APPLICATION FOR RECREATIONAL VEHICLE

ATF

ENTERED 871

Office Use:
Zoning District/Lakes Class R-1
Application No. 22-0211
Date
Fee Paid 75.00 -
ATF 75.00 -
Temp $50 placement

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Fifth Street
Washburn, WI 54891
Phone – (715) 373-6138

RECEIVED
AUG 10 2022
Bayfield Co. Planning and Zoning Agency

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.
Changes in plans must be approved by the Zoning Department

Property Owner Thra Dallman

Mailing Address PO Box 555
Bayfield WI 54814

Telephone 715-439-5470

Property Address of RV placement. 19625 Mountain Ash Rd
Herbster, WI. 54844

Agent:

Written Authorization Attached: Yes ( ) No ( )

Accurate **Legal Description involved in this request:**

____1/4 of ____1/4 of Section 31 Township 51 N. Range 6 W. Town of Bell

Gov't Lot 2 Lot____ Block____ Subdivision ____ CSM # 6583

Volume____ Page____ of Deeds Parcel I.D. # 7827 Acreage 1.53

Additional Legal Description:

ATTACH Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐ **Year:** 2000 **Vin #:** 14JCJ02P5Y5LV0176

Make of RV: Jayco **Model of RV:** Eagle

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT – PLEASE COMPLETE REVERSE SIDE

For Office Use Only **Zoning District/Lakes Class:** R-1

Permit Issued: **Sanitary Number** attached **Date** 8/23/2022

Issuance Date 8/23/2022 **Permit Number** 22-0211 **Permit Denied (Date)**

Reason for Denial:

Inspection Record: Camper on-site at time of inspection

By EM **Date of Inspection** 8-2-2022

Variance (B.O.A.) #

Condition: RV may be placed up to ~~4 months~~ 1yr from issuance date. **Must be removed by:** 8-18-2023

Signed Erica Markemann **Inspector** 8-18-2023 **Date of Approval**

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
2. Show the RV (Recreation Vehicle) location
3. Show dimensions in feet on the following:
   a. RV from centerline of road(s).
   b. RV from right-of-way line
   c. RV from property lines
   d. RV from lake, river, stream or pond
   e. RV from Privy

IMPORTANT
Detailed Plot Plan is Neccessary

Lot Line

Lot → Line

See Attached Drawing

← Lot Line

Name Frontage Road (Mountain Ash

NOTICE: The local town, village, city, state or federal agencies may also require permits.

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 or Authorized Agent Thia M. Dellen Date 8/18/22

Address to send permit _____

PLAT OF SURVEY

A PARCEL OF LAND LOCATED IN GOVENMENT LOT 2,
SECTION 31, TOWNSHIP 51 NORTH, RANGE 6 WEST,
TOWN OF BELL, BAYFIELD COUNTY, WISCONSIN.

T LOT 2, SECTION 31, T51N, R6W, TOWN
'E PARTICULARLY DESCRIBED AS

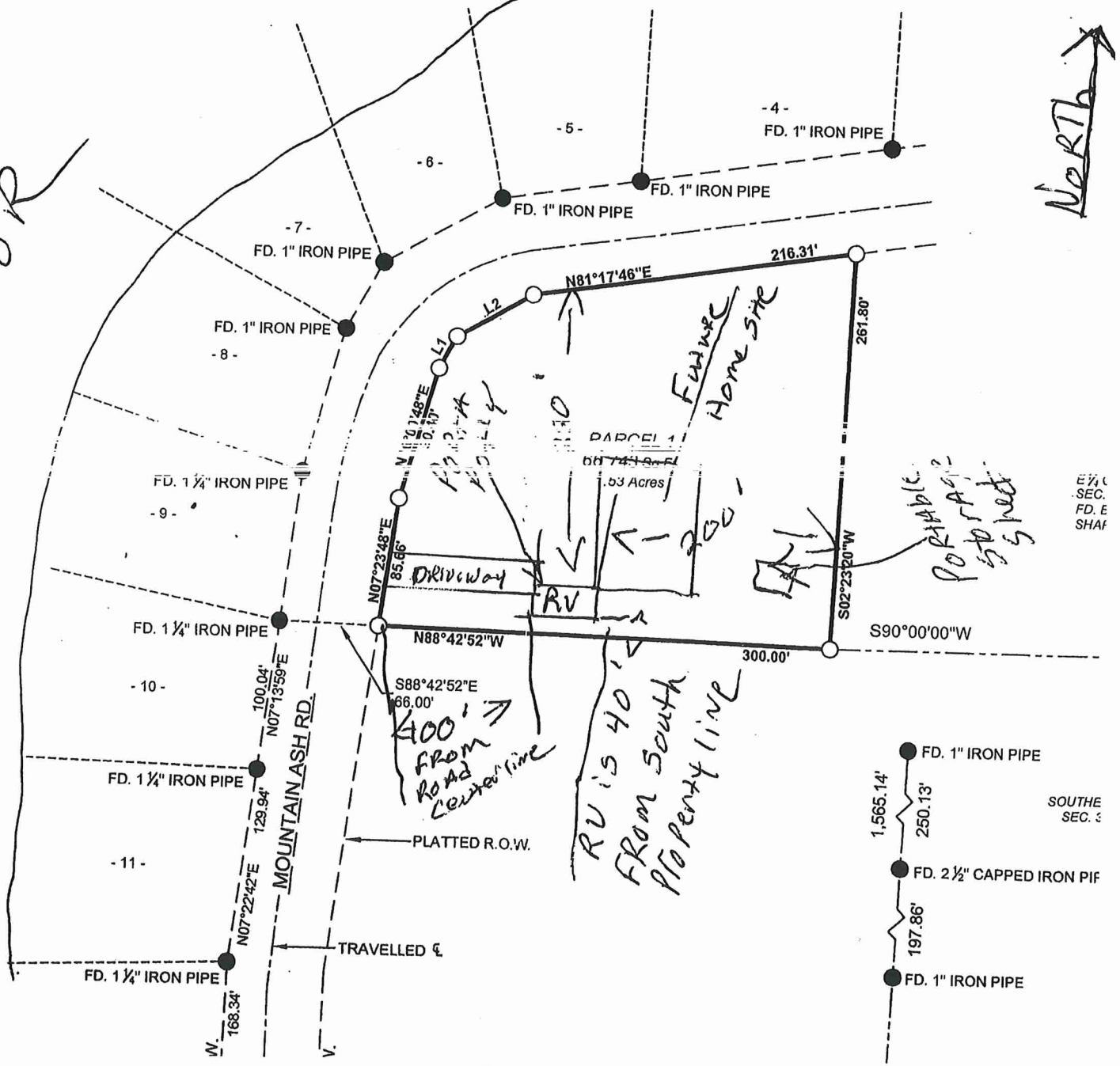
) SECTION; THENCE S01°25'55"W
DISTANCE OF 578.33 FEET; THENCE
:NCE N88°42'52"W A DISTANCE OF
V ASH RD.; THENCE N07°23'48"E ALONG
:E N16°00'48"E AND CONTINUING
)ISTANCE OF 90.40 FEET; THENCE
°54'43"E A DISTANCE OF 57.49 FEET;
'T; THENCE S02°23'20"W A DISTANCE

'AINS 66,743 SQUARE FEET OR 1.53

AP OF SURVEY PREPARED BY FLOYD LOKEN DATED 4-22-1969. THIS PARCELS
T LOT 2 AS SHOWN ON LOKENS MAP. LOKEN DOES NOT SHOW THAT HE EVER
I HIS POSITION FOR SAID CORNRER. AT SOME POINT ROBERT MICK PLS #962
ATION FOR SAID SE CORNER OF GOV'T LOT 2. THIS POSITION WAS USED BY
T WHICH POINT HE RECORDED CSM #1540. MICK CALLS HIS ORIGINAL CORNER
LATED) OFF. HE DOES NOT SET A MONUMENT THOUGH, RATHER SHOWS A
IER OF GOV'T LOT 2. HIS NEW POSITION IS AT THE INTERSECTION OF THE FD 2
AND THE CORRESPONDING 1/16 CORNERS EAST & WEST. IN OCTOBER, 2017
RCEL AS MICKS CSM. HE PERPETUATED MICKS NEW SE CORNER OF GOV'T
ON. I UTILIZED THE SE CORNER LOCATION OF GOV'T LOT 2 AS SHOWN ON
AS THIS WAS THE INTENT OF THE DEED IN CREATING THIS BOUNDARY.

NAL LAND SURVEYOR S-2992, DO HEREBY
ECTION OF THIA DALLMAN, OWNER OF THE
D THE INFORMATION SHOWN ON THIS MAP IS
KNOWLEDGE AND BELIEF AND MEETS THE
VEYS UNDER AE-7 OF WISCONSIN ADMINISTRATIVE

21, 2020



ATF

BAYFIELD COUNTY
SANITARY PERMIT APPLICATION

Zoning District Bi
Lakes Class
ENTERED 8-11

I. APPLICATION INFORMATION
(Please Print All Information)

Soil Test No: 19-22
County Permit No: 22-0211

Property Owner's Name: Thia Dallman
County: Bayfield

Address of Property: 19625 Mountain Ash Rd.
Property Location: ¼ ¼, S 31 T 51 N, R 6 E (or) W

Property Owner's Mailing Address: ~~Herbst~~ PO Box 555 Bayfield WI
Township: Bell
Gov. Lot #: 2

City, State: Bayfield WI
Zip Code: 54814
Phone Number: 715-439-5470

Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name

II. TYPE OF BUILDING: (Check One)

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

Tax ID#: 7827

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

A) [x] 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***: 22-335 Date Issued: 6-3-2022

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: _____gallons or _____cubic yards)

[x] 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					#2 Septic						
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.

Owner's Name(s): (Print) *If applying for Section C above*: Thia Dallman
Owner's Signature(s): (No Stamps): Thia McDallman

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

[x] Approved
[ ] Disapproved
[ ] Owner Given Initial Adverse Determination

Sanitary Permit/Transfer Fee: $150 — ATF $150 —
Date Issued: 8/23/2022 8-18-2022
Issuing Agent's Signature / Date: Erica Mulemans

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Must meet all setbacks. Portable privy shall be maintained and kept clean and sanitary

Plot Plan on reverse side

Lot Line

Name of Frontage Road (_____)

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: ____

PRIVY AGREEMENT

(ATTACHED TO THE SANITARY PERMIT APPLICATION)

2022R-595885 3

2022R-595885
DANIEL J. HEFFNER
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
08/10/2022 01:52PM
TF EXEMPT #:
RECORDING FEE: 30.00
PAGES: 3

Property Owner(s): Thia Dallman				
Mailing Address: Bayfield wi PO Box 555 54814			Property Address Herbstercest 19625 Mountain Ashland 54844	
Legal Description: _____1/4, _____1/4,			Section, Township, Range S 31 T 51 N, R 6 W	
Gov't Lot	Lot # 2	CSM# –	Vol & Page	CSM Doc. #
Lot(s) #	Block(s) #	Subdivision		
Tax ID # 7827			Date: 8-3-22	

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) Thia Dallman	**This instrument was signed before me** in the State of Wisconsin County of Bayfield On this 10th day August, 2022 by Deborah A Kmetz Notary Public
Owner(s) Signature: Thia Dallman	**My commission expires on:** 11-27-2024

DEBORAH A. KMETZ NOTARY PUBLIC STATE OF WISCONSIN

Drafted By: Thia Dallman (must be filled out by person submitting form)

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LIBRARY
PUBLIC
STATE OF WISCONSIN

TOWN OF BELL TREASURER
JANICE OLSON
TOWN OF BELL TREASURER
PO BOX 239
CORNUCOPIA WI 54827
Phone: (715) 209-0454
E-Mail: tobtreas@cornywi.org

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR **2020**

THIA M DALLMAN
TOWN OF BELL

Pd In full
1-9-21
CK# 1280

PAYMENTS should reference: **Tax ID: 7827**
DOCUMENT RECORDING, or anything else should reference:
PIN: 04-010-2-51-06-31-4 05-002-11000
Alternate/Legacy ID: 010-1066-09 000
Ownership: THIA M DALLMAN

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: 19625 MOUNTAIN ASH EXT

Description: Sec 31 Tn 51 Rg 06 PAR IN GOVT LOT 2 IN DOC 2020R-581480 458M

THIA M DALLMAN
11469 AIRPORT RD
ARBOR VITAE WI 54568

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

Acreage: 1.700
Document: 2020R-581480

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit)
Land	Improved	Total		
$16,300	$0	$16,300	0.91547	0.017467775

Estimated Fair Market Value			An "X" means unpaid prior year taxes.	School taxes reduced by school levy tax credit.
Land	Improved	Total		
$17,800	$0	$17,800	☐	$31.51

Real Estate Tax:	284.72
First Dollar Credit:	-0.00
Lottery Credit:	-0.00
Net Real Estate Tax:	284.72
Total Due:	**284.72**

For full payment pay to TOWN OF BELL treasurer by **January 31, 2021**

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 2019	2020	Net Tax 2019	2020	% Tax Change
STATE	0	0	0.00	0.00	0.0
COUNTY	37,513	41,202	73.80	75.59	2.4
TOWN OF BELL	215,558	215,538	56.13	56.68	1.0
SCHL-SOUTHSHORE	130,656	157,482	139.71	145.81	4.4
TECHNICAL COLLEGE	87,020	85,585	6.50	6.64	2.2
Totals	470,747	499,807	276.14	284.72	3.1
First Dollar Credit			0.00	0.00	0.0
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			276.14	284.72	3.1

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

LAND USE – **X**
SANITARY – Existing (Privy)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **22-0211** Issued To: **Thia Dallman**

Part of the
Location: Section **31** Township **51** N. Range **6** W. Town of **Bell**

Gov.t Lot **2** Lot Block Subdivision CSM#

For: **Recreational Vehicle (RV)**

Make: **Jayco** Model : **Eagle** Vehicle #: **16JCJ02P5Y5LV0176** Year: **2000**

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

Condition: **May not be used for permanent residence**
Allowed for temporary placement.

Must be removed by 8/18/2023

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

August 23, 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

Date Stamp (Received)
RECEIVED
JUN 28 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22- 0210
Date:	
Amount Paid:	$375 7-29-22 Rec JIG
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: THIA M DALLMAN	Mailing Address: P.O. BOX 555	City/State/Zip: BAYFIELD WI 54814	Telephone:
Address of Property: 19625 MOUNTAIN ASH RD	City/State/Zip:		Cell Phone: 715 439-5470
Email: (print clearly)			
Contractor: BLACK HAWK CONSTRUCTION	Contractor Phone: 715-209-5234	Plumber: EDS MECHANICAL MIKE WROBLESKI	Plumber Phone: 715-373-0566
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# 7827	Recorded Document: (Showing Ownership)

_____1/4, _____ 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:

Section 31, Township ~~36~~ 57 N, Range 6 W	Town of: BELL	Lot Size ~~1.54~~	Acreage 1.59

☐ 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: holding Tank	☑ Well
$ 125,000	☐ 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:	50'	Width:	26'	Height:	14'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☑	Principal Structure (first structure on property)	(50 X 26)	1300
	☑	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☑ Residential Use		with Loft	(X)	
	☑	with a Porch	(32 X 10)	320
	☑	with (2nd) Porch	(10 X 4)	40
		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) _____	(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): Thia M Dallman Date 6/22/22
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (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 _____

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

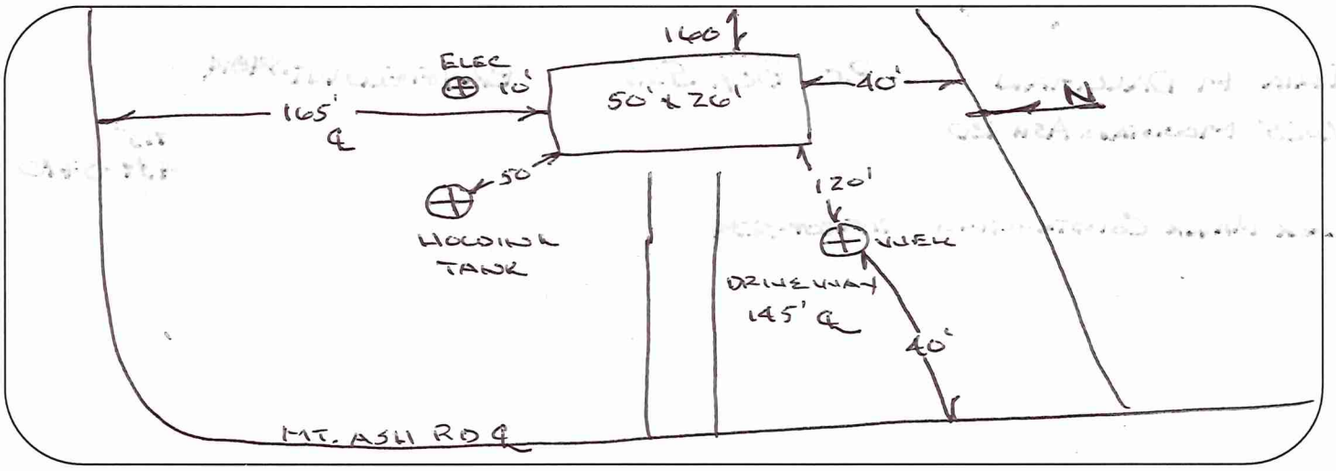
Turn Over

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%**



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**	165	Feet	Setback from the **Lake** (ordinary high-water mark)	N/A	Feet
Setback from the **Established Right-of-Way**	145	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	165	Feet			
Setback from the **South** Lot Line	40	Feet	Setback from **Wetland**	N/A	Feet
Setback from the **West** Lot Line	160	Feet	**20% Slope Area on the property**	☐ Yes ☒ No	
Setback from the **East** Lot Line	145	Feet	Elevation of **Floodplain**	647	Feet
Setback to **Septic Tank** or **Holding Tank**	50	Feet	Setback to **Well**	120'	Feet
Setback to **Drain Field**	N/A	Feet			
Setback to **Privy** (Portable, Composting)	N/A	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: 22-335	# of bedrooms: 3	Sanitary Date: 6-3-2022
Permit Denied (Date):	Reason for Denial:		
Permit #:	Permit Date:		

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 6583 ☐ No

Inspection Record: Area cleared, sand for foundation, area staked. Camper and porta potty onsite. Needed grading, RV, + privy permits

Zoning District (R-1)
Lakes Classification ( )

Date of Inspection: 8-2-2022 | Inspected by: GM | Date of Re-Inspection:

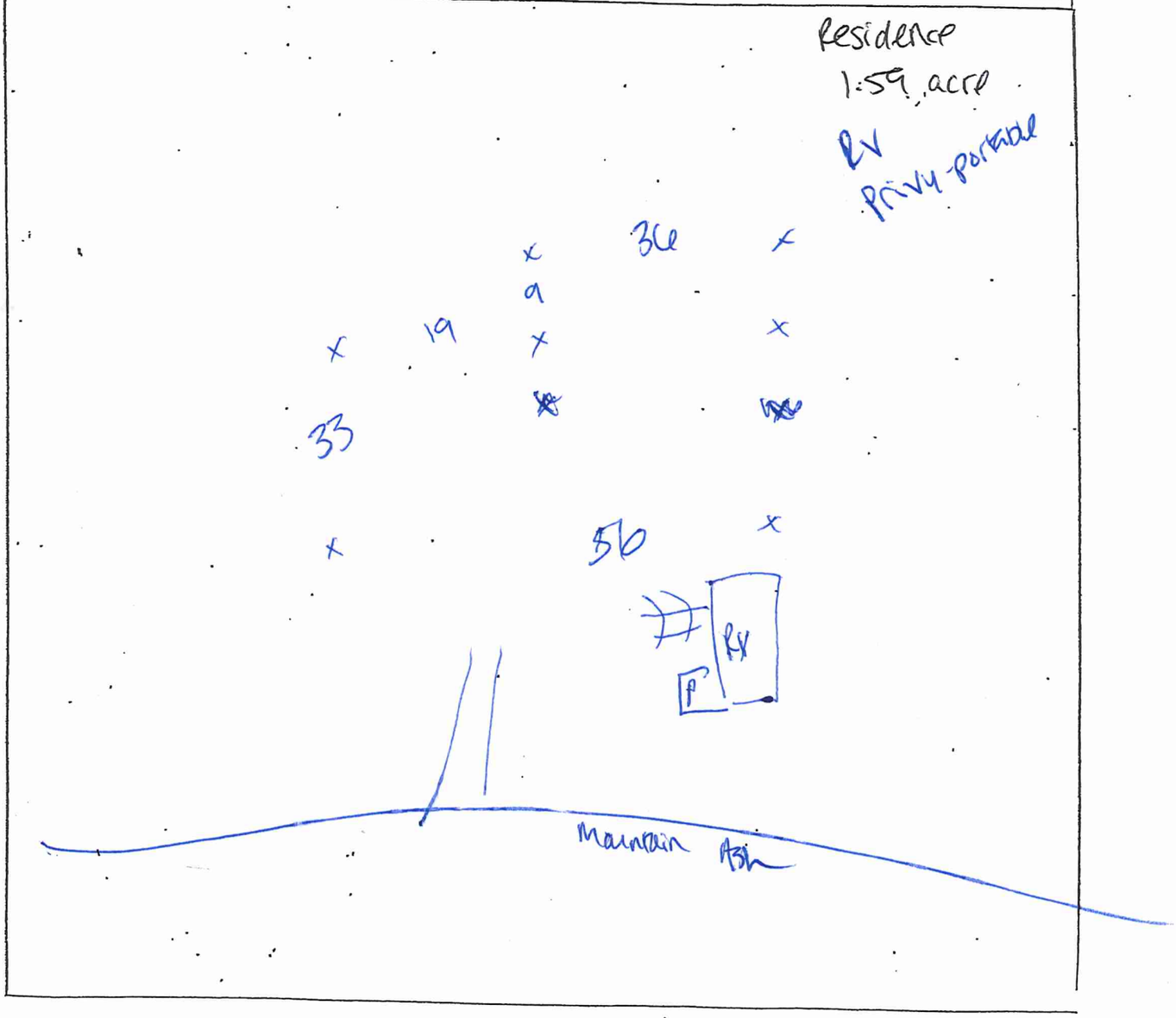
Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
To meet all set backs, including eaves and overhangs. For personal residence only. Town/State/DNR permits may be needed. Must obtain a Uniform Dwelling Code (UDC) permit from locally contracted UDC agency prior to start of construction.

Signature of Inspector: Erica Malemann | Date of Approval: 8-18-2022

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

Field Investigation

Date: 8-2-2022	Arrive: 12:40 Depart: 12:50
Landowner: Pallman	Photos taken: Yes (No)
Project Location: 19625 Mountain Ash Rd	Persons Present: cpm
Waterway: PIN# _____ *Attach Real Estate Inquiry* Paid $_____ Receipt #_____	Purpose of visit: ____ ZP Onsite ____ SAP ____ Sanitary ____ Wetland Delineation ____ Floodplain ____ OHWM ____ Boathouse ____ Complaint ____ Averaging ____ Walkout ____ Other: _____



Bayfield County, WI

8/18/2022, 1:32:59 PM

1:783

0 0.01 0.01 0.03 mi

0 0.01 0.03 0.06 km

Bayfield

Meander Lines

Approximate Parcel Boundary

Section Lines

Municipal Boundary

All Roads

Town

Survey Maps

UnRecorded Map

Building Footprint 2009-2015

Existing

Driveways

Buildings

Bayfield County Land Records Department
https://maps.bayfieldcounty.wi.gov/BayfieldWAB/

NEW HOME FOR:

TIA DALLMAN & MIKE WACHSMUTH

19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

PROJECT LOCATION MAP

GENERAL NOTES:

1. A PRE-CONSTRUCTION CONFERENCE WILL BE HELD WITH THE CONTRACTORS BEFORE ANY WORK COMMENCES.
2. ALL WORK TO BE TO BE PERFORMED IN ACCORDANCE WITH CURRENT BUILDING, PLUMBING, ELECTRICAL, AND HVAC CODE CURRENTLY IN EFFECT.
3. THE GENERAL CONTRACTOR IS RESPONSIBLE FOR CHECKING ALL CONTRACT DOCUMENTS FOR THEIR ACCURACY AND FOR VERIFYING ALL WORK IN THE FIELD. IF AN DISCREPANCY EXISTS BEFORE PROCEEDING WITH CONSTRUCTION, IF SHOULD ARISE ANY QUESTIONS REGARDING THE SITE, THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING CLARIFICATION FROM THE RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA BEFORE PROCEEDING WITH ANY WORK.
4. THE WORK UNDER THE CONTRACT SHALL INCLUDE ALL LABOR, MATERIALS, TOOLS, FEES, INSURANCE, TAXES, ETC. FOR GENERAL CONSTRUCTION INCLUDING MECHANICAL, PLUMBING AND ELECTRICAL CONSTRUCTION, AS APPLICABLE, FOR THE COMPLETE CONSTRUCTION OF THIS PROJECT.
5. ALL PRODUCTS AND MANUFACTURERS OF MATERIALS, FINISHES, ETC. PER DRAWINGS OR SPECIFICATION. SUBSTITUTIONS OF EQUAL QUALITY AND PERFORMANCE PERMITTED AS APPROVED BY PERSON IN CHARGE.
6. ALL MATERIAL, SUPPLIES, AND EQUIPMENT SHALL BE INSTALLED AS PER MANUFACTURERS SPECIFICATIONS AND AS REQUIRED BY LOCAL CODES REQUIREMENTS.
7. CONTRACTOR MUST VERIFY ALL EXISTING CONDITIONS AT THE JOB SITE.
8. ALL PROPERTY LINES ARE ASSUMED UNLESS A CERTIFIED SURVEY MAP HAS BEEN OBTAINED.
9. ALL BUILDING SETBACKS ARE MEASURED FROM THE EAVE LINE OF THE BUILDING.
10. CONTRACTOR IS TO MARK ALL UTILITY LINES VERIFIED BY THE RESPECTIVE UTILITY COMPANIES IF APPLICABLE. THE CONTRACTOR SHALL HAVE A LOCATE DONE BY DIGGER'S HOTLINE PRIOR TO BREAKING GROUND.
11. THE CONTRACTOR SHALL BE AWARE OF ALL PRIVATE UTILITIES LOCATIONS SUCH AS WATER, SEWER AND GAS.
12. ALL DAMAGE TO EXISTING DRIVEWAYS, ROADWAYS, STREETS, CONCRETE SIDEWALKS, LAWNS, ETC., MUST BE RESTORED TO THE CONDITIONS THEY WERE BEFORE CONSTRUCTION COMMENCED.
13. PROVIDE A MINIMUM OF 2% DRAINAGE SLOPE AWAY FROM ENTIRE PERIMETER OF BUILDING FOR THE FIRST 20 FEET UNLESS NOTED OTHERWISE.
14. THE GENERAL CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR THE DESIGN, ADEQUACY & SAFETY OF ERECTING BRACING, SHORING & TEMPORARY SUPPORTS, ETC. THE GENERAL CONTRACTOR IS RESPONSIBLE FOR THE STABILITY OF THE STRUCTURE PRIOR TO THE APPLICATION OF ALL SHEAR WALLS, ROOF SHEATHING, STRUCTURAL ELEMENTS & FINISH MATERIAL.
15. THE GENERAL CONTRACTOR SHALL PERFORM HIGH QUALITY PROFESSIONAL WORK, JOIN MATERIALS TO UNIFORM ACCURATE FITS SO THAT THEY MEET WITH FLAT, STRAIGHT LINES, FREE OF SEAMS OR BLEMISHES. ALL HORIZONTAL MEMBERS ARE TO BE SUPPLIED LEVEL, PLUMB AND AT ACCURATE RIGHT ANGLES OR PLUMB AT TRADE AND MATERIALS. WORK OF EACH TRADE SHALL MEET ALL NATIONAL STANDARDS PUBLISHED BY THAT TRADE, EXCEPT IN THE CASE WHERE CONTRACT DOCUMENTS ARE MORE STRINGENT.
16. ALL EXISTING BUILDING DIMENSIONS MUST BE FIELD VERIFIED.
17. WRITTEN DIMENSIONS TO PREVAIL OVER SCALING OF DRAWINGS. CONTRACTOR(S) TO VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION AND IMMEDIATELY NOTIFY PERSON IN CHARGE OF ANY DISCREPANCIES.
18. SEE SITE PLAN FOR NOTES AND DIMENSIONS NOT SHOWN
19. SEE ELEVATIONS, INTERIOR ELEVATIONS AND FINISH SCHEDULE FOR MATERIALS NOT CALLED OUT.
20. IF APPLICABLE, THE FIRE RATING OF WALLS AND CEILINGS MUST BE MAINTAINED BEHIND ALL INSTALLED FIXTURES, BATH UNITS, VANITIES, CEILING FANS, ELECTRICAL BOXES, EXHAUST FANS, ETC.
21. THE CONTRACTOR SHALL TAKE ABSOLUTE CARE TO PROTECT NEWLY INSTALLED MATERIALS, MILLWORK, RUBBING & FINISHES.
22. THE CONTRACTOR SHALL PROVIDE ALL OPERATING AND MAINTENANCE DATA AND ALL MANUFACTURERS, INSTALLERS AND APPLICATORS GUARANTEES, BONDS, WARRANTIES AND SERVICE INSTRUCTIONS.
23. CONTRACTOR WILL CONFIRM WINDOW OR DOOR NUMBER WITH MANUFACTURER AND SITE DIMENSIONS. ALL OPERABLE WINDOWS AND DOORS SHALL HAVE REMOVABLE SCREENS UNLESS NOTED OTHERWISE.
24. CONTRACTOR TO VERIFY R.O. REQUIREMENTS FOR WINDOWS & EXTERIOR DOORS WITH MANUFACTURERS PRIOR TO ORDERING.
25. REFER TO ENGINEERED TRUSS DRAWINGS, IF APPLICABLE, FOR PLACEMENT OF TRUSS COMPONENTS. CONTRACTOR IS TO FIELD VERIFY ALL TRUSS DIMENSIONS BEFORE FABRICATION OF TRUSSES.
26. ALL GAS PIPING INSTALLATIONS SHALL COMPLY WITH NFPA 54-215, NATIONAL FUEL GAS CODE.

SHEET INDEX

AT	TITLE SHEET
1	SITE PLAN
2	FOUNDATION PLAN
3	FLOOR PLAN
4	CROSS SECTION/ROOF PLAN/SCHEDULES
5	ELEVATIONS

REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION

TITLE SHEET

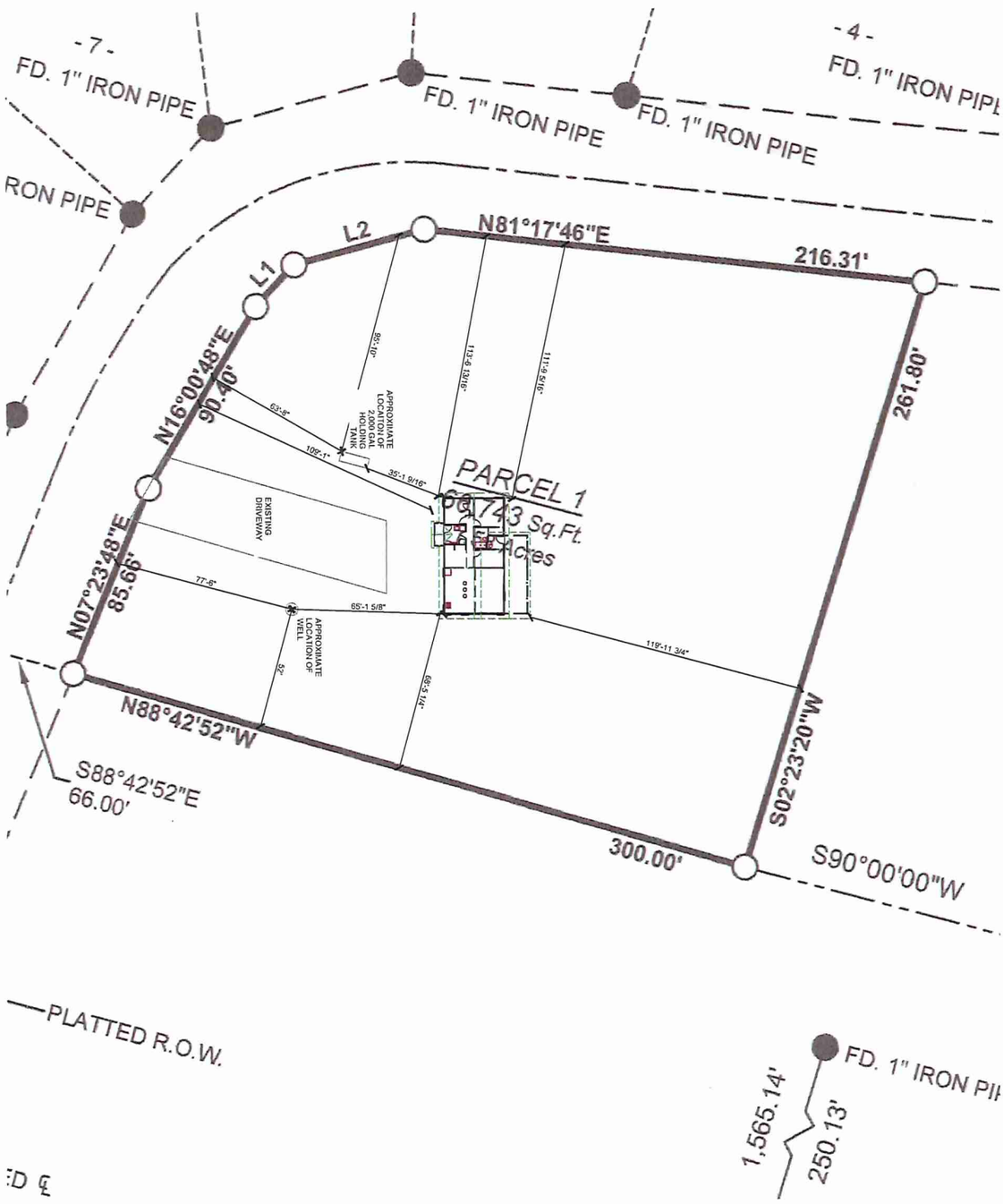
NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE: 5/27/2022

SCALE: 1/2" = 1'-0"

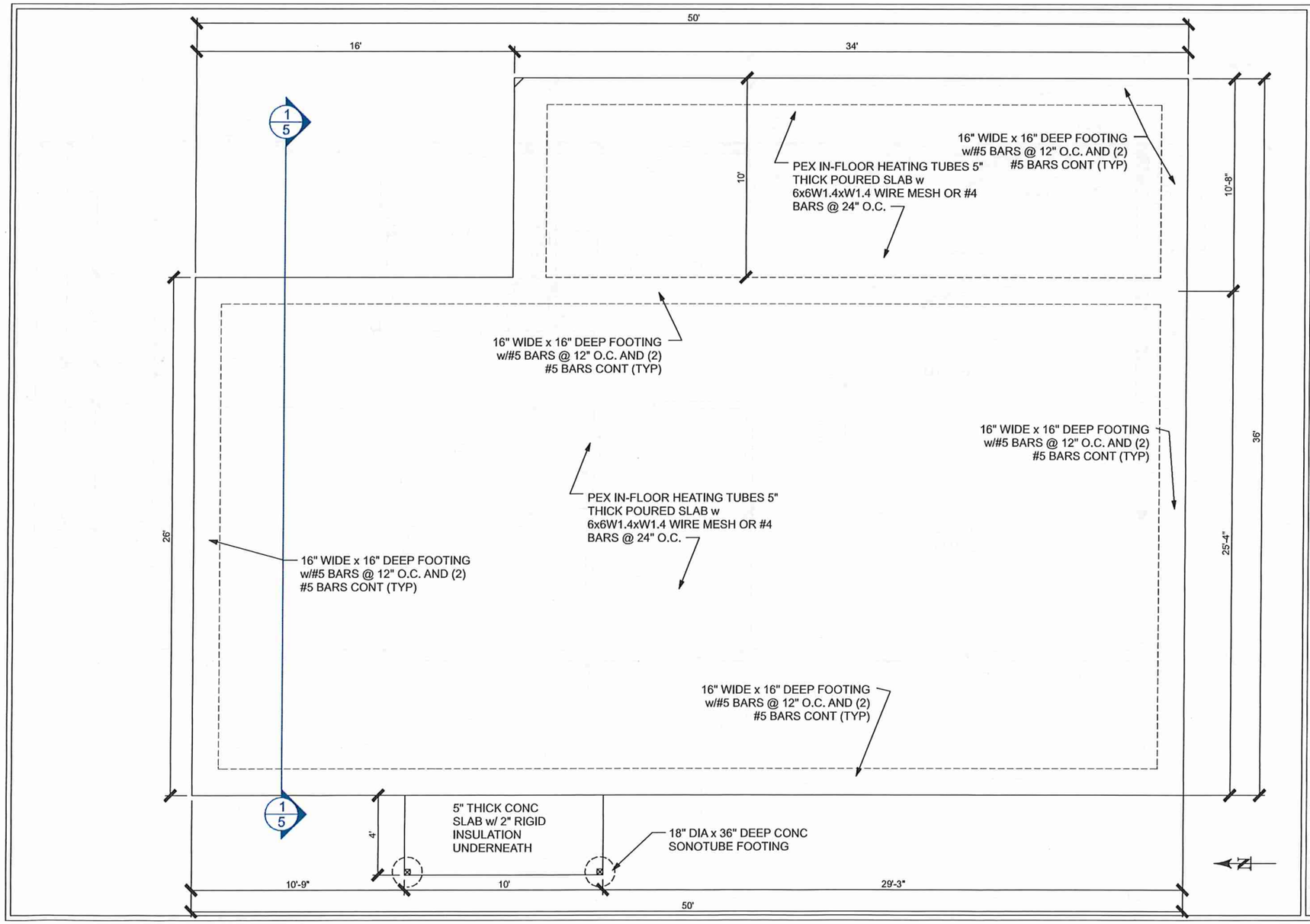
SHEET: AT



SHEET:	SCALE:	DATE:				
1	1" = 20'	5/27/2022	TIA DALLMAN MIKE WACHSMUTH 19625 MOUNTAIN ASH RD HERBSTER, WI 54844	NEW RESIDENCE	SITE PLAN	

REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION



REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION

FOUNDATION PLAN

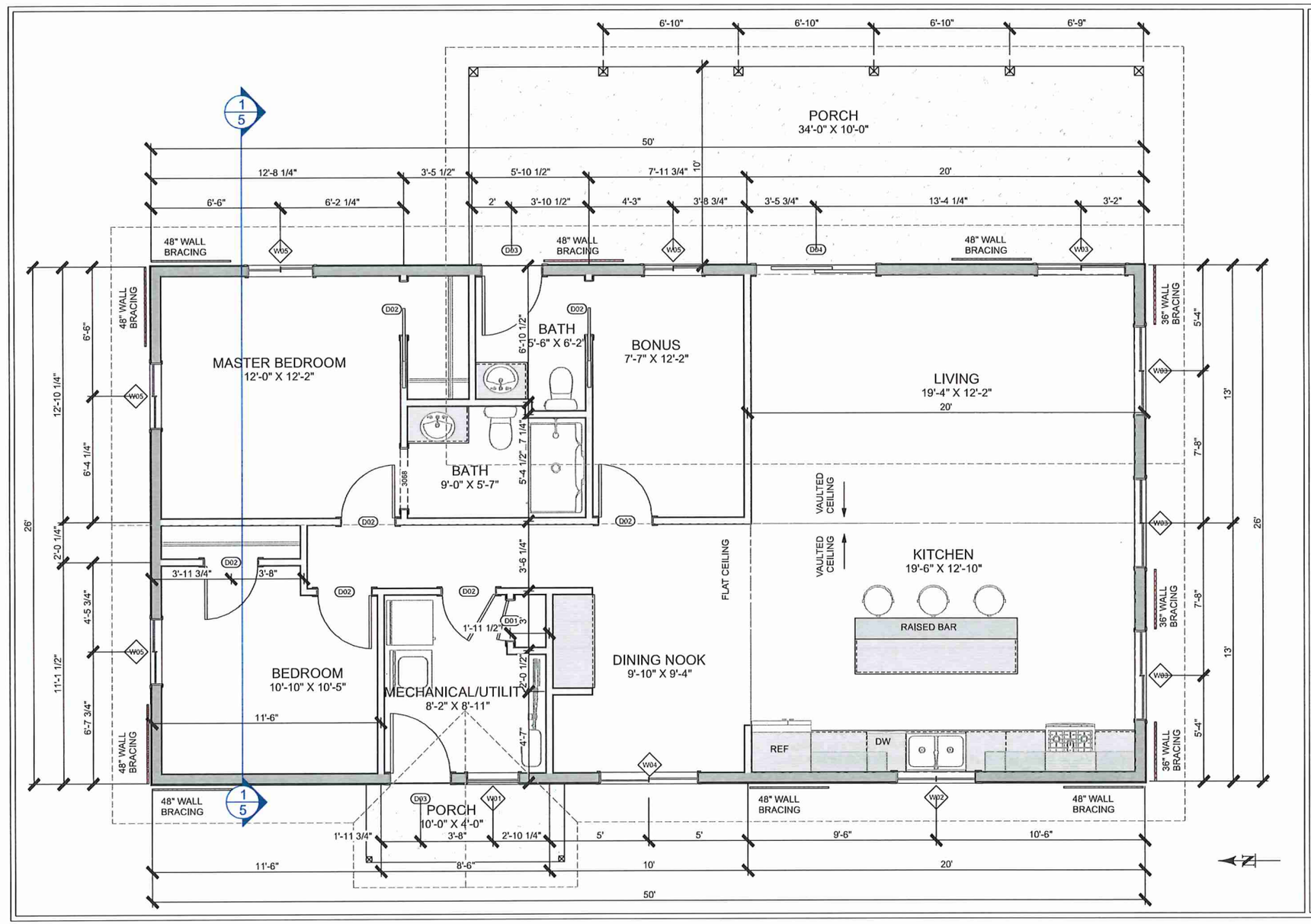
NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE:
5/27/2022

SCALE:
1/2" = 1'-0"

SHEET:
2



REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION

FLOOR PLAN

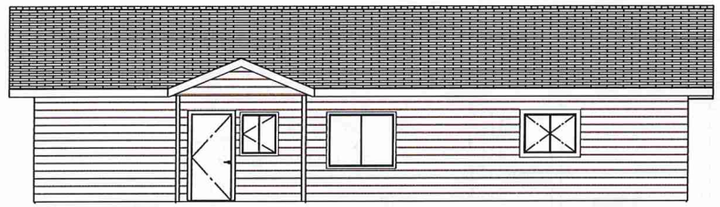
NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

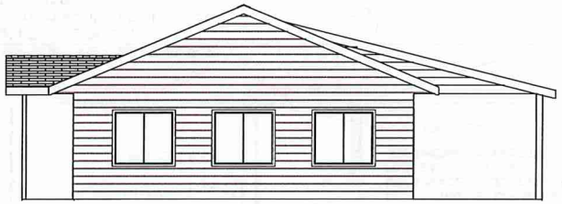
DATE: 5/27/2022

SCALE: 1/2" = 1'-0"

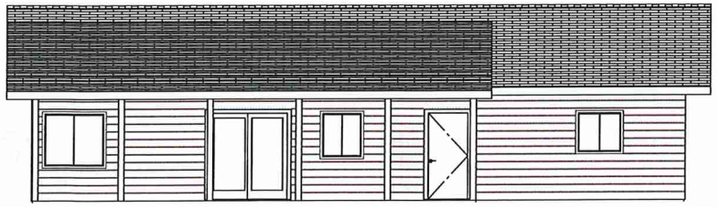
SHEET: 3



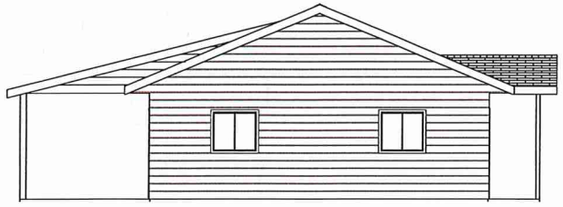
WEST ELEVATION



SOUTH ELEVATION



EAST ELEVATION



NORTH ELEVATION

REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION

ELEVATIONS

NEW RESIDENCE

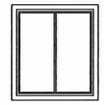
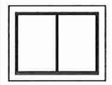
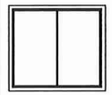
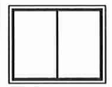
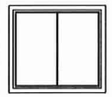
TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE:
5/27/2022

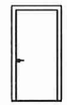
SCALE:
1/4" = 1'-0"

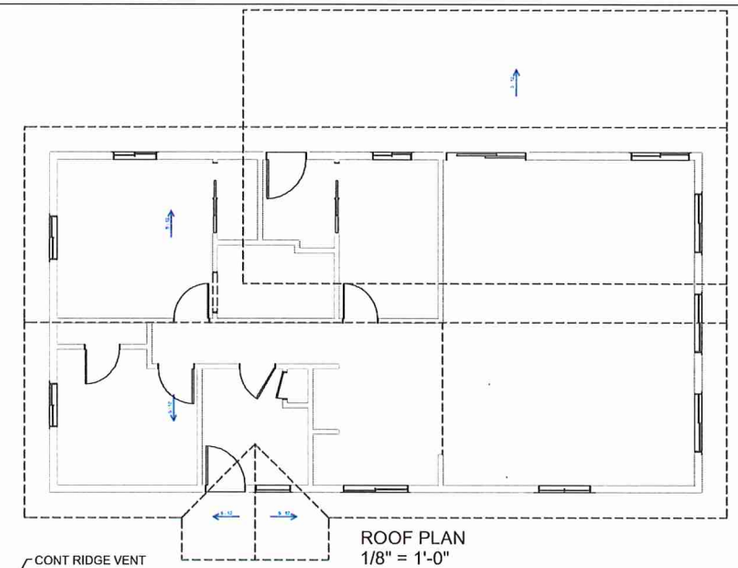
SHEET:
4

WINDOW SCHEDULE

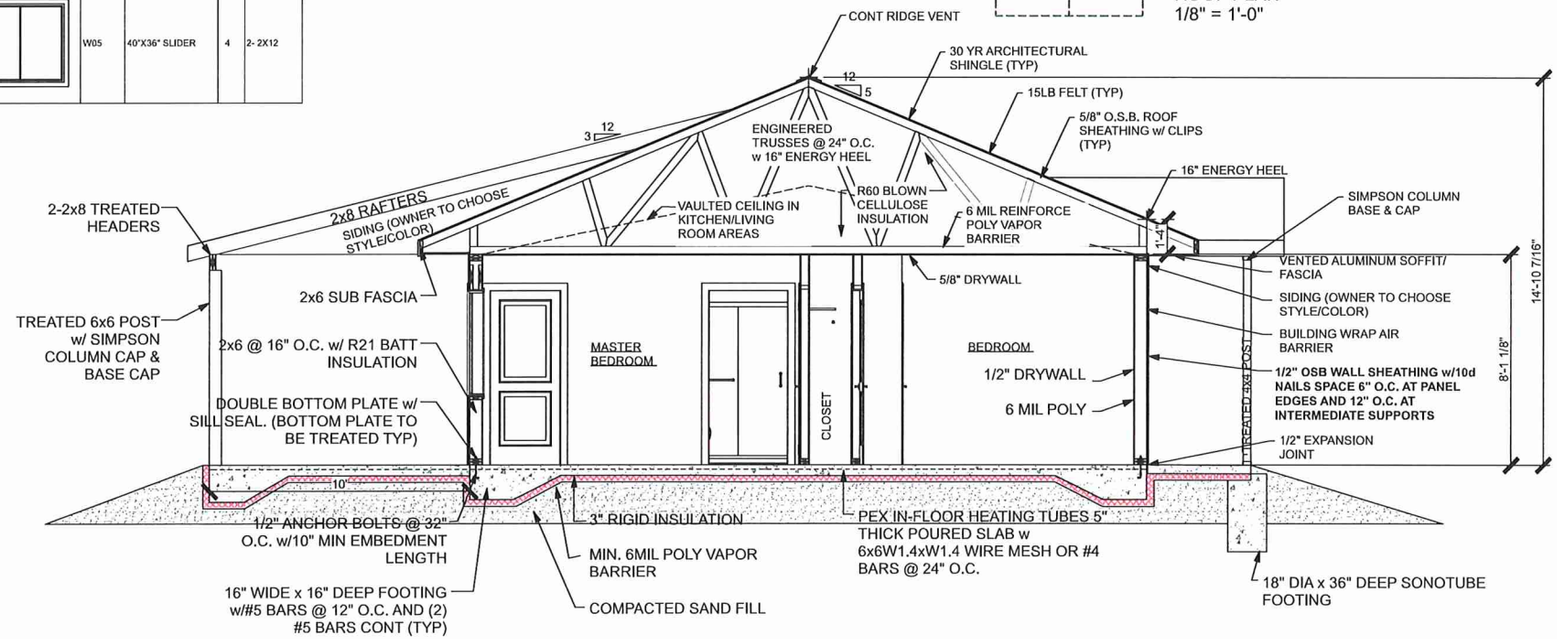
3D EXTERIOR ELEVATION	NUMBER	LABEL	QTY	HEADER
	W01	32"X48" CASEMENT	1	2- 2X12
	W02	48"X36" CASEMENT	1	2- 2X12
	W03	54"X48" SLIDER	4	2- 2X12
	W04	60"X48" SLIDER	1	2- 2X12
	W05	40"X36" SLIDER	4	2- 2X12

DOOR SCHEDULE

3D EXTERIOR ELEVATION	NUMBER	LABEL	QTY	HEADER	COMMENT
	D01	2068	1		
	D02	2868	7		
	D03	3068	2	2-2X12	METAL INSULATED
	D04	6068	1	2-2X12	PATIO



ROOF PLAN
1/8" = 1'-0"



REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION

CROSS SECTION
ROOF PLAN
SCHEDULES

NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE: 5/27/2022

SCALE: 1/2" = 1'-0"

SHEET: 5

Real Estate Bayfield County Property Listing

Today's Date: 8/18/2022

Property Status: Current

Created On: 3/15/2006 1:15:02 PM

Description

Updated: 1/14/2022

Tax ID:	7827
PIN:	04-010-2-51-06-31-4 05-002-11000
Legacy PIN:	010106609000
Map ID:	
Municipality:	(010) TOWN OF BELL
STR:	S31 T51N R06W
Description:	PAR IN GOVT LOT 2 IN DOC 2020R-581480 458M
Recorded Acres:	1.700
Calculated Acres:	1.599
Lottery Claims:	0
First Dollar:	No
Zoning:	(R-1) Residential-1
ESN:	107

Tax Districts

Updated: 3/15/2006

1	STATE
04	COUNTY
010	TOWN OF BELL
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006

WARRANTY DEED
Date Recorded: 3/13/2020 **2020R-581480**

WARRANTY DEED
Date Recorded: 11/7/2016 2016R-566078

CONVERSION
Date Recorded: 284-49

Ownership

Updated: 1/14/2022

THIA M DALLMAN BAYFIELD WI

Billing Address:	**Mailing Address:**
THIA M DALLMAN	**THIA M DALLMAN**
PO BOX 555	PO BOX 555
BAYFIELD WI 54814	BAYFIELD WI 54814

Site Address

* indicates Private Road

19625 MOUNTAIN ASH RD HERBSTER 54844

Property Assessment

Updated: 9/10/2015

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.700	16,300	0

2-Year Comparison	2021	2022	Change
Land:	16,300	16,300	0.0%
Improved:	0	0	0.0%
Total:	16,300	16,300	0.0%

Property History

N/A

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

LAND USE – **X**
SANITARY – **22-33S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **22-0210** Issued To: **Thia Dallman**

Location: Section **31** Township **51** N. Range**6** W. Town of **Bell**
Document No. **2020R-581480**

Gov't Lot **2** Lot Block Subdivision CSM#

Residential Structure in R-1 zoning district
For: **Residential: [1-Story] Residence (50' x 26') = 1300 sq. ft. Height of 14'; Porch (34' x 10') ; Porch (10' x 4')**

Condition(s): **To meet all setbacks including eaves and overhangs. For personal residence only. Town/State/DNR permits may be needed. Must obtain Uniform Dwelling Code (UDC) permit from locally contracted UDC agency prior to start of construction.**

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

August 23, 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

ATF

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
AUG 10 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0213
Date:	
Amount Paid: Spcl A	175-
Other: ATF	175-
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: Thia M. Dallman	Mailing Address: PO Box 555	City/State/Zip: Bayfield WI 54814	Telephone:
Address of Property: 19625 Mountain Hay Rd	City/State/Zip: Herbster WI 54844		Cell Phone: 715-434-5470
Email: (print clearly) thiadallman@yahoo.com			
Contractor: Ken Nourse	Contractor Phone: 715-779-3261	Plumber: Superior Plumbing	Plumber Phone: 715-292-6670
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# 7827						Recorded Document: (Showing Ownership) 2020R 581480	
____1/4, ____1/4	Gov't Lot 2	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:	
Section 31, Township 51 N, Range 6 W		Town of: Bell						Lot Size	Acreage 1.53

☐ 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: 665 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
$ 11,000.00	☐ 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:	☐
	☐ 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:	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) Driveway - Building Site	(110 X 260)	28600
	☐	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): Thia M. Dallman Date 8-8-22
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (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 _____

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 Drawing

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**	Feet		Setback from the **Lake** (ordinary high-water mark)	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	Feet			
Setback from the **South** Lot Line	Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	Feet		**20% Slope Area on the property**	☐ Yes ☐ No
Setback from the **East** Lot Line	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(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: N/A	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #:	Permit Date:		

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 16583 ☐ No

Inspection Record: Area cleared for driveway and residence		Zoning District (R-1) Lakes Classification (( )
Date of Inspection: 8-2-22	Inspected by: EM	Date of Re-Inspection:

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

Permitted for driveway and residence clearing and grading. DNR/state permits may be needed.

Signature of Inspector: Erica Malamann	Date of Approval: 8-18-2022

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

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

*Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

Date Zoning Received: (Stamp Here)

*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.wi.gov

Website:
www.bayfieldcounty.wi.gov

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 Thia Dallman

Property Address 19625 Mountain Ash Rd.
Herbster WI. 54844

Telephone 715-439-5470

Contractor _____

Authorized Agent _____

Agent's Telephone _____

Written Authorization Attached: Yes ( ) No ( )

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

_____ 1/4 of _____ 1/4, Section 31, Township 51 N., Range 6 W. Town of Bell

Govt. Lot 2 Lot _____ Block _____ Subdivision _____ CSM# _____

Volume _____ Page _____ of Deeds Tax I.D# 7827 Acreage 1.53

Additional Legal Description: _____

Applicant: (State what you are asking for) ***Zoning District:*** _____ ***Lakes Classification*** _____

We, the Town Board, ***TOWN OF*** Bell, 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)**

** 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: [signature]

Supervisor: [signature]

Supervisor: [signature]

Clerk: _____

Date: 8-9-2022

Revised: August 2018
u/forms/townboardrecommendation-ClassA

PLAT OF SURVEY

A PARCEL OF LAND LOCATED IN GOVENMENT LOT 2,
SECTION 31, TOWNSHIP 51 NORTH, RANGE 6 WEST,
TOWN OF BELL, BAYFIELD COUNTY, WISCONSIN.

T LOT 2, SECTION 31, T51N, R6W, TOWN
RE PARTICULARLY DESCRIBED AS

D SECTION; THENCE S01°25'55"W
A DISTANCE OF 578.33 FEET; THENCE
ENCE N88°42'52"W A DISTANCE OF
N ASH RD.; THENCE N07°23'48"E ALONG
CE N16°00'48"E AND CONTINUING
DISTANCE OF 90.40 FEET; THENCE
9°54'43"E A DISTANCE OF 57.49 FEET;
ET; THENCE S02°23'20"W A DISTANCE

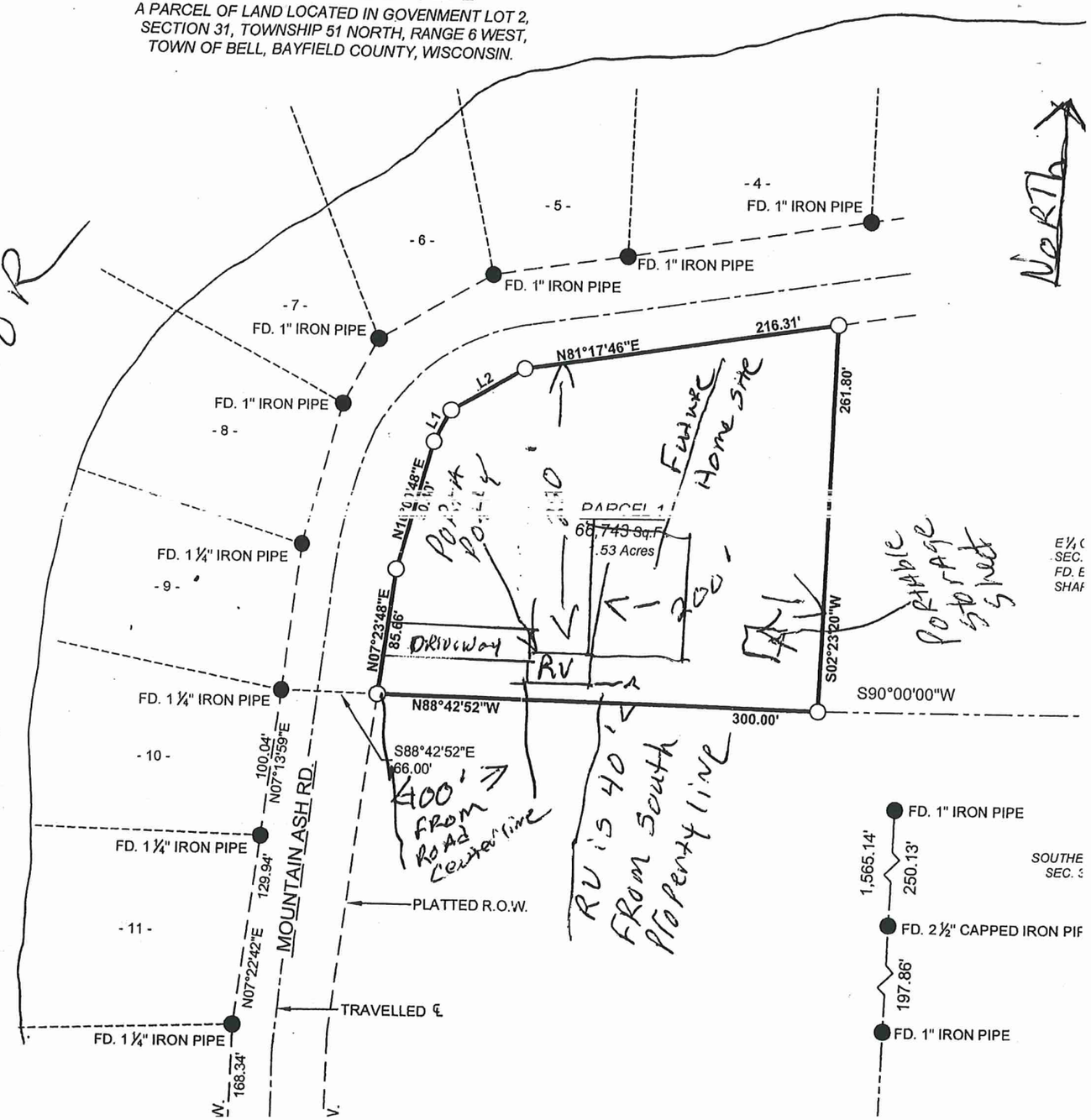
ITAINS 66,743 SQUARE FEET, OR 1.53

Like Superior

MAP OF SURVEY PREPARED BY FLOYD LOKEN DATED 4-22-1969. THIS PARCELS
V'T LOT 2 AS SHOWN ON LOKENS MAP. LOKEN DOES NOT SHOW THAT HE EVER
TH HIS POSITION FOR SAID CORNRER. AT SOME POINT ROBERT MICK PLS #962
CATION FOR SAID SE CORNER OF GOV'T LOT 2. THIS POSITION WAS USED BY
' AT WHICH POINT HE RECORDED CSM #1540. MICK CALLS HIS ORIGINAL CORNER
CULATED) OFF. HE DOES NOT SET A MONUMENT THOUGH, RATHER SHOWS A
RNER OF GOV'T LOT 2. HIS NEW POSITION IS AT THE INTERSECTION OF THE FD 2
TH AND THE CORRESPONDING 1/16 CORNERS EAST & WEST. IN OCTOBER, 2017
PARCEL AS MICKS CSM. HE PERPETUATED MICKS NEW SE CORNER OF GOV'T
TION. I UTILIZED THE SE CORNER LOCATION OF GOV'T LOT 2 AS SHOWN ON
EL AS THIS WAS THE INTENT OF THE DEED IN CREATING THIS BOUNDARY.

**SIONAL LAND SURVEYOR S-2992, DO HEREBY
DIRECTION OF THIA DALLMAN, OWNER OF THE
AND THE INFORMATION SHOWN ON THIS MAP IS
MY KNOWLEDGE AND BELIEF AND MEETS THE
URVEYS UNDER AE-7 OF WISCONSIN ADMINISTRATIVE**

pril, 2020

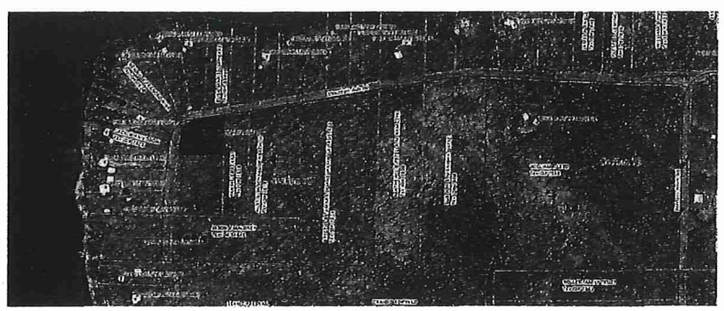


NEW HOME FOR:

TIA DALLMAN & MIKE WACHSMUTH

19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

PROJECT LOCATION MAP



GENERAL NOTES:

1. A PRE-CONSTRUCTION CONFERENCE WILL BE HELD WITH THE CONTRACTORS BEFORE ANY WORK COMMENCES.
2. ALL WORK TO BE TO BE PERFORMED IN ACCORDANCE WITH CURRENT BUILDING, PLUMBING ELECTRICAL, AND HVAC CODE CURRENTLY IN EFFECT.
3. THE GENERAL CONTRACTOR IS RESPONSIBLE FOR CHECKING ALL CONTRACT DOCUMENTS FOR THEIR ACCURACY AND CONFIRMING THAT WORK IS BUILDABLE AS SHOWN BEFORE PROCEEDING WITH CONSTRUCTION. IF THERE ARE ANY QUESTIONS REGARDING THESE, THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING CLARIFICATION FROM THE RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA BEFORE PROCEEDING WITH CONSTRUCTION.
4. THE PRICE GIVEN BY THE CONTRACT SHALL INCLUDE ALL LABOR, MATERIALS, TOOLS, FEES, INSURANCE, TAXES, ETC. FOR GENERAL CONSTRUCTION, INCLUDING MECHANICAL, PLUMBING AND ELECTRICAL CONSTRUCTION, AS APPLICABLE, FOR THE COMPLETE CONSTRUCTION OF THIS PROJECT.
5. ALL PRODUCTS AND MANUFACTURERS OF MATERIALS/FINISHES/ETC PER DRAWINGS OR SPECIFICATION. SUBSTITUTIONS OF EQUAL QUALITY AND PERFORMANCE PERMITTED AS APPROVED BY PERSON IN CHARGE.
6. ALL MATERIAL, SUPPLIES, AND EQUIPMENT SHALL BE INSTALLED AS PER MANUFACTURER'S SPECIFICATIONS AND AS REQUIRED BY LOCAL CODES/REQUIREMENTS.
7. CONTRACTOR MUST VERIFY ALL EXISTING CONDITIONS AT THE JOB SITE.
8. ALL PROPERTY LINES ARE ASSUMED UNLESS A CERTIFIED SURVEY MAP HAS BEEN OBTAINED.
9. ALL BUILDING SETBACKS ARE MEASURED FROM THE EAVE LINE OF THE BUILDING.
10. THE CONTRACTOR IS TO HAVE ALL UTILITY LINES VERIFIED BY THE RESPECTIVE UTILITY COMPANIES IF APPLICABLE. THE CONTRACTOR SHALL HAVE A LOCATE DONE BY DIGGER'S HOTLINE PRIOR TO BREAKING GROUND.
11. THE CONTRACTOR SHALL BE AWARE OF ALL PRIVATE UTILITIES LOCATIONS SUCH AS WATER, SEWER AND GAS.
12. ALL DAMAGE TO EXISTING DRIVEWAYS, ROADWAYS, STREETS, CONCRETE SIDEWALKS, LAWNS, ETC. MUST BE RESTORED TO THE CONDITIONS THEY WERE BEFORE CONSTRUCTION COMMENCED.
13. PROVIDE A MINIMUM OF 2% DRAINAGE SLOPE AWAY FROM ENTIRE PERIMETER OF BUILDING FOR THE FIRST 20 FEET UNLESS NOTED OTHERWISE.
14. THE GENERAL CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR THE DESIGN, ADEQUACY & SAFETY OF ERECTING BRACING, SHORING & TEMPORARY SUPPORTS, ETC. THE GENERAL CONTRACTOR IS RESPONSIBLE FOR THE STABILITY OF THE STRUCTURE PRIOR TO THE APPLICATION OF ALL SHEAR WALLS, ROOF SHEATHING, STRUCTURAL ELEMENTS & FRAME MATERIAL.
15. THE GENERAL CONTRACTOR SHALL PERFORM HIGH QUALITY PROFESSIONAL WORK; JOIN MATERIALS TO UNIFORM ACCURATE FITS SO THAT THEY MEET WITH NEAT, STRAIGHT LINES, FREE OF GAPS OR OVERLAPS; INSTALL EXPOSED MATERIALS APPROXIMATELY LEVEL, PLUMB AND AT ACCURATE RIGHT ANGLES OR FLUSH WITH ADJOINING MATERIALS. WORK OF EACH TRADE SHALL MEET ALL NATIONAL STANDARDS PUBLISHED BY THAT TRADE, EXCEPT IN THE CASE WHERE CONTRACT DOCUMENTS ARE MORE STRINGENT.
16. ALL EXISTING BUILDING DIMENSIONS MUST BE FIELD VERIFIED.
17. WRITTEN DIMENSIONS TO PREVAIL OVER SCALING OF DRAWINGS. CONTRACTOR(S) TO VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION AND IMMEDIATELY NOTIFY PERSON IN CHARGE OF ANY DISCREPANCIES.
18. SEE SITE PLAN FOR NOTES AND DIMENSIONS NOT SHOWN.
19. SEE ELEVATIONS, INTERIOR ELEVATIONS AND FINISH SCHEDULE FOR MATERIALS NOT CALLED OUT.
20. IF APPLICABLE, THE FIRE RATING OF WALLS AND CEILINGS MUST BE MAINTAINED BEHIND ALL INSTALLED FIXTURES, BATH UNITS, VANITIES, CEILING FANS, ELECTRICAL BOXES, EQUIPMENT FANS, ETC.
21. THE CONTRACTOR SHALL TAKE ABSOLUTE CARE TO PROTECT NEWLY INSTALLED MATERIALS: MILLWORK, SLATS AS & FRAMES.
22. THE CONTRACTOR SHALL PROVIDE ALL OPERATING AND MAINTENANCE DATA AND ALL MANUFACTURER'S, INSTALLERS AND APPLICATOR'S GUARANTEES, BONDS, WARRANTIES AND SERVICE INSTRUCTIONS.
23. THE CONTRACTOR WILL CONFIRM WINDOW OR DOOR NUMBER WITH MANUFACTURER AND SITE CONDITIONS. ALL OPERABLE WINDOWS AND DOORS SHALL HAVE REMOVABLE SCREENS UNLESS NOTED OTHERWISE.
24. CONTRACTOR TO VERIFY R.O. REQUIREMENTS FOR WINDOWS & EXTERIOR DOORS WITH MANUFACTURERS PRIOR TO ORDERING.
25. REFER TO ENGINEERED TRUSS DRAWINGS, IF APPLICABLE, FOR PLACEMENT OF TRUSS COMPONENTS. CONTRACTOR IS TO FIELD VERIFY ALL TRUSS DIMENSIONS BEFORE PRODUCTION OF TRUSSES.
26. ALL GAS PIPING INSTALLATIONS SHALL COMPLY WITH NFPA 54-2-13, NATIONAL FUEL GAS CODE.

SHEET INDEX

AT	TITLE SHEET
1	SITE PLAN
2	FOUNDATION PLAN
3	FLOOR PLAN
4	CROSS SECTION/ROOF PLAN/SCHEDULES
5	ELEVATIONS

REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION

TITLE SHEET

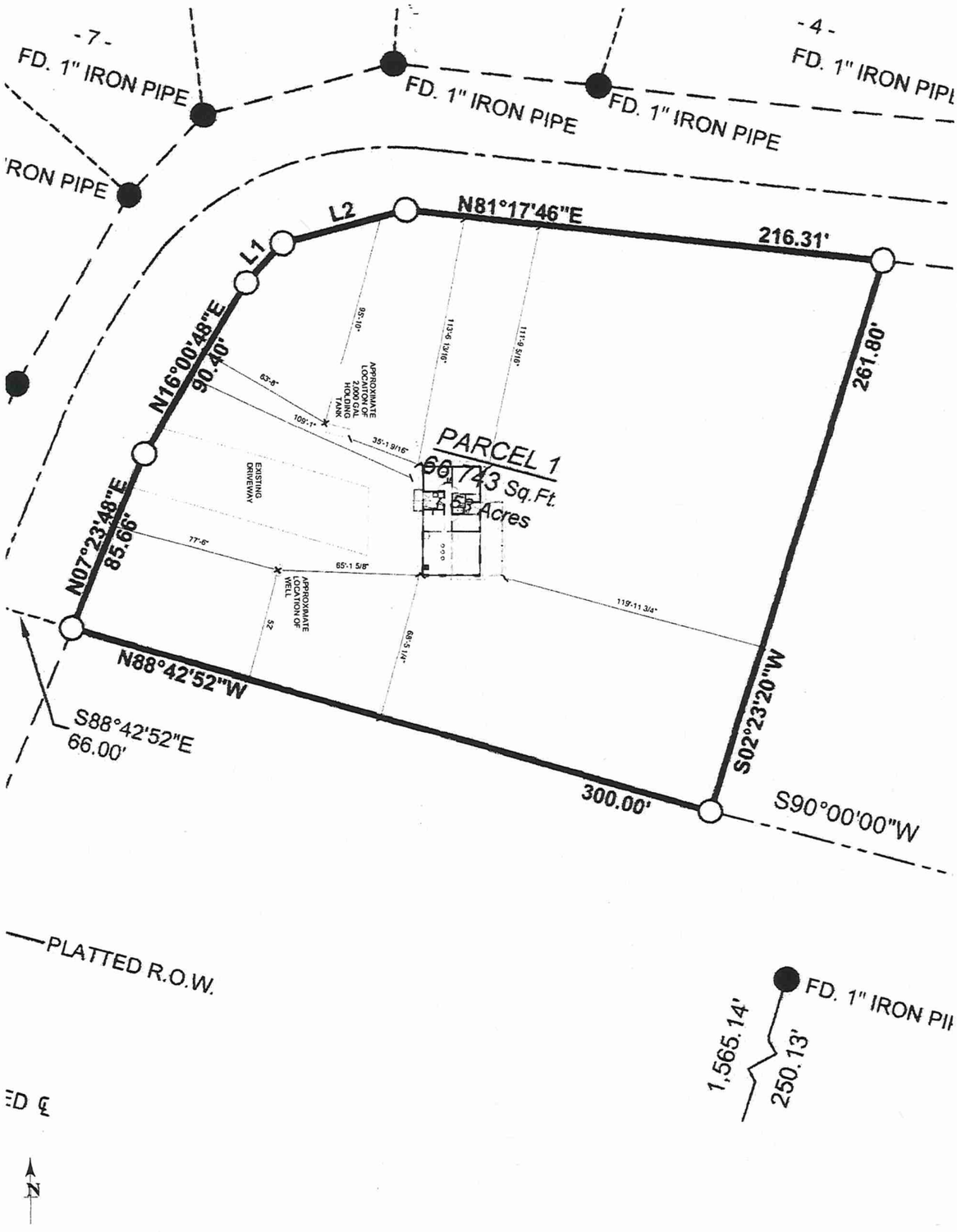
NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE: 5/27/2022

SCALE: 1/2" = 1'-0"

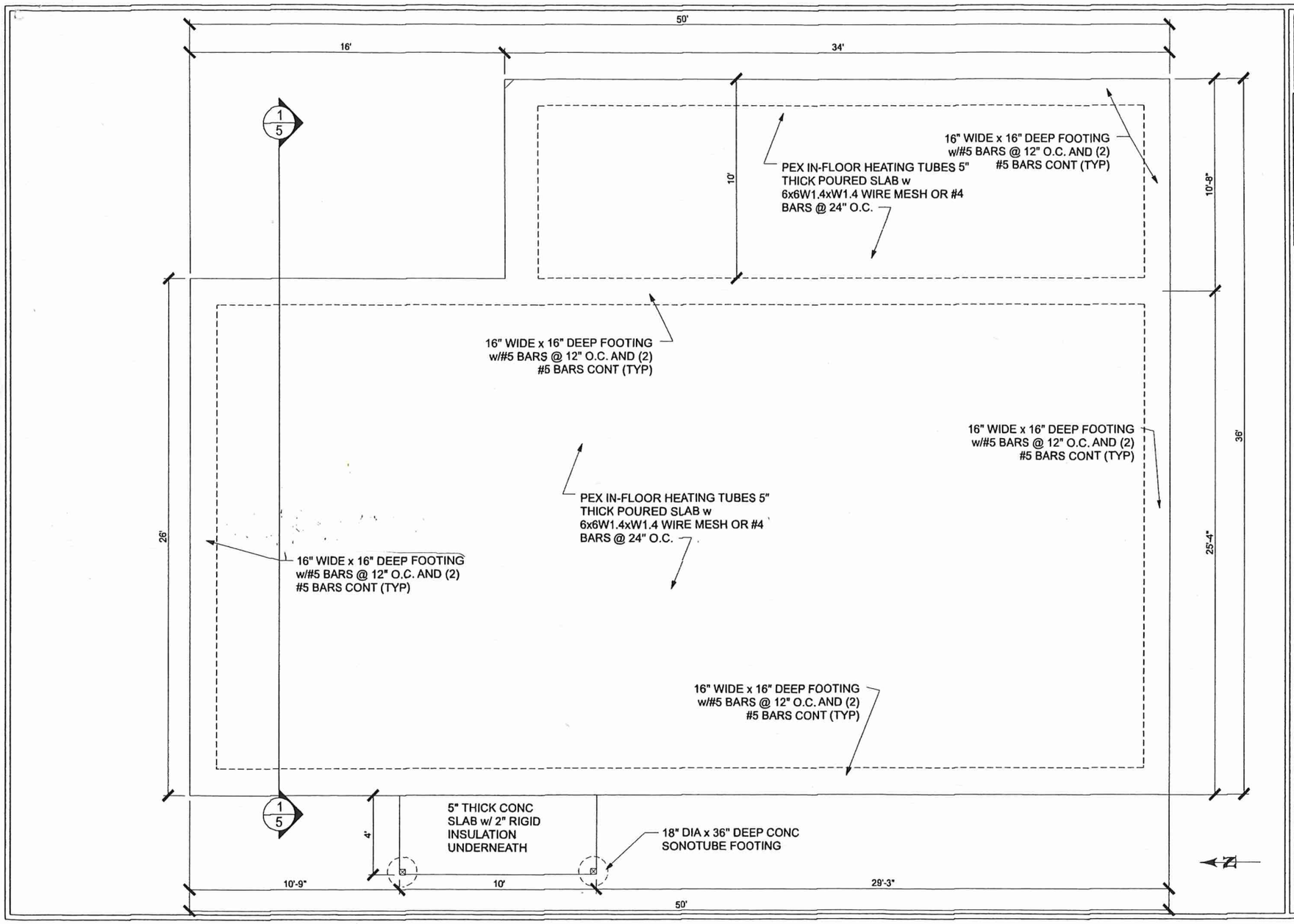
SHEET: AT



SHEET:	SCALE:	DATE:				
1	1" = 20'	5/27/2022	TIA DALLMAN MIKE WACHSMUTH 19625 MOUNTAIN ASH RD HERBSTER, WI 54844	NEW RESIDENCE	SITE PLAN	

REVISION TABLE

NUMBER	DATE	REVISED BY	DESCRIPTION



REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION

FOUNDATION PLAN

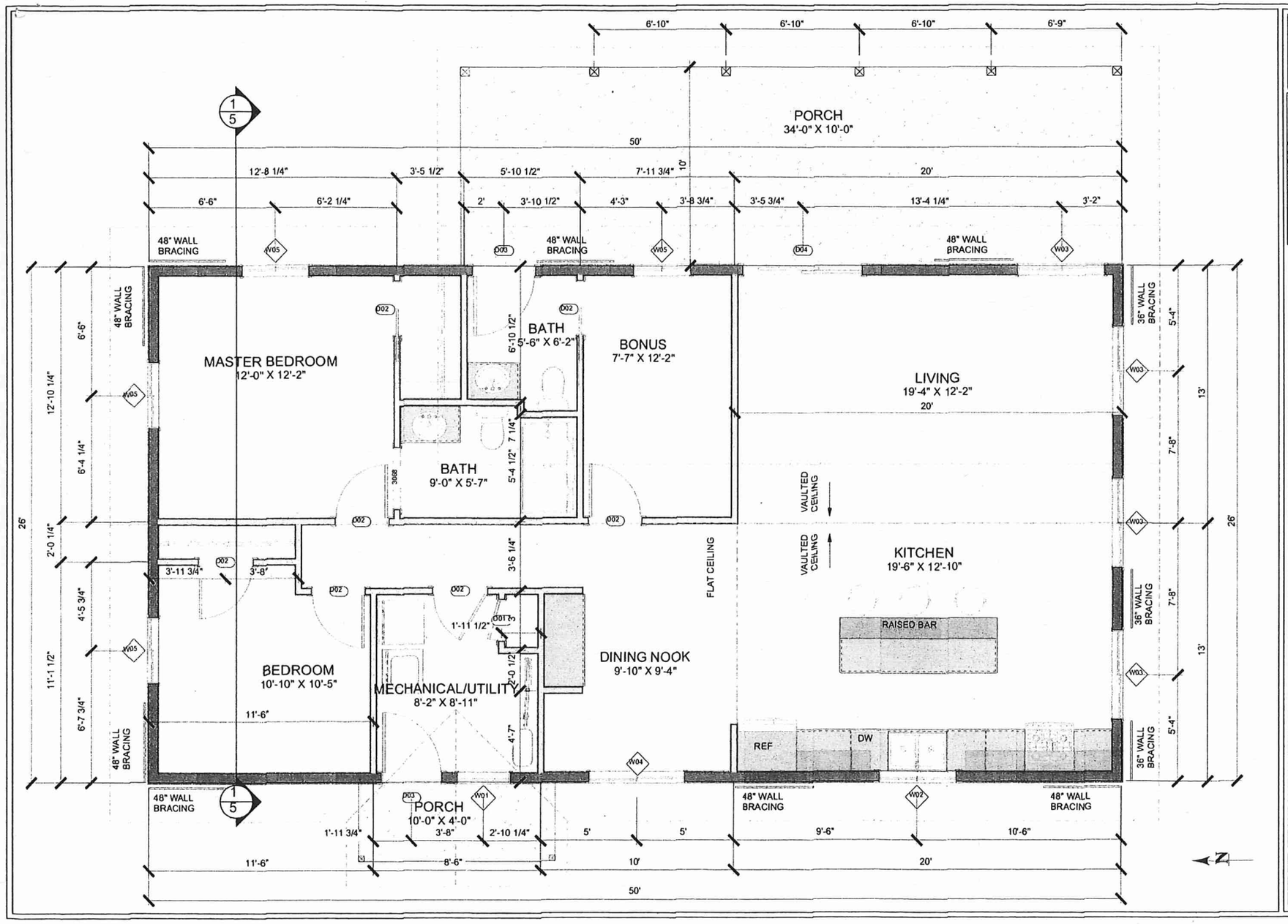
NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE: 5/27/2022

SCALE: 1/2" = 1'-0"

SHEET: 2



REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION

FLOOR PLAN

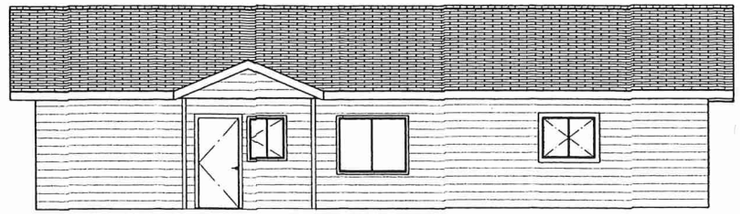
NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE: 5/27/2022

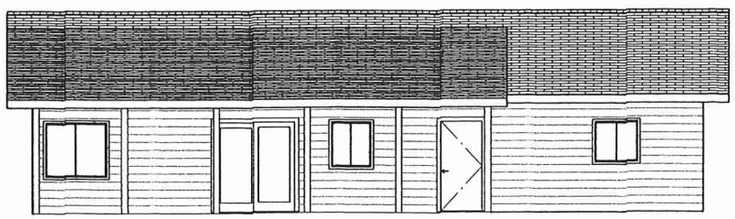
SCALE: 1/2" = 1'-0"

SHEET: 3

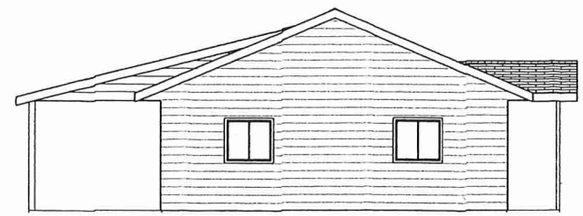


WEST ELEVATION

SOUTH ELEVATION



EAST ELEVATION



NORTH ELEVATION

REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION

ELEVATIONS

NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE:
5/27/2022

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

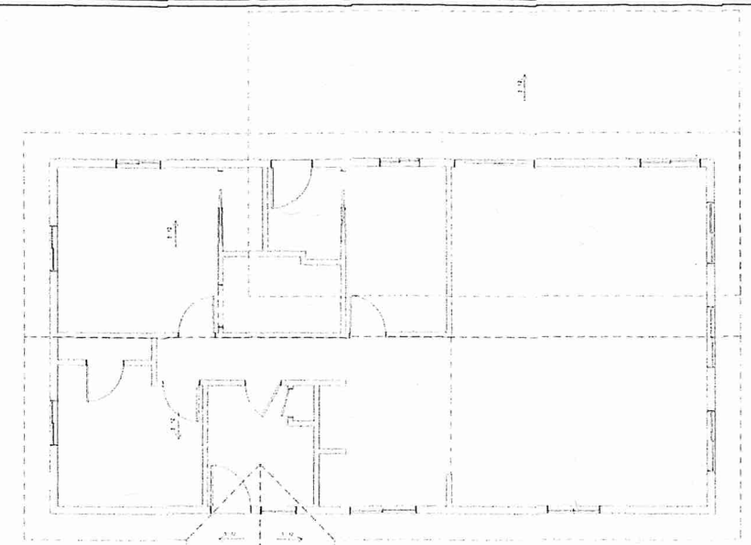
SHEET:
4

WINDOW SCHEDULE

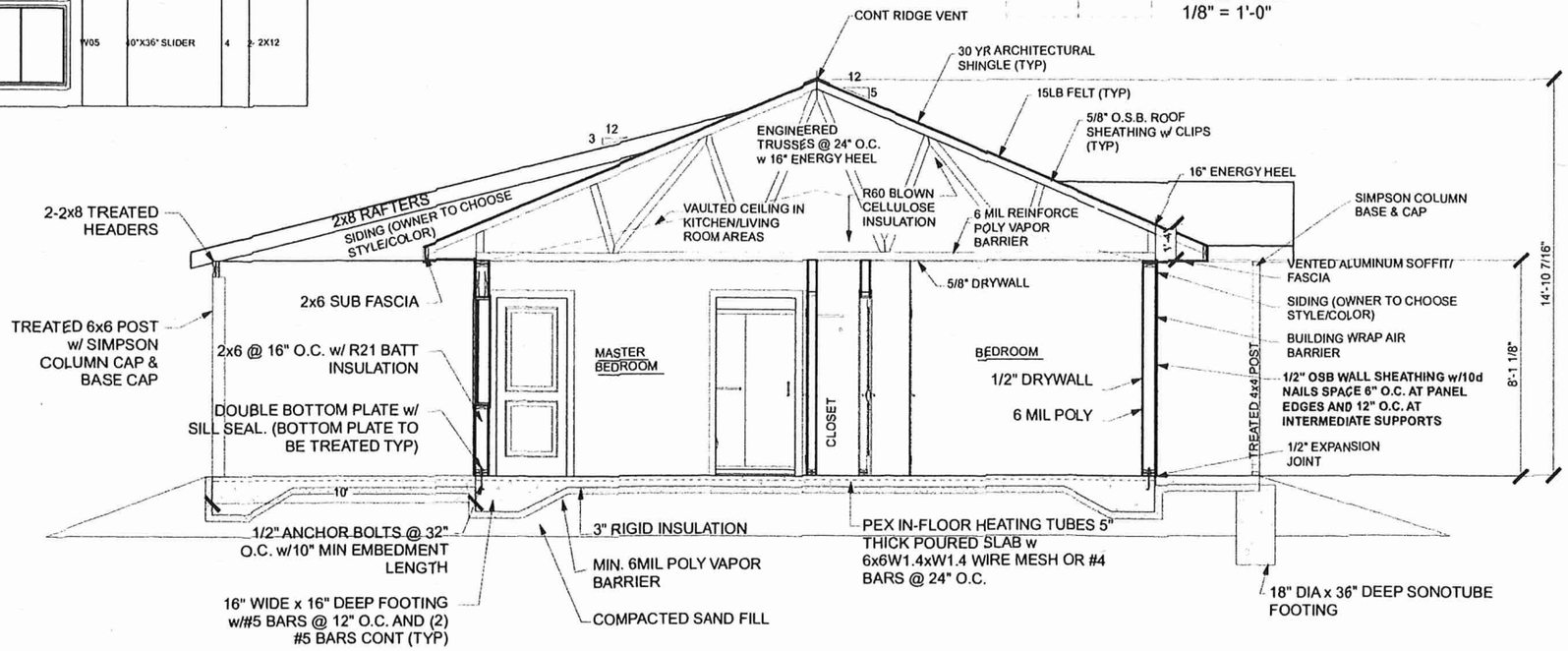
3D EXTERIOR ELEVATION	NUMBER	LABEL	QTY	HEADER
	W01	32"X48" CASEMENT	1	2- 2X12
	W02	48"X36" CASEMENT	1	2- 2X12
	W03	54"X48" SLIDER	4	2- 2X12
	W04	60"X48" SLIDER	1	2- 2X12
	W05	60"X36" SLIDER	4	2- 2X12

DOOR SCHEDULE

3D EXTERIOR ELEVATION	NUMBER	LABEL	QTY	HEADER	COMMENT
	D01	2868	1		
	D02	2568	7		
	D03	2868	2	2-2X12	METAL INSULATED
	D04	6068	1	2-2X12	PATIO



ROOF PLAN
1/8" = 1'-0"



REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION

CROSS SECTION
ROOF PLAN
SCHEDULES

NEW RESIDENCE

TIA DALLMAN
MIKE WACHSMUTH
19625 MOUNTAIN ASH RD
HERBSTER, WI 54844

DATE: 5/27/2022

SCALE: 1/2" = 1'-0"

SHEET: 5

TOWN OF BELL TREASURER
JANICE OLSON
TOWN OF BELL TREASURER
PO BOX 239
CORNUCOPIA WI 54827
Phone: (715) 209-0454
E-Mail: tobtreas@cornywi.org

STATE OF WISCONSIN - BAYFIELD COUNTY
REAL ESTATE PROPERTY TAX BILL FOR 2020

THIA M DALLMAN
TOWN OF BELL

Pd In full 1-9-21 CK# 1280

PAYMENTS should reference: **Tax ID: 7827**
DOCUMENT RECORDING, or anything else should reference:
PIN: 04-010-2-51-06-31-4 05-002-11000
Alternate/Legacy ID: 010-1066-09 000
Ownership: THIA M DALLMAN

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: 19625 MOUNTAIN ASH EXT

Description: Sec 31 Tn 51 Rg 06 PAR IN GOVT LOT 2 IN DOC 2020R-581480 458M

THIA M DALLMAN
11469 AIRPORT RD
ARBOR VITAE WI 54568

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

Acreage: 1.700
Document: 2020R-581480

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit)	
Land	Improved	Total			
$16,300	$0	$16,300	0.91547	0.017467775	
Estimated Fair Market Value			An "X" means unpaid prior year taxes.	School taxes reduced by school levy tax credit. $31.51	
Land	Improved	Total			
$17,800	$0	$17,800	☐		

Real Estate Tax:	284.72
First Dollar Credit:	-0.00
Lottery Credit:	-0.00
Net Real Estate Tax:	284.72
Total Due:	**284.72**

For full payment pay to TOWN OF BELL treasurer by **January 31, 2021**

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 2019	2020	Net Tax 2019	2020	% Tax Change
STATE	0	0	0.00	0.00	0.0
COUNTY	37,513	41,202	73.80	75.59	2.4
TOWN OF BELL	215,558	215,538	56.13	56.68	1.0
SCHL-SOUTHSHORE	130,656	157,482	139.71	145.81	4.4
TECHNICAL COLLEGE	87,020	85,585	6.50	6.64	2.2
Totals	470,747	499,807	276.14	284.72	3.1
First Dollar Credit			0.00	0.00	0.0
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			276.14	284.72	3.1

Real Estate Bayfield County Property Listing

Today's Date: 8/18/2022

Property Status: Current

Created On: 3/15/2006 1:15:02 PM

Description

Updated: 1/14/2022

Tax ID:	7827
PIN:	04-010-2-51-06-31-4 05-002-11000
Legacy PIN:	010106609000
Map ID:	
Municipality:	(010) TOWN OF BELL
STR:	S31 T51N R06W
Description:	PAR IN GOVT LOT 2 IN DOC 2020R-581480 458M
Recorded Acres:	1.700
Calculated Acres:	1.599
Lottery Claims:	0
First Dollar:	No
Zoning:	(R-1) Residential-1
ESN:	107

Tax Districts

Updated: 3/15/2006

1	STATE
04	COUNTY
010	TOWN OF BELL
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006

WARRANTY DEED
Date Recorded: 3/13/2020 **2020R-581480**

WARRANTY DEED
Date Recorded: 11/7/2016 2016R-566078

CONVERSION
Date Recorded: 284-49

Ownership

Updated: 1/14/2022

THIA M DALLMAN BAYFIELD WI

Billing Address:
THIA M DALLMAN
PO BOX 555
BAYFIELD WI 54814

Mailing Address:
THIA M DALLMAN
PO BOX 555
BAYFIELD WI 54814

Site Address

* indicates Private Road

19625 MOUNTAIN ASH RD HERBSTER 54844

Property Assessment

Updated: 9/10/2015

2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.700	16,300	0

2-Year Comparison	2021	2022	Change
Land:	16,300	16,300	0.0%
Improved:	0	0	0.0%
Total:	16,300	16,300	0.0%

Property History

N/A

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

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL(A) – **X**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **22-0213** Issued To: **Thia Dallman**

Location: Section **31** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot **2** Lot Block Subdivision CSM#

Residential
For: **Other:** **[Shoreland Grading], (110' x 26') = 2860 sq. ft.**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Use best management practices to limit and prevent erosion during construction. Permitted for driveway and residence clearing and grading. DNR/State permits may be needed.**

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

August 23, 2022
Date