF SAID SECTION 20 TO A GIN SPIKE AT THE CN 1/16 CORNER , WHICH IS THE POINT OF BEGINNING.

THENCE FROM SAID POINT OF BEGINNING BY METES AND BOUNDS:

CONTINUE ON SAID N-S 1/4 LINE, S 00°08'51" W, 333.21 FEET. THENCE LEAVING SAID N-S 1/4 LINE, N 89°09'26" W, 1307.41 FEET (PASSING THROUGH A 1" IRON PIPE AT 33.00 FEET) TO A 1" IRON PIPE ON THE WEST LINE OF SAID SE 1/4 OF THE NW 1/4. THENCE ON SAID WEST LINE, N 00°09'48" E, 333.21 FEET TO A 1" IRON PIPE AT THE NW CORNER OF SAID SE 1/4 OF THE NW 1/4. THENCE LEAVING SAID WEST LINE AND ON THE NORTH LINE OF SAID SE 1/4 OF THE NW 1/4, S 89°09'26" E, 1307.32 FEET (PASSING THROUGH A 1" IRON PIPE AT 1274.32 FEET) TO THE POINT
OF BEGINNING.

TAX ID: 37490

PIN: 04.008.2.49.04.20.2 04.000.20000

HOUSE

The Northeast Quarter of the Northwest Quarter (NE ¼ NW ¼) of Section Twenty (20), Township Forty-nine (49) North, Range Four (4) West, Town of Bayview, Bayfield County, Wisconsin, LESS Lot 1 of Certified Survey Map No. 1786, as recorded in the Bayfield County Register of Deeds office on March 5, 2012, in Volume 10 of CSM's, on Pages 285-286, as Document No. 2012R-542689, located in the Town of Bayview, Bayfield County, Wisconsin.

TAX ID: 36417

PIN: 04.008.2.49.04.20.2 01.000.12000

TOWN OF BAYVIEW TREASURER
KELLY WARREN
PO BOX 67
WASHBURN, WI 54891

Phone: (715) 373-5567

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR **2021**

NEAL M & LEEANN FREY
TOWN OF BAYVIEW

PAYMENTS should reference: **Tax ID: 37490**

DOCUMENT RECORDING, or anything else should reference:
PIN: 04-008-2-49-04-20-2 04-000-20000
Alternate/Legacy ID:
Ownership: NEAL M & LEEANN FREY

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property
Site Address: N/A

Description: Sec 20 Tn 49 Rg 04 PAR IN SE NW DESC IN DOC 2019R-579078

NEAL M & LEEANN FREY
78765 WASHINGTON AVE
WASHBURN WI 54891

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 10.000
Document: 2019R-579078

Assessed Value Land	Improved	Total	**Average Assessment Ratio**	**Net Assessed Value Rate** (Does NOT reflect lottery or first dollar credit)
$2,500	$0	$2,500	0.86939	0.014446035

Estimated Fair Market Value Land	Improved	Total	An "X" means unpaid prior year taxes.	School taxes reduced by school levy tax credit.
See Reverse (Use Value Assessment)			☐	$4.46

Real Estate Tax:	36.11
First Dollar Credit:	-0.00
Lottery Credit:	-0.00
Net Real Estate Tax:	36.11
Total Due:	**36.11**

For full payment pay to TOWN OF BAYVIEW treasurer by **January 31, 2022**

Warning If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

Taxing Jurisdiction	**Estimated State Aids Allocated Tax District 2020**	**2021**	**Net Tax 2020**	**2021**	**% Tax Change**
COUNTY	32,642	34,723	10.76	11.63	8.1
TOWN OF BAYVIEW	189,983	193,678	6.58	7.13	8.4
SCHL-WASHBURN	994,983	1,035,312	15.66	16.43	4.9
TECHNICAL COLLEGE	67,804	71,216	0.95	0.92	-3.2
Totals	1,285,412	1,334,929	33.95	36.11	6.4
First Dollar Credit			0.00	0.00	0.0
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			33.95	36.11	6.4

RECEIVED
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency

RECEIVED
MAR 29 2022
Bayfield Co.
Planning and Zoning Agency

TOWN OF BAYVIEW TREASURER
KELLY WARREN
PO BOX 67
WASHBURN, WI 54891

Phone: (715) 373-5567

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR **2021**

NEAL M & LEEANN FREY
TOWN OF BAYVIEW

PAYMENTS should reference: **Tax ID: 36417**
DOCUMENT RECORDING, or anything else should reference:
PIN: 04-008-2-49-04-20-2 01-000-12000
Alternate/Legacy ID:
Ownership: NEAL M & LEEANN FREY

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property
Site Address: 78765 WASHINGTON AVE

Description: Sec 20 Tn 49 Rg 04 NE NW IN V.1001 P.227 LESS LOT 1 CSM #1786 IN V.10 P.285 IN V.1082 P.244 165

NEAL M & LEEANN FREY
78765 WASHINGTON AVE
WASHBURN WI 54891

Please include self-addressed, stamped envelope for return receipt.
Please inform your treasurer of any billing address changes.

Acreage: 35.000
Document: 2012R-543709 1082-244

Assessed Value Land	Improved	Total	**Average Assessment Ratio**	**Net Assessed Value Rate** (Does NOT reflect lottery or first dollar credit)
$67,100	$131,400	$198,500	0.86939	0.014446035
Estimated Fair Market Value Land	Improved	Total	An "X" means unpaid prior year taxes.	School taxes reduced by school levy tax credit.
$77,200	$151,100	$228,300	☐	$354.05

Real Estate Tax:	2,867.54
First Dollar Credit:	-54.49
Lottery Credit:	-193.24
Net Real Estate Tax:	2,619.81
Total Due:	**2,619.81**

For full payment pay to TOWN OF BAYVIEW treasurer by
January 31, 2022

Warning If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

Taxing Jurisdiction	**Estimated State Aids Allocated Tax District 2020**	**2021**	**Net Tax 2020**	**2021**	**% Tax Change**
COUNTY	32,642	34,723	928.30	923.29	-0.5
TOWN OF BAYVIEW	189,983	193,678	567.57	566.32	-0.2
SCHL-WASHBURN	994,983	1,035,312	1,351.86	1,304.65	-3.5
TECHNICAL COLLEGE	67,804	71,216	81.58	73.28	-10.2
Totals	1,285,412	1,334,929	2,929.31	2,867.54	-2.1
First Dollar Credit			56.89	54.49	-4.2
Lottery & Gaming Credit			139.43	193.24	38.6
Net Property Tax			2,732.99	2,619.81	-4.1

Town, City, Village, State or Federal Permits 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. **22-0083** Issued To: **Neal & Leeann Frey**

Part of
Location: **NE** ¼ of **NW** ¼ Section **20** Township **49** N. Range **4** W. Town of **Bayview**
Less Lot 1 CSM# 1786

Gov't Lot Lot Block Subdivision CSM#

Residential Accessory in an Ag-1 zoning district:
For: **[1- Story]; Sauna (12' x 8') with Deck (4' x 8') = 128 sq. ft.] Height of 8'**

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

Condition(s): Meet all setbacks, including eaves and overhangs. No Sleeping or Living Quarters permitted. No plumbing permitted. For Personal Storage Only. Town/State/DNR Permits may be required.

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 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.

Erica Meulemans, AZA

Authorized Issuing Official

May 10, 2022

Date