

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)
 SEP 11 2013
 Bayfield Co. Zoning Dept.

Permit	ENTERED	13-0317
Date:		9-20-13
Amount Paid:	\$75	9-18-13
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: DEBORAH HOFFMAN Mailing Address: SAME City/State/Zip: SAME Telephone: 715 742 3462

Address of Property: MARC D. WANVLE City/State/Zip: SAME Cell Phone: 612 360 7255

Contractor: SELF Contractor Phone: HERBSTER, WI 54844 Plumber: 612 360 7255 Plumber Phone: 612 360 7255

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 80000 Agent Mailing Address (include City/State/Zip): 80000 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 1 Lot(s): B CSM: 627 Vol & Page: 660 316 Lot(s) No.: 660 Block(s) No.: 316 Subdivision: 660 Recorded Document: (i.e. Property Ownership) Volume: 660 Page(s): 316

Section: 29, Township: 51 N, Range: 6 W Town of: Bell Lot Size: 2.53 Acreage: 2.53

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue If yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If yes--continue If yes--continue

Distance Structure is from Shoreline: 439' feet

Distance Structure is from Shoreline: 439' feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion: \$2500. * Include donated time & material

Project (What are you applying for): New Construction Addition/Alteration Conversion Relocate (existing bldg) Run a Business on Property

of Stories and/or basement: 1-Story 2-Story Basement

Use: Seasonal Year Round 1 2 3 None

of bedrooms: 1 2 3 None

What Type of Sewer/Sanitary System Is on the property? Municipal/City (New) Sanitary Sanitary (Exists) Privy (Pit) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Specify Type: H-TANK

Length: 22' Width: 14' Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() () ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() () ()	()
	with Loft	() () ()	()
	with a Porch	() () ()	()
	with (2 nd) Deck	() () ()	()
	with a Deck	() () ()	()
	with (2 nd) Deck	() () ()	()
	with Attached Garage	() () ()	()
<input type="checkbox"/> Commercial Use	Bunhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() () ()	()
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
Rec'd for Issuance	Special Use: (explain)	(14 x 22)	208
SEP 20 2013	Conditional Use: (explain)	() () ()	()
Sanitariatial Staff	Other: (explain)	() () ()	()

FALLURE 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 the 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): Mandy Wanyle, Deborah Hoffman, Marc D. Wanyle Date: Sept 09/2013

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

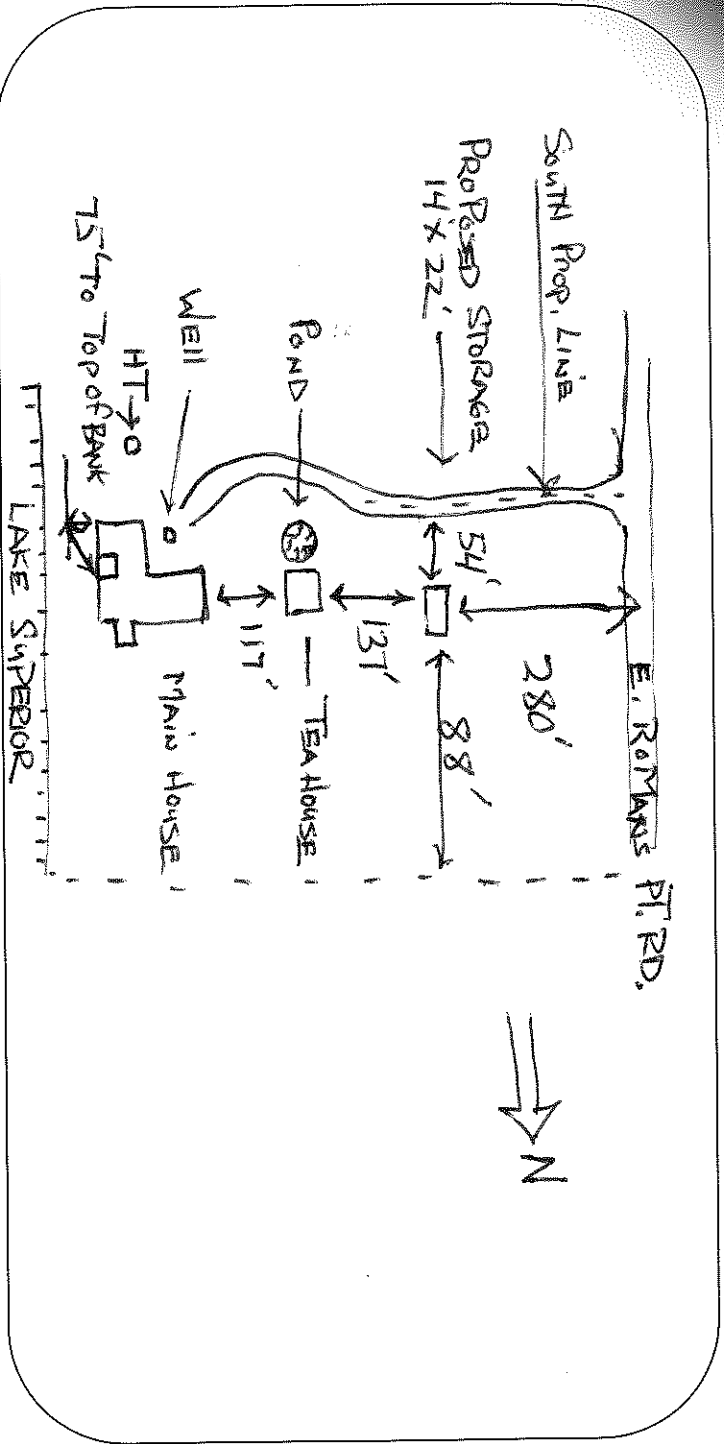
Authorized Agent: Mandy Wanyle Date: Sept 09/2013

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 89060 E, Romans PT RD, HERBSTER, WI 54844 Attach Copy of Tax Statement

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

- Show location of:
- (*) Show/Indicate: North (N) on Plot Plan
 - (*) Show Location of (*): Frontage Road (Name Frontage Road)
 - (*) Show: All Existing Structures on your Property
 - (*) Show any (*): Well (W); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Show any (*): Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) 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	280' Feet	Setback from the Lake (ordinary high-water mark)	439' Feet
Setback from the Established Right-of-Way	280' Feet	Setback from the River, Stream, Creek	408' Feet
Setback from the North Lot Line	38' Feet	Setback from the Bank or Bluff	398' Feet
Setback from the South Lot Line	54' Feet	Setback from Wetland	
Setback from the West Lot Line	208' Feet	Setback from 20% Slope Area	
Setback from the East Lot Line		Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	31' Feet	Setback to Well	288' Feet
Setback to Drain Field			
Setback to Privy (Portable Composting)			

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 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 #: 13-0317	Permit Date: 9-20-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #: N/A	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: N/A	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: OWNER PRESENT TO REPRESENT PROPOSED BUILDING SITE & PROPERTY LINES.	Inspected by: 9-19-13	Zoning District	E-1	Lakes Classification	CLASS 1
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)	STRUCTURE NOT APPROVED FOR HUMAN HABITATION. STRUCTURE SHOULD NOT BE CONNECTED TO PRESSURIZED WATER SOURCE OR CONTAIN INDOOR PUMPING W/O APPROVED CONNECTION TO PUMPS (HT).				
Signature of Inspector:	Date of Approval: 9-19-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 SEP 16 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-089 ENTERED
 Date: 9-20-13
 Amount Paid: 75.00
 Refund: 9-16-13

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: R. Charles Perry Mailing Address: 87140 Cty Hwy C Cornucopia, WI 54827 Telephone: (715) 742-3247
 Address of Property: 87140 Co Hwy C City/State/Zip: Cornucopia, WI 54827 Cell Phone: (715) 209-0634
 Contractor: Owner 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: NW 1/4, NW 1/4 Gov't Lot: _____ Lots: _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section: 11, Township: 50 N. Range 06 W. Township of: (1010) Bell Lot Size: _____ Acreage: 10.0
 Legal Description: (Use Tax Statement) 04-010-2-50-06-11-2 02-000-444 Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

Non-Shoreland

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/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

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
\$ 9,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>leach field</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
		<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 32' Width: 24' Height: 6'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input type="checkbox"/>	with a Porch	() ()	()
<input type="checkbox"/>	with (2 nd) Deck	() ()	()
<input type="checkbox"/>	with Attached Garage	() ()	()
<input type="checkbox"/>	Bunthouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Addition/Alteration (specify)	() ()	()
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	(<u>32</u> X <u>24</u>)	<u>768</u>
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/>	Special Use: (explain)	() ()	()
<input type="checkbox"/>	Conditional Use: (explain)	() ()	()
<input type="checkbox"/>	Other: (explain)	() ()	()

Rec'd for Rec. MCO SEP 20 2013

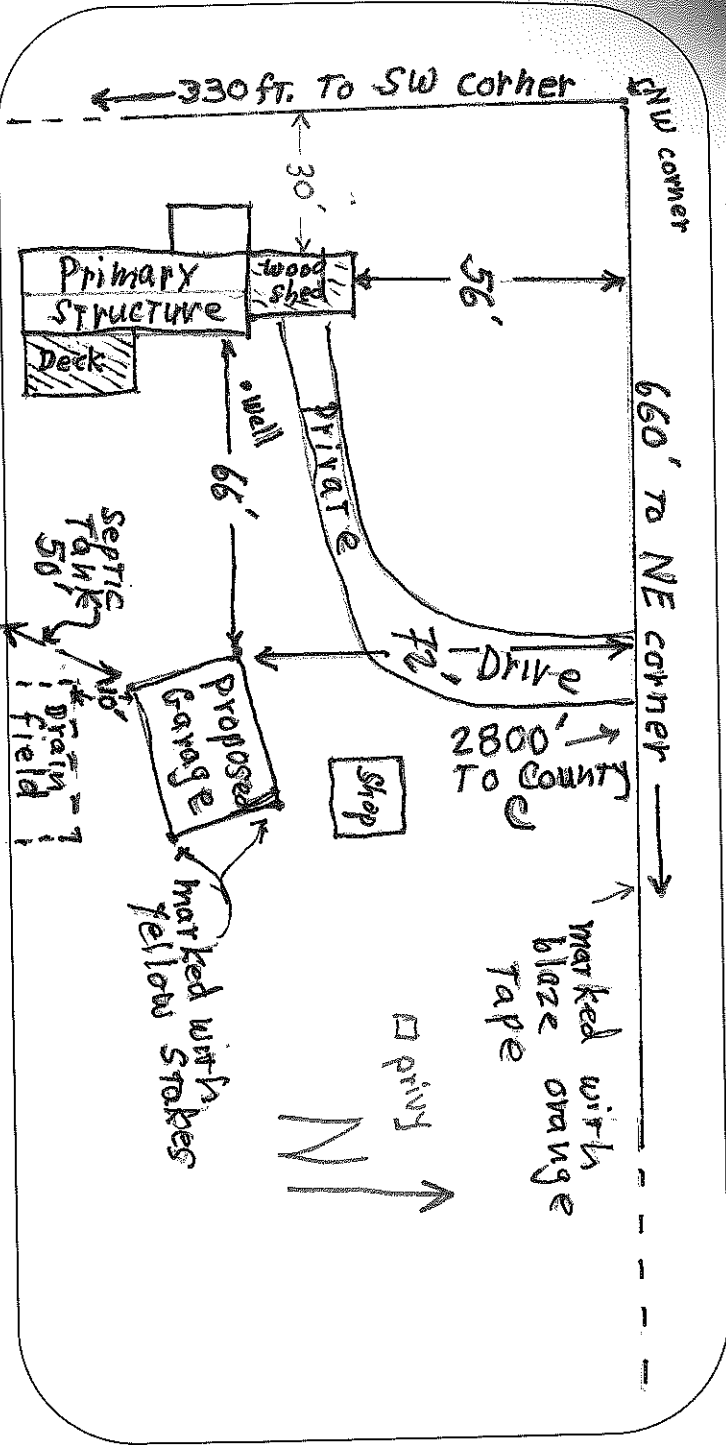
Secretarial Staff FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (We) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. 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, just 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): R. Charles Perry Date: 9/15/13
 (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: _____ Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

- Draw or Sketch 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)

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	2800 Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	110 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	234 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	112 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	516 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	50 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	50 Feet		

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 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 Dwellings: 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 #: 13-0381 Permit Date: 9-20-13

Is Parcel a Sub-Standard Lot? Yes No (Deed of Record) No Yes

Is Parcel in Common Ownership? Yes No (Used/Contiguous Lot(s)) No Yes

Is Structure Non-Conforming? Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A

Previously Granted by Variance (B.O.A.) Yes No Case #: N/A

Was Parcel Legally Created? Yes No

Was Proposed Building Site Delineated? Yes No stakes

Were Property Lines Represented by Owner? Yes No

Was Property Surveyed? Yes No

Inspection Record: site marked w/ stakes

Date of Inspection: 9-19-13 Inspected by: J. CRONBERG, MURPHY

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

BOUNDING STAKE NOT BE USED FOR THROWN HABITATION NOR HAVE UNDER PIV WAREZ + PRESSURE 1250 WATER SOURCE W/O WATER STAKY APPROVED PERMITS.

Signature of Inspector: _____ Date of Approval: 9-20-13

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