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

Class A

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
MAY 20 2013
Bayfield Co. Zoning Dept.

$125 + $175

ENTERED

Permit #:	13-0248
Date:	8-19-13
Amount Paid:	$125 $175 5-20-13
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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: MATT Johnson	Mailing Address: 911 26TH ST	City/State/Zip: Scanlon MN 55720	Telephone:
Address of Property: CALL OF THE WILD RD 4970	City/State/Zip: BARNES WI 54873		Cell Phone: 218-721-2301
Contractor: self	Contractor Phone:	Plumber: Chad Rochwhite	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-44-09-03-104-000 -40000	Recorded Document: (i.e. Property Ownership) Volume 1039 Page(s) 907

_____1/4, _____ 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
		5	519	4-11			

Section 3, Township 44 N, Range 9 W	Town of: Barnes	Lot Size	Acreage 5.0

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

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$30,000	☒ New Construction	☒ 1-Story	Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☒ 2	☐ (New) Sanitary Specify Type: _____	☐ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 3	☐ Sanitary (Exists) Specify Type: _____	☐ None
	☐ Relocate (existing bldg)	☐ Basement		☐ _____	☒ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☐ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ Mobile Home	☐ _____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 70	Width: 14	Height: 8

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☒	Mobile Home (manufactured date) 1977	(X)	980
	☐	Addition/Alteration (specify)	(X)	
☐ Municipal Use	☐	Accessory Building (specify)	(X)	
	☐	Accessory Building Addition/Alteration (specify)	(X)	
	☐	Special Use: (explain)	(X)	
	☐	Conditional Use: (explain)	(X)	
	☐	Other: (explain)	(X)	

Rec'd for Issuance
AUG 19 2013
Secretarial Staff

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): Matt Johnson Date 5-19-2013
(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 911 26TH ST Scanlon MN 55720

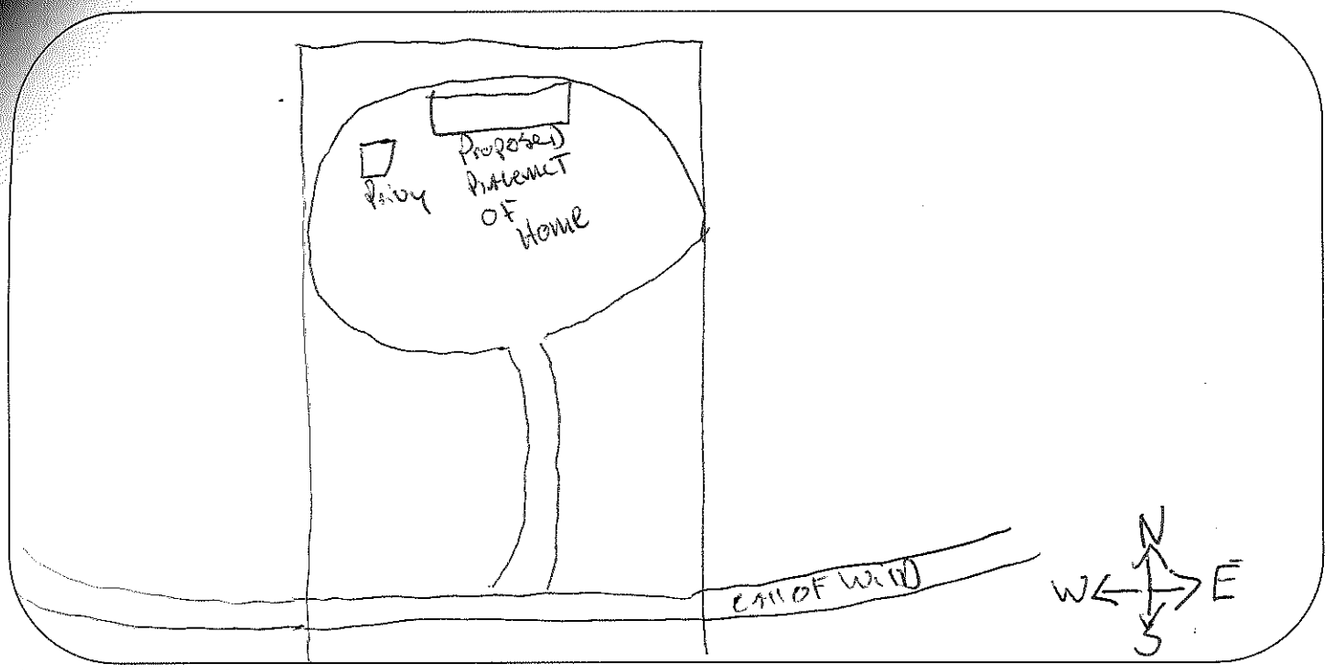
Attach Copy of Tax Statement ✓
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Sanitary Required SANITARY 404325 EXPIRED. WHERE IS NEW SANITARY? TBA forthcoming

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

(1)	**Show Location of:**	**Proposed Construction**
(2)	Show / Indicate:	**North** (N) on Plot Plan
(3)	Show Location of (*):	(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4)	Show:	All **Existing Structures** on your Property
(5)	Show:	(*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(6)	Show any (*):	(*) **Lake;** (*) **River**; (*) **Stream/Creek;** or (*) **Pond**
(7)	Show any (*):	(*) **Wetlands;** or (*) **Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	950	Feet	Setback from the **Lake** (ordinary high-water mark)	N/A	Feet
Setback from the **Established Right-of-Way**	900	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	300	Feet			
Setback from the **South** Lot Line	1000	Feet	Setback from **Wetland**	N/A	Feet
Setback from the **West** Lot Line	200	Feet	Setback from **20% Slope Area**	N/A	Feet
Setback from the **East** Lot Line	200	Feet	Elevation of **Floodplain**	N/A	Feet
Setback to **Septic Tank** or **Holding Tank**	N/A	Feet	Setback to **Well**	N/A	Feet
Setback to **Drain Field**	N/A	Feet			
Setback to **Privy** (Portable, Composting)	40	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

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

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. 5-17-11
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. EH 11 SH 16-11

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 13 0248	Permit Date: 8-19-13		

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

Granted by Variance (B.O.A.) ☐ Yes ☒ No Case #:	Previously Granted by Variance (B.O.A.) ☐ Yes ☒ No Case #:
Was Parcel Legally Created ☒ Yes ☐ No _____	Were Property Lines Represented by Owner ☒ Yes _____ ☐ No
Was Proposed Building Site Delineated ☒ Yes ☐ No _____	Was Property Surveyed ☒ Yes _____ ☐ No

Inspection Record: Well staked. Meets all setbacks

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

Date of Inspection: 5-28-13 | Inspected by: M. Furtak | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
No water under pressure in structure. No plumbing fixtures in structure unless a code compliant sanitary system is installed.
see TBA

Signature of Inspector: Michael Furtak | Date of Approval: 5-29-13

Hold For Sanitary: ☒ O.K. | Hold For TBA: ☒ O.K. | Hold For Affidavit: ☐ _____ | Hold For Fees: ☐ _____ | ☒ Mobile home title

®®January 2012

NO SANITARY PER M.F. 8-19-13 PRIVY ALREADY EXISTS.

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

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUN 14 2013
Bayfield Co. Zoning Dept.

$125

ENTERED

Permit #:	13-0249
Date:	8-19-13
Amount Paid:	$125 6-14-13
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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Robert A Rucker	Mailing Address: 15236 Boulder Pt Rd	City/State/Zip: Eden Prairie MN 55347	Telephone: Cell Phone: (612) 963-1235
Address of Property: Moore Rd	City/State/Zip: Barnes WI 54873		
Contractor: Mantainer Construction	Contractor Phone: 715-795-2220	Plumber: Berman	Plumber Phone: 376-2278
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Jeremy Driscoll	Agent Phone: 715-781-2464	Agent Mailing Address (include City/State/Zip): 54873 52230 Moen Rd Barnes WI	Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-45-09-21-2 05-033-0000	Recorded Document: (i.e. Property Ownership) Volume 1090 Page(s) 870

_____1/4, _____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
	1	1	1096	7,53			

Section 21, Township 45 N, Range 9 W	Town of: Barnes	Lot Size	Acreage ~~24.2~~ 13.91

☒ 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: 180 feet	Is Property in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☒ Yes ☐ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$ 45,000	☒ New Construction	☒ 1-Story	☒ Seasonal	☒ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Year Round	☐ 2	☒ (New) Sanitary Specify Type: Septic	☒ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 3	☐ Sanitary (Exists) Specify Type: _____	☐ _____
	☐ Relocate (existing bldg)	☐ Basement		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☐ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ _____	☐ _____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☒	Principal Structure (first structure on property)	(30 X 26)	780
Per M.F.	☒	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
	☐	Addition/Alteration (specify) _____	(X)	
☐ Municipal Use	☐	Accessory Building (specify) _____	(X)	
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
AUG 19 2013
Secretarial Staff

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

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

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 6/11/13
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

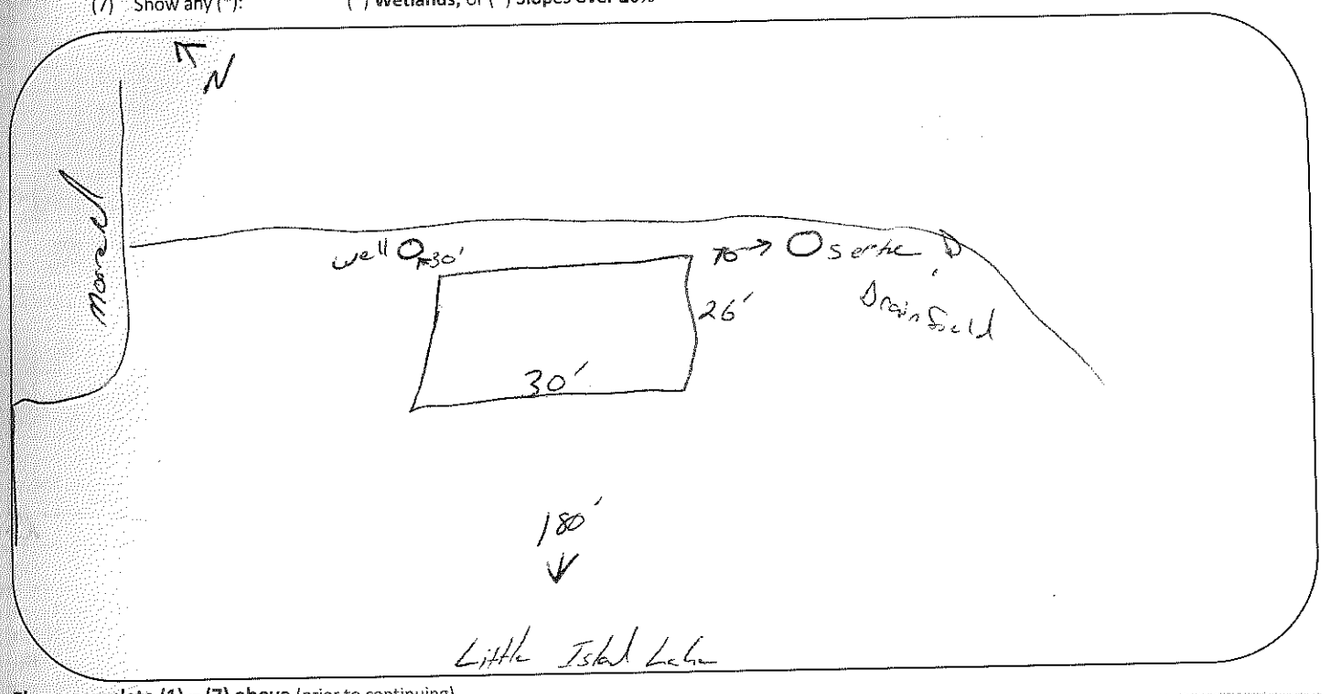
Address to send permit 52230 Moen Rd Barnes WI 54873

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

box below: **Draw or Sketch your Property** (regardless of what you are applying for)

(1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North** (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4) Show: All **Existing Structures** on your Property
(5) Show: (*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(6) Show any (*): (*) **Lake;** (*) **River;** (*) **Stream/Creek;** or (*) **Pond**
(7) Show any (*): (*) **Wetlands;** or (*) **Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	1/2 mile	Feet	Setback from the **Lake** (ordinary high-water mark)	180	Feet
Setback from the **Established Right-of-Way**		Feet	Setback from the **River, Stream, Creek**	N/A	Feet
			Setback from the **Bank or Bluff**	N/A	Feet
Setback from the **North** Lot Line ✗	more than 1/2 mile	Feet			
Setback from the **South** Lot Line ✗	more than	Feet	Setback from **Wetland**	N/A	Feet
Setback from the **West** Lot Line ✗	more than	Feet	Setback from **20% Slope Area**	N/A	Feet
Setback from the **East** Lot Line ✗	more than	Feet	Elevation of **Floodplain**	N/A	Feet
Setback to **Septic Tank** or **Holding Tank**	70	Feet	Setback to **Well**	30	Feet
Setback to **Drain Field**	85	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: 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.

Issuance Information (County Use Only)	Sanitary Number: 13-81 S	# of bedrooms: 1	Sanitary Date: 8-14-13
Permit Denied (Date):	Reason for Denial:		
Permit #: 13-0249	Permit Date: 8-19-13		

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 agent ☐ No
Was Proposed Building Site Delineated ☒ Yes ☐ No ____	Was Property Surveyed ☒ Yes ____ ☐ No

Inspection Record: Well staked. Meets all setbacks.

Zoning District (R-2)
Lakes Classification (3)

Date of Inspection: 6-18-13 Inspected by: M. Furtak Date of Re-Inspection:

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

Signature of Inspector: Michael Furtak Date of Approval: 6-20-13

Hold For Sanitary: ✗ O.K. Hold For TBA: ☐ ____ Hold For Affidavit: ☐ ____ Hold For Fees: ☐ ____ ☐ ____

©©January 2012

SANITARY 13-81S WAS ISSUED TO ANOTHER PARCEL - MF UPDATED THIS APP.

ENTERED

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

RECEIVED AUG 02 2013 Bayfield Co. Zoning Dept.

I. APPLICATION INFORMATION (Please Print All Information)

Soil Test No:

County Permit No: 13-0252

County: **Bayfield**

Property Owner's Name: Thom & Cindy Storm

Address of Property: 6270 Smith Lake Rd Barnes

Property Location: ¼ ¼, S 01 T 44 N, R 9 E (or) W

Property Owner's Mailing Address: 1906 W. Kent Rd

Township: Barnes

Gov. Lot #: 1

City, State: Duluth, MN

Zip Code: 55812

Phone Number: 218-355-~~8979~~

Lot #: 3

Block #:

Subdivision Name or CSM #: 118

II. TYPE OF BUILDING: (Check One)

- ☐ State Owned
- ☐ Public (Explain the use/purpose _____)
- ☒ 1 or 2 Family Dwelling - No. of Bedrooms 3

Parcel ID Tax Number(s): 04-004-2-44-09-01-2 05-001-~~03000~~ 30000

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***: 137162 Date Issued: 6-15-90

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)

☐ 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)
300	410	410		<10	98.05	101

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		800	800	1	Rasmussen	✓					
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) Douglas E. Manthey

Plumber's / **Owner's** Signature: (No Stamps) [signature]

MP/MPRSW No: 230722

Plumber's Address: (Street, City State, Zip Code) P.O. Box 196 Drummond WI 54832

Home Phone: 715-739-~~6255~~

Business Phone: 715-739-6767

VIII. COUNTY / DEPARTMENT USE ONLY

☒ Approved	☐ Disapproved / ☐ Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: $50 8-2-13	Date Issued: 8-20-13	Issuing Agent's Signature / Date: M. Fuetak 8-5-13

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Converting structure to bunkhouse. (11-0185) May not exceed 500 □ of living area.

Rec'd for Issuance
AUG ~~13~~ 20 2013
Secretarial Staff

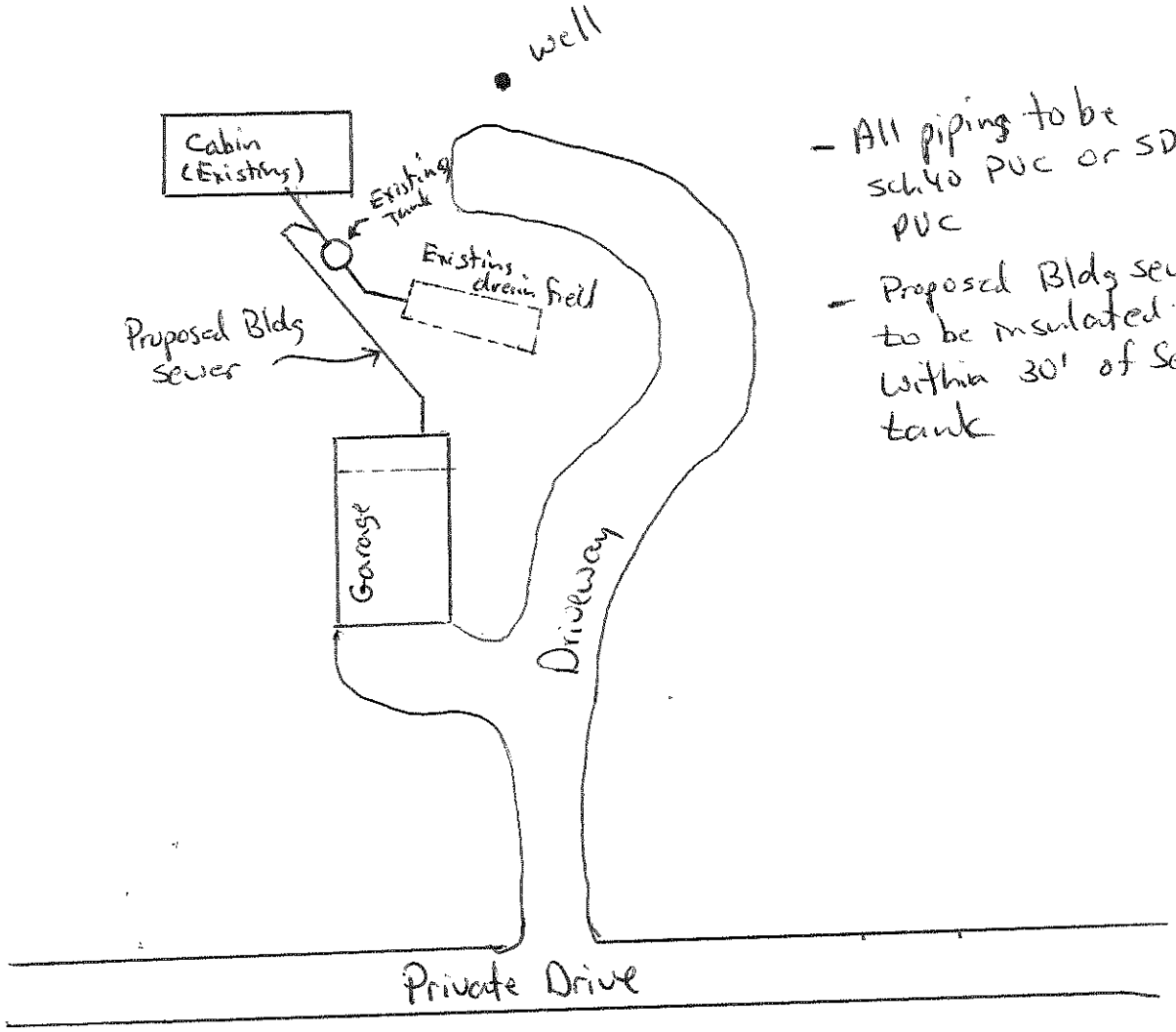
Plot Plan on reverse side

LAND USE FOR CONVERSION?

Thom & Cindy Storm
6270 Smith Lake Rd
Barnes, WI

N

Smith Lake



- All piping to be sch 40 PVC or SDR35 PVC
- Proposed Bldg sewer to be insulated to within 30' of Septic tank

Critical Dimensions:

well to Septic Tank - 54'
well to drain field - ±54'
Garage to drain field - ±60'
Proposed Bldg Sewer - 115'

Doug Manthey
MP 230722

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 AUG 13 2013 Bayfield Co. Zoning Dept.

$81 ENTERED

Permit #:	13-0255
Date:	8-20-13
Amount Paid:	$81 8-16-13
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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Kurt Radecke	Mailing Address: 1600 Johnson Dr.	City/State/Zip: Stillwater, MN 55082	Telephone: Cell Phone: 651 756-0498
Address of Property: 2935 Bony Lake Rd	City/State/Zip: Barnes, WI 54873		
Contractor: self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-44-09-05-105-004-15000					Recorded Document: (i.e. Property Ownership) Volume 765 Page(s) 3	
____1/4, ____1/4	Gov't Lot 4	Lot(s) 1	CSM	Vol & Page 3,61	Lot(s) No.	Block(s) No.	Subdivision:	
Section 5, Township 44 N, Range 9 W				Town of: BARNES			Lot Size	Acreage 1.597

☒ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: ____ feet	Is Property in Floodplain Zone? ☒ Yes ☐ No	Are Wetlands Present? ☐ Yes ☒ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 120+ feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$ 27,000	☒ New Construction	☐ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☒ 1-Story + Loft	☒ Year Round	☐ 2	☐ (New) Sanitary Specify Type: ____	☒ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☒ Sanitary (Exists) Specify Type: Conv	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☒ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ ____	☐ ____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40'	Width: 36'	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☐	Addition/Alteration (specify) ____	(X)	
☐ Municipal Use	☒	Accessory Building (specify) pole bldg	(36 X 40)	1,440
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance AUG 19 2013 Secretarial Staff

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): X Kurt Radecke Date 8-13-13
(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)

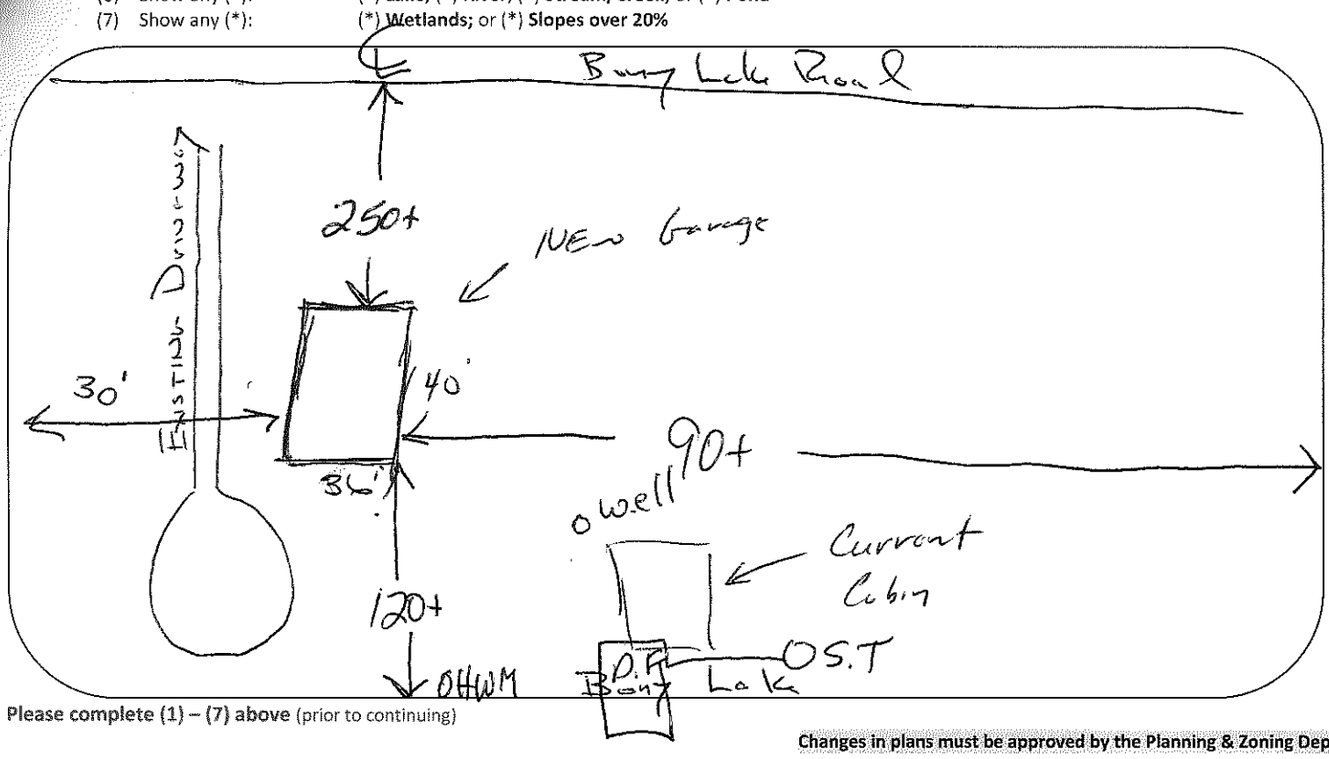
Address to send permit same as above

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

(1)	**Show Location of:**	**Proposed Construction**
(2)	Show / Indicate:	**North** (N) on Plot Plan
(3)	Show Location of (*):	(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4)	Show:	All **Existing Structures** on your Property
(5)	Show:	(*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(6)	Show any (*):	(*) **Lake;** (*) **River;** (*) **Stream/Creek;** or (*) **Pond**
(7)	Show any (*):	(*) **Wetlands;** or (*) **Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	250+	Feet	Setback from the **Lake** (ordinary high-water mark)	120+	Feet
Setback from the **Established Right-of-Way**	250+	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line Town Rd	NA	Feet			
Setback from the **South** Lot Line Lake	NA	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	30'	Feet	Setback from **20% Slope Area**	NA	Feet
Setback from the **East** Lot Line	90+	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	50+	Feet	Setback to **Well**	25	Feet
Setback to **Drain Field**	50+	Feet			
Setback to **Privy** (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

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

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 13-0255	Permit Date: 8-20-13		

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: Wells staked. Meets all setbacks.

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

Date of Inspection: 8-13-13 | Inspected by: M. Fautak | Date of Re-Inspection:

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

May not be used for human habitation
No water under pressure in structure

Signature of Inspector: Michael Fautak | Date of Approval: 8-13-13

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

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)
AUG 13 2013
Bayfield Co. Zoning Dept.

Permit # ENTERED	13-0260
Date:	8-21-13
Amount Paid:	$75 8-21-13
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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → [X] LAND USE [ ] SANITARY [ ] PRIVY [ ] CONDITIONAL USE [ ] SPECIAL USE [ ] B.O.A. [ ] OTHER ____

Owner's Name: Darrin Jordahl	Mailing Address: 1975 Island Lake Rd,	City/State/Zip: Barnes, WI 54873	Telephone: 218 590-9850 cell
Address of Property: same as above	City/State/Zip:		Cell Phone:
Contractor: Self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached [ ] Yes [X] No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-45-09-07-400-263-01000 02000						Recorded Document: (i.e. Property Ownership) Volume 997 Page(s) 824	
____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page		Lot(s) No. 2+E1/2 Lot 3	Block(s) No.	Subdivision: Redclouds Add to P.E.	
Section 7, Township 45 N, Range 9 W				Town of: Barnes				Lot Size	Acreage .598+

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

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$ 10,000	[ ] New Construction	[X] 1-Story	[ ] Seasonal	[ ] 1	[ ] Municipal/City	[ ] City
	[X] Addition/Alteration	[ ] 1-Story + Loft	[X] Year Round	[ ] 2	[ ] (New) Sanitary Specify Type: ____	[X] Well
	[ ] Conversion	[ ] 2-Story	[ ] ____	[ ] 3	[X] Sanitary (Exists) Specify Type: Conv	[ ] ____
	[ ] Relocate (existing bldg)	[ ] Basement		[ ] ____	[ ] Privy (Pit) or [ ] Vaulted (min 200 gallon)	
	[ ] Run a Business on Property	[ ] No Basement		[X] None	[ ] Portable (w/service contract)	
		[ ] Foundation			[ ] Compost Toilet	
	[ ] ____	[ ] ____			[ ] None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 48'	Width: 28'	Height: 14'
Proposed Construction:	Length: 48'	Width: 28'	Height: 17'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	[ ]	Principal Structure (first structure on property)	(X)	
	[ ]	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
[X] Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
[ ] Commercial Use		with Attached Garage	(X)	
	[ ]	Bunkhouse w/ ([ ] sanitary, or [ ] sleeping quarters, or [ ] cooking & food prep facilities)	(X)	
	[ ]	Mobile Home (manufactured date) ____	(X)	
	[ ]	Addition/Alteration (specify) ____	(X)	
[ ] Municipal Use	[ ]	Accessory Building (specify) ____	(X)	
	[X]	Accessory Building Addition/Alteration (specify) raise garage	(28 x 40)	1120
			8 x 28	lean-to
	[ ]	Special Use: (explain) ____	(X)	224
	[ ]	Conditional Use: (explain) ____	(X)	
	[ ]	Other: (explain) ____	(X)	

Rec'd for Issuance
AUG 21 2013
Secretarial Staff

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): [signature] Date 8-13-13
(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 same as above

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

fused to 02000

box below: **Draw or Sketch your Property** (regardless of what you are applying for)

(1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North** (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4) Show: All **Existing Structures** on your Property
(5) Show: (*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(6) Show any (*): (*) **Lake;** (*) **River**; (*) **Stream/Creek;** or (*) **Pond**
(7) Show any (*): (*) **Wetlands;** or (*) **Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	65	Feet	Setback from the **Lake** (ordinary high-water mark)	135+	Feet
Setback from the **Established Right-of-Way**	35+	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line Tony Rd	NA	Feet			
Setback from the **South** Lot Line Lake	NA	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	30'	Feet	Setback from **20% Slope Area**	NA	Feet
Setback from the **East** Lot Line	65+	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	60+	Feet	Setback to **Well**	30+	Feet
Setback to **Drain Field**	75+	Feet			
Setback to **Privy** (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

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

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 13-0260	Permit Date: 8-21-13		

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: Meets all setbacks.

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

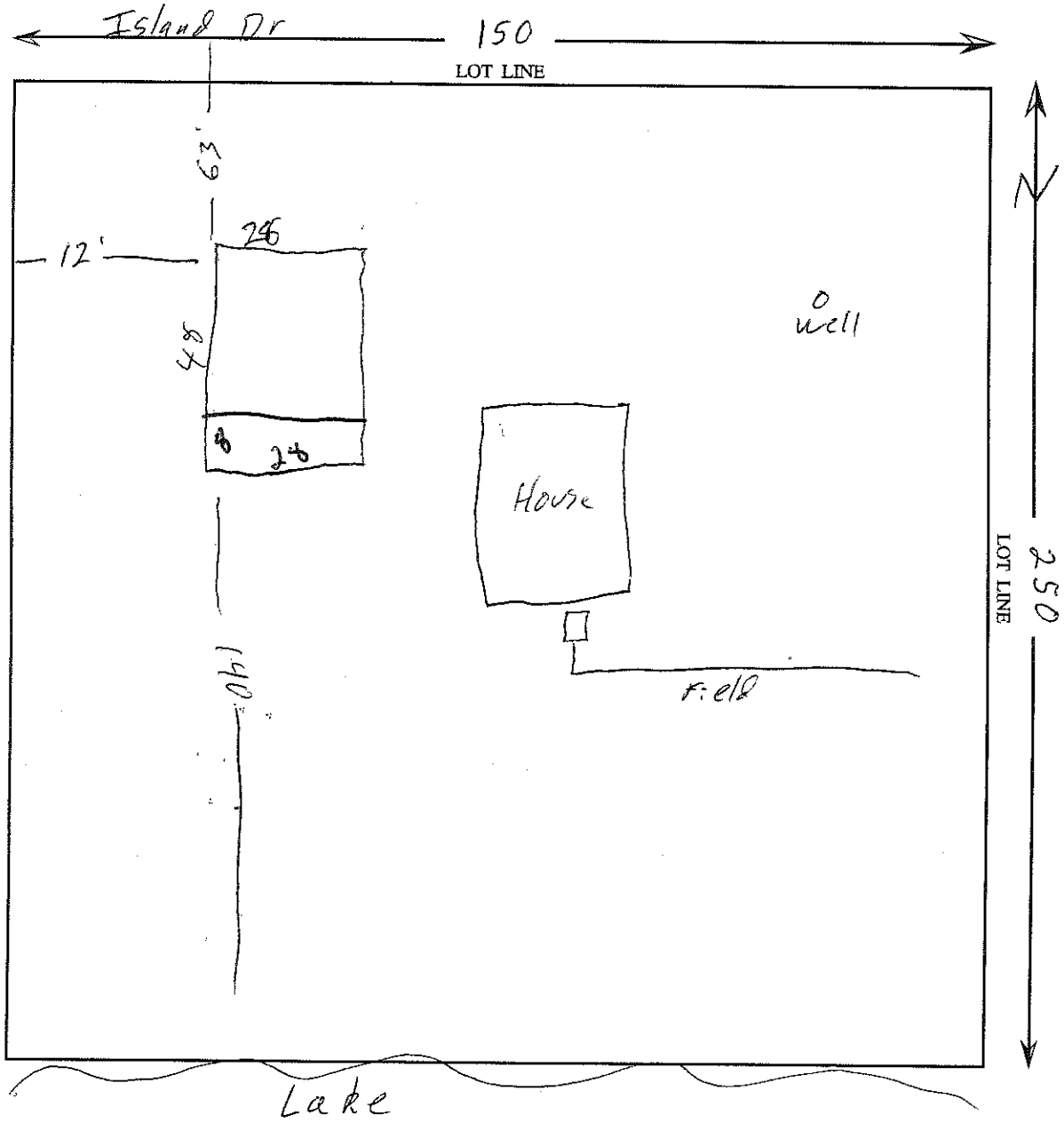
Date of Inspection: 8-13-13 | Inspected by: M. Fuitak | Date of Re-Inspection:

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

Signature of Inspector: Michael Fuitak | Date of Approval: 8-19-13

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

1. Using the frontage road 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 or stream 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:
    a. Building to all lot lines
    b. Building to centerline of road
    c. Building to lake, river or stream
    d. Septic tank to closest lot line
    e. Septic tank to building
    f. Septic tank to well
    g. Septic tank to lake, river or stream
    h. Drain field to closest lot line
    i. Drain field to building
    j. Drain field to well
    k. Drain field to lake, river or stream
    l. Well to building



℄
Frontage Road

Indicate whether or not the following locations are staked:

Structure	Yes ( )	No ( )	Drain Field	Yes ( )	No ( )
Septic	Yes ( )	No ( )	Well	Yes ( )	No ( )

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 AUG 12 2013 Bayfield Co. Zoning Dept.

Permit #:	13-026 ENTERED
Date:	8-23-13
Amount Paid:	$75 8-13-13
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.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: JERRY WITT	Mailing Address: 3025 BONY LAKE Rd	City/State/Zip: BARNES, WI 54873	Telephone: 715-795-2188
Address of Property: 3025 BONY LAKE Rd	City/State/Zip: BARNES, WI 54873		Cell Phone:
Contractor: SELF	Contractor Phone: SAME	Plumber: N/A	Plumber Phone: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A	Agent Phone: NA	Agent Mailing Address (include City/State/Zip): NA	Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- 004-2-44-09-09-2 05-005-13000	Recorded Document: (i.e. Property Ownership) Volume 1041 Page(s) 143

NW 1/4, SW 1/4	Gov't Lot 5	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		
Section 4, Township 44 N, Range 9 W				Town of: BARNES			Lot Size	Acreage 1.4	

☐ Shoreland →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: ____ feet	Is Property in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☐ Yes ☒ No
	☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 230 feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
$20,000	☒ New Construction	☒ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☐ 2	☐ (New) Sanitary Specify Type: ____	☒ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☒ Sanitary (Exists) Specify Type: SEPTIC	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☒ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ ____	☐ ____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☐	Addition/Alteration (specify) ____	(X)	
☐ Municipal Use	☑	Accessory Building (specify) GARAGE	(24 X 48)	1152
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance
AUG 23 2013
Secretarial Staff

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): Jerry Witt Date 8-8-13
(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)

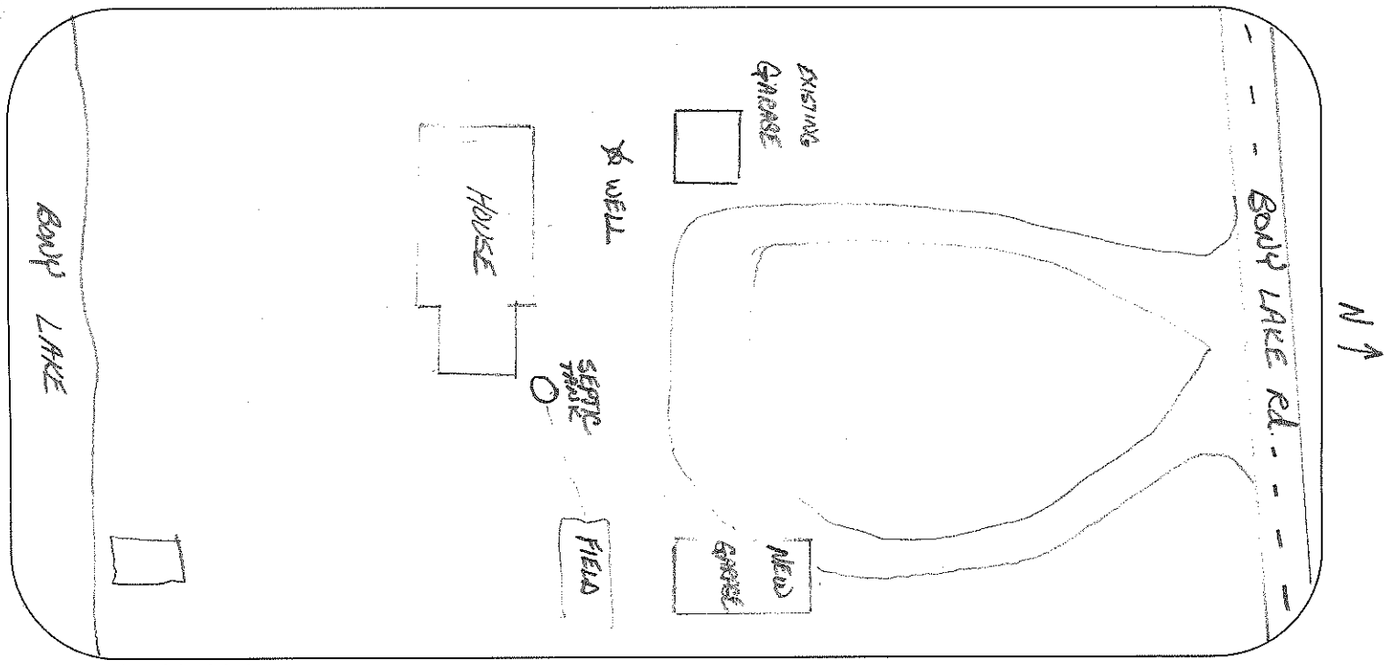
Address to send permit 3025 BONY LAKE Rd., BARNES, WI. 54873

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

(1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North** (N) on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4) Show: All **Existing Structures** on your Property
(5) Show: (*) **Well** (W); (*) **Septic Tank** (ST); (*) **Drain Field** (DF); (*) **Holding Tank** (HT) and/or (*) **Privy** (P)
(6) Show any (*): (*) **Lake;** (*) **River;** (*) **Stream/Creek;** or (*) **Pond**
(7) Show any (*): (*) **Wetlands;** or (*) **Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
Setback from the **Centerline of Platted Road**	162	Feet	Setback from the **Lake** (ordinary high-water mark)	230	Feet
Setback from the **Established Right-of-Way**	120	Feet	Setback from the **River, Stream, Creek**	N/A	Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	162	Feet			
Setback from the **South** Lot Line	220	Feet	Setback from **Wetland**	N/A	Feet
Setback from the **West** Lot Line	96	Feet	Setback from **20% Slope Area**		Feet
Setback from the **East** Lot Line	12	Feet	Elevation of **Floodplain**	N/A	Feet
Setback to **Septic Tank** or **Holding Tank**	60	Feet	Setback to **Well**	72	Feet
Setback to **Drain Field**	48	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: 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.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 13-0263	Permit Date: 8-23-13		

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

Granted by Variance (B.O.A.) ☐ Yes ☒ No **Case #:**	Previously Granted by Variance (B.O.A.) ☐ Yes ☒ No **Case #:**
Was Parcel Legally Created ☐ Yes ☐ No _____	Were Property Lines Represented by Owner ☒ Yes _____ ☐ No
Was Proposed Building Site Delineated ☒ Yes ☐ No _____	Was Property Surveyed ☒ Yes _____ ☐ No

Inspection Record: Well staked. Meets all setbacks.

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

Date of Inspection: 8-20-13 | Inspected by: M. Furtak | Date of Re-Inspection:

Condition(s):Town, Committee or Board Conditions Attached? ☐ Yes ☐ No –(If No they need to be attached.)
May not be used for human habitation. No water under pressure in structure.

Signature of Inspector: Michael Furtak | Date of Approval: 8-21-13

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