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)
JUL 11 2012
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	12-0249
Date:	7-18-12
Amount Paid:	$75 7-12-12 KH
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:	Mailing Address:	City/State/Zip:	Telephone:
Sundance Associates Ltd. Ptnship.	5629 Grand Ave Ste 2	Duluth, MN 55807	218 628-0311
Address of Property: 50080 Pease Resort Rd	City/State/Zip: Barnes, WI 54873		Cell Phone:
Contractor: self	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Kent Oliver	Agent Phone: 218 628-0311	Agent Mailing Address (include City/State/Zip): same	Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-44-09-11-305-005-80000	Recorded Document: (i.e. Property Ownership) Volume 1022 Page(s) 468

____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
	5	2	1297	8,54			

Section	Township	Range	Town of:	Lot Size	Acreage
11	44 N	9 W	Barnes		5.727

☒ 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: 400+ 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
$ 100	☒ 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: 12'	Width: 20	Height:

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) storage shed	(12 X 20)	240
	☐	Accessory Building Addition/Alteration (specify) ____	(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): [signature] Date 7-10-12
(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)

Rec'd for Issuance
JUL 2012
Secretarial Staff

Address to send permit 5629 Grand Ave, Suite #2, Duluth, MN 55807

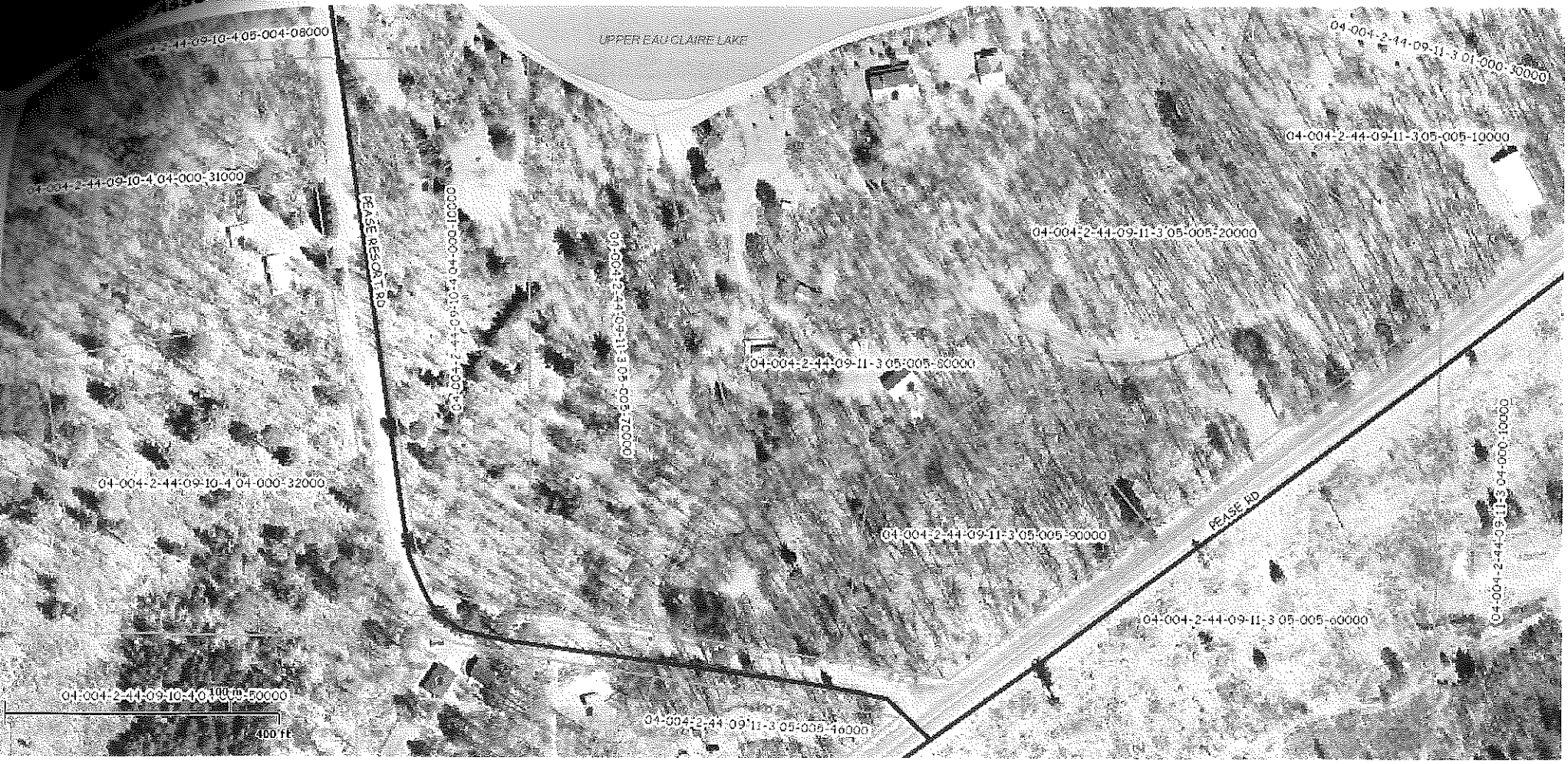
Attach Copy of Tax Statement ✓
If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

IS THERE A SYSTEM? CARMODY SAYS NONE.

County, WI

Associates Ltd. Partnership Aerial Map



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Accessory Building Addition/ Alteration

$75

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(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUL 17 2012
Bayfield Co. Zoning Dept.

Permit #:	120251
Date:	7-19-12
Amount Paid:	$75.00 RDS 7/19/12
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
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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: Bruce Gilbertson	Mailing Address: 824 20th St.	City/State/Zip: Clayton, WI 54004	Telephone: 715 948-2227 Cell Phone: 715 768-0039
Address of Property: 2120 Pine Chip Dr.	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) 04-004-2-45-09-08-3 00-153-01000	Recorded Document: (i.e. Property Ownership) Volume 880 Page(s) 548

____1/4, ____1/4		Gov't Lot		Lot(s) 1+2	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Commanche Hold. to Potawatomi

Section 8, Township 45 N, Range 9 W	Town of: Barnes	Lot Size	Acreage 1.377

☐ 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
$2,500	☐ 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:	Width:	Height:

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) screen porch/deck deck	(4 X 10)	40
☐ Municipal Use	☐	Accessory Building (specify) screen porch	(14 X 10)	140
	☐	Accessory Building Addition/Alteration (specify) ____	(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): X [signature] Date 7-12-12
(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)

Rec'd for Issuance
JUL 19 2012
Secretarial Staff

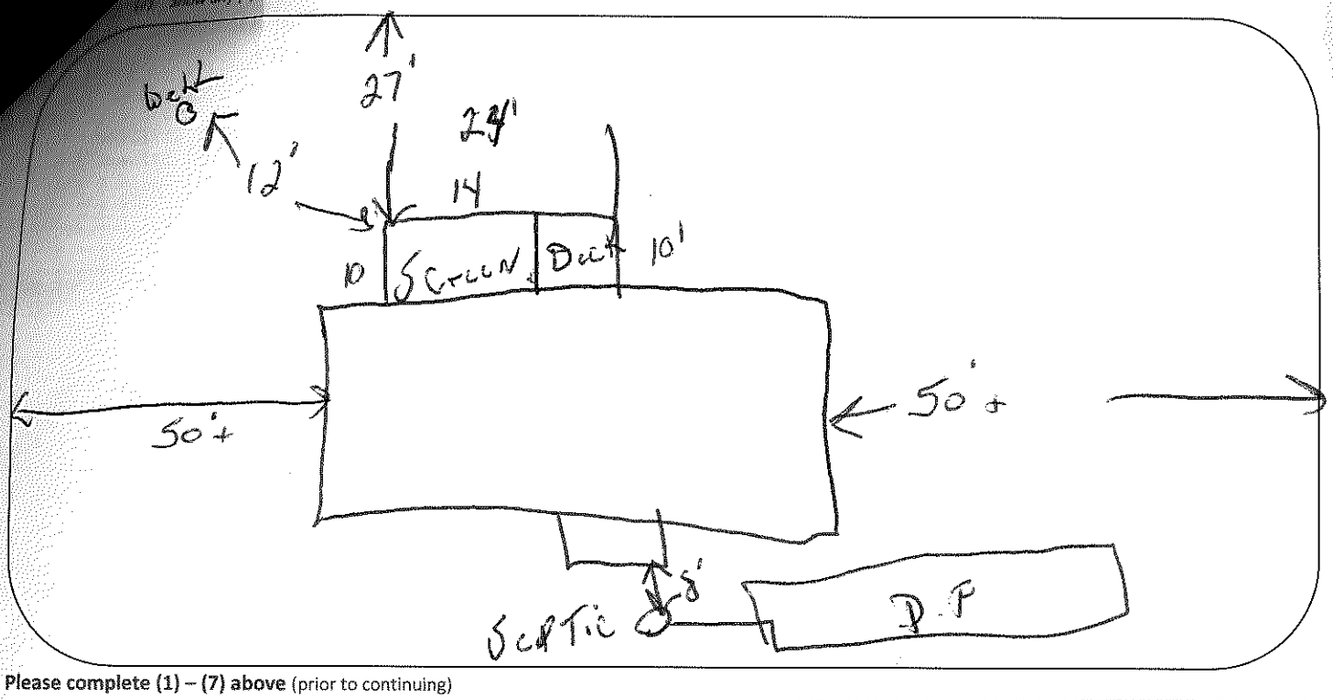
Address to send permit 824 20th ST Clayton, WI 54004

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Your Property (regardless of what you are applying for)

Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) 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**	150+	Feet	Setback from the **Lake** (ordinary high-water mark)	NA	Feet
Setback from the **Established Right-of-Way**	140+	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	27	Feet			
Setback from the **South** Lot Line Town Road	NA	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	50+	Feet	Setback from **20% Slope Area**	NA	Feet
Setback from the **East** Lot Line	150+/-	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	8'	Feet	Setback to **Well**	12'	Feet
Setback to **Drain Field**	20'	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 #: 12-0251	Permit Date: 7-19-12		

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 Was Proposed Building Site Delineated ☒ Yes ☐ No	Were Property Lines Represented by Owner ☒ Yes ☐ No Was Property Surveyed ☒ Yes ☐ No

Inspection Record: Meets all setbacks. Property lines per owners representations.

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

Date of Inspection: 7-17-12 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: 7-18-12

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