

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  
 APR 17 2013

Permit #:	13-0087
Date:	5-17-13
Amount Paid:	\$175 4-18-13
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 BY THE BAYFIELD COUNTY ZONING DEPARTMENT BUT 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: None Mailing Address: 1214 N. Oak Park Ave, Oak Park, IL 60302 Telephone: (847) 715-1798  
 Address of Property: None City/State/Zip: None Contractor Phone: 51821 Call Phone: 715-1798  
 1905 Nickman Rd Cable, WI 51821 \*301671-4171  
 Contractor: None Plumber: Plumber

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 312/671-4171 Agent Mailing Address (include City/State/Zip): 60302 Written Authorization Attached  Yes  No  
Joselyn P. Washburn, Managing Member, Washburn 312/671-4171 1214 N. Oak Park Ave, Oak Park, IL 60302

PROJECT LOCATION: SE 1/4, SE 1/4 Gov't Lot: \_\_\_\_\_ Lots: \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: 344 Block(s) No.: \_\_\_\_\_ Subdivision: SL1 Village North Cluster IV  
 Legal Description: (Use Tax Statement) 04-012-2-93-07-20-100-281-35000 Recorded Document: (i.e. Property Ownership) 10974 Page(s) 986  
 Section 20, Township 43 N, Range 7 W Town of: Cable Lot Size: \_\_\_\_\_ Acreage: 1.918 + .849

Shoreland  Non-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
\$	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property (Existing Prop)	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>Mound</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> Shared

Existing Structure: (If permit being applied for is relevant to it) Length: 38' Width: 30' Height: 24'  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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.)	( ) ( ) ( )	( )
<input type="checkbox"/>	with Loft	( ) ( ) ( )	( )
<input type="checkbox"/>	with a Porch	( ) ( ) ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) ( ) ( )	( )
<input type="checkbox"/>	with a Deck	( ) ( ) ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) ( ) ( )	( )
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( ) ( ) ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) ( ) ( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	( ) ( ) ( )	( )
<input type="checkbox"/>	Accessory Building (specify)	( ) ( ) ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
<input type="checkbox"/>	Rec'd for Issuance	( ) ( ) ( )	( )
<input checked="" type="checkbox"/>	Special Use: (explain) <u>Already Built Class A permit requires Short Term Permit</u>	( ) ( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) ( ) ( )	( )
<input type="checkbox"/>	Other: (explain)	( ) ( ) ( )	( )

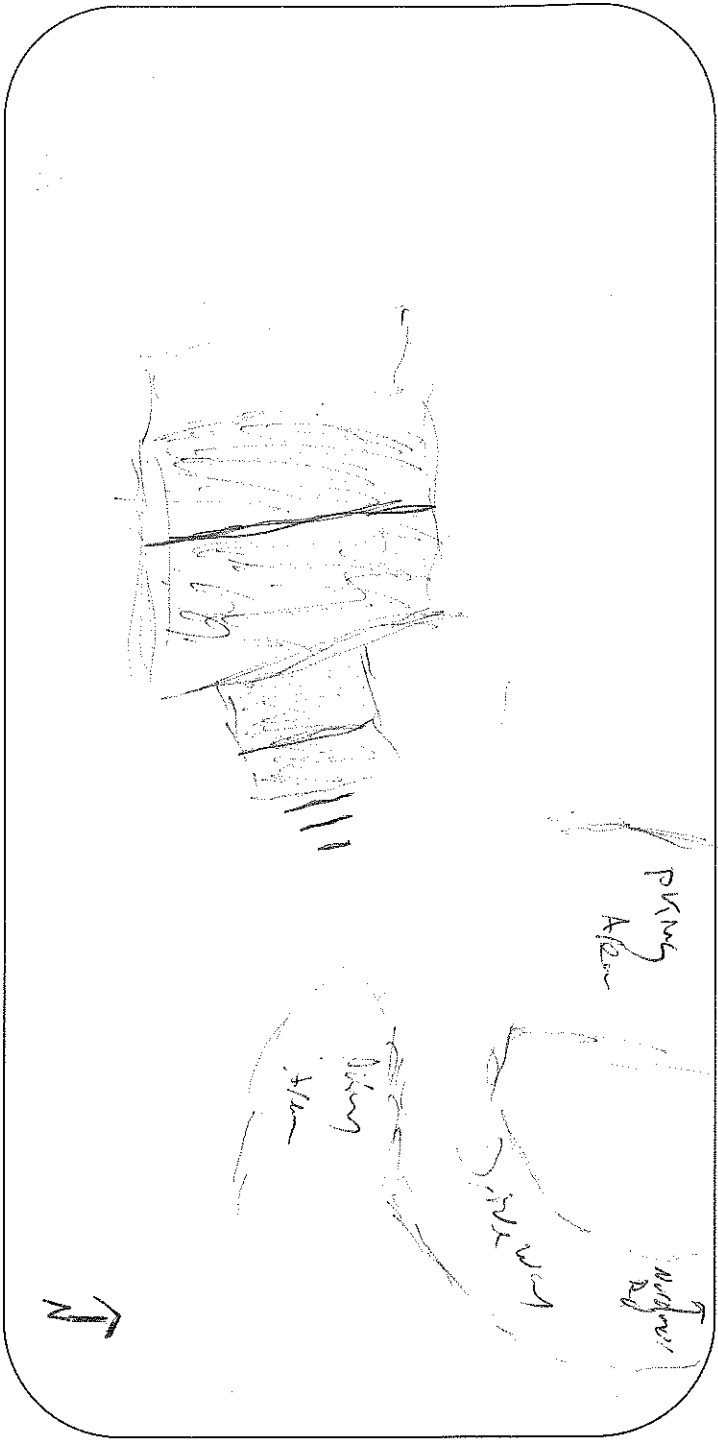
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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: John J. Washburn, Managing Member, Washburn Lone Wolf Real Estate, LLC Date: 4/15/13  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 1214 N. Oak Park Ave, Oak Park, IL 60302 Attach  Copy of Tax Statement

- the 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	180+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	130+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	150+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	140+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	140+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	140+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	23' Feet	Setback to Well	NA Feet
Setback to Drain Field	23' 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 Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>467104</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>10-27-04</u>
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>13-0087</u>	Permit Date: <u>5-17-13</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (fused/contiguous Lot(s))	<input type="checkbox"/> No	Mitigation 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA		
Inspection Record:				
<u>Structure is existing</u>				
Date of Inspection: <u>5-7-13</u>	Inspected by: <u>M. Furtak</u>			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If No they need to be attached)				
<u>Keys for septic tank lock must be removed from lock on tank cover.</u>				
Signature of Inspector: <u>Michael Furtak</u>				Date of Approval: <u>5-8-13</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> If of auto.

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 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

**PERMITIVE**  
 Date Issued (MM/DD) **MAY 09 2013**

Permit #:	13-0089	ENTERED
Date:	5-17-13	
Amount Paid:	\$75	
Refund:	5-9-13	

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:** Dan Murphy  
**Mailing Address:** 1138 Rolling Oaks  
**City/State/Zip:** Oriskany WI 54850  
**Telephone:**  
**Call Phone:**

**Address of Property:** 16640 White Pine Ct  
**Contractor:** Scott BVRD  
**Contractor Phone:** 715-798-2344  
**Plumber:** N/A  
**Plumber Phone:** N/A  
**Authorized Agent:** (Person Signing Application on behalf of Owner(s))  
**Agent Phone:** 715-798-2361  
**Agent Mailing Address (include City/State/Zip):** 19720 Pioneer Rd  
**Written Authorization Attached:** Yes  No

**PROJECT LOCATION:** Legal Description: (Use Tax Statement)  
 1/4 - 1/4 Gov't Lot \_\_\_\_\_ Lots \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_  
**Section 22, Township 43 N, Range 7 W** Town of: **Cable**

**Distance Structure is from Shoreline:** \_\_\_\_\_ feet  
**Distance Structure is from Floodplain:** \_\_\_\_\_ feet  
**Is Property in Floodplain Zone?**  Yes  No

**Are Wetlands Present?**  Yes  No

**Recorded Document:** (i.e. Property Ownership)  
 Volume 1092 Page(s) 23-194  
 Subdivision: **Lake Lodge Wild River**  
 Lot Size \_\_\_\_\_ Acreage **0.370**

Value at Time of Completion <small>* include donated time &amp; material</small>	Project <small>(What are you applying for)</small>	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$12500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Com</b>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 16x16 porch	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

**Existing Structure:** (if permit being applied for is relevant to it) Length: **36'** Width: **34'** Height: **18'**  
**Proposed Construction:** Length: **16'** Width: **16'** Height: **14'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	( )
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	( )
<input type="checkbox"/> with Loft		( ) X ( )	( )
<input type="checkbox"/> with a Porch		( ) X ( )	( )
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( ) X ( )	( )
<input type="checkbox"/> with a Deck		( ) X ( )	( )
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	( )
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)		( ) X ( )	( )
<input type="checkbox"/> Mobile Home (manufactured date)		( ) X ( )	( )
<input checked="" type="checkbox"/> Addition/Alteration (specify) <b>Screen Porch</b>		( 16 X 16 )	256
<input type="checkbox"/> Accessory Building (specify) _____		( ) X ( )	( )
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( ) X ( )	( )
<input type="checkbox"/> Special User: (explain) _____		( ) X ( )	( )
<input type="checkbox"/> Conditional User: (explain) _____		( ) X ( )	( )
<input type="checkbox"/> Other: (explain) _____		( ) X ( )	( )

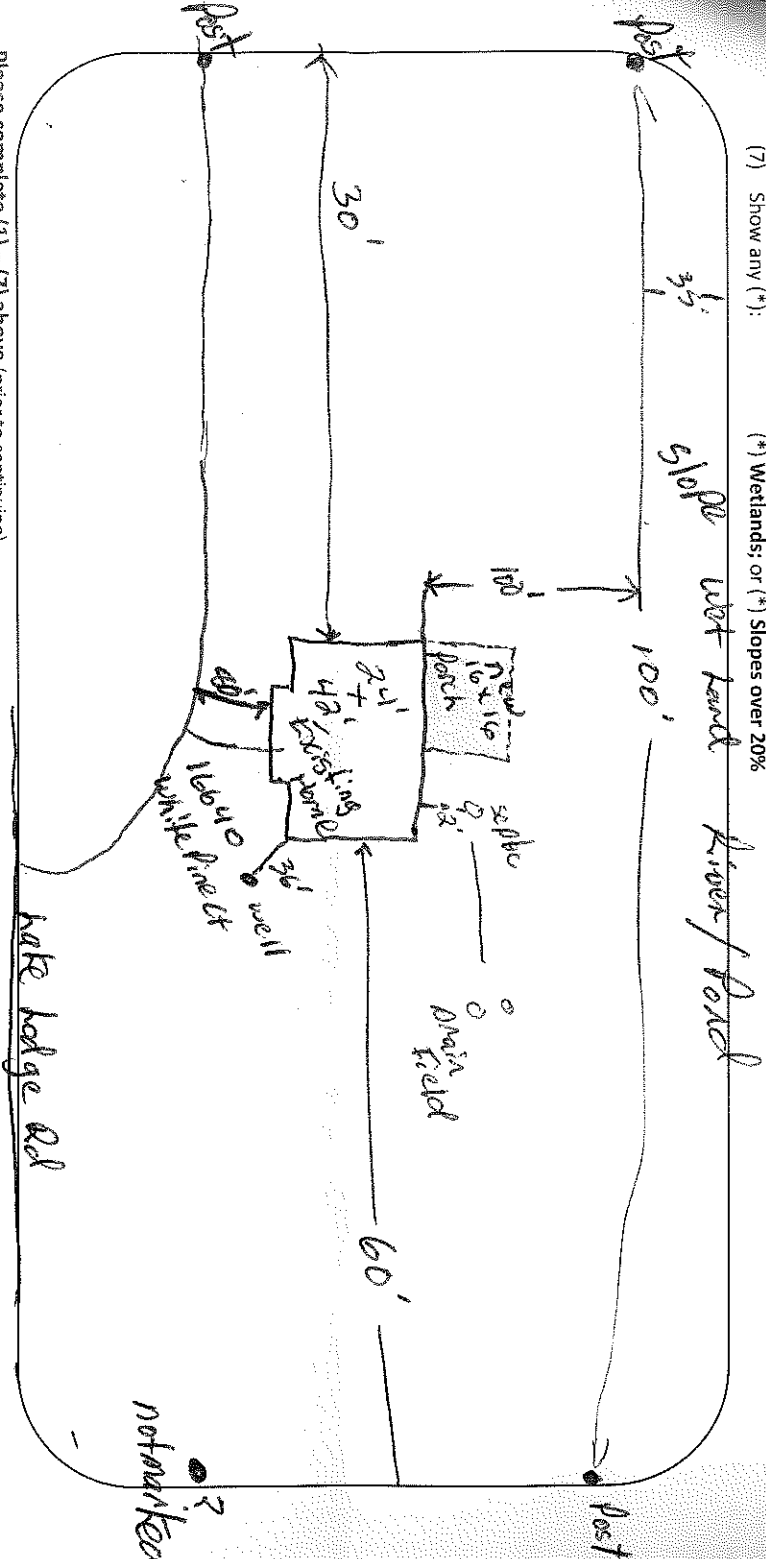
MAY 17 2013

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) 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 shall be held by the applicant and Bayfield County (leaving 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 must sign or letter(s) of authorization must accompany this application)  
**Authorized Agent:** **Scott BVRD** Date **4-9-13**  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
**Address to send permit:** **19720 Pioneer Rd Cable WI 54851**  
 (If you recently purchased the property send your Recorded Deed

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)

(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	90+ Feet	Setback from the Lake (ordinary high-water mark)	114 Feet
Setback from the Established Right-of-Way	75+ Feet	Setback from the River, Stream, Creek	150+ Feet
Setback from the North Lot Line	80+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	140 Feet
Setback from the West Lot Line	70+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	5 Feet
Setback to Drain Field	10 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 Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number: <b>08-535</b>	# of Bedrooms: <b>3</b>	Sanitary Date: <b>6-4-08</b>
Permit Denied (Date):	Reason for Denial:		
Permit #: <b>13-0089</b>	Permit Date: <b>5-17-13</b>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Required Mitigation 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 #:	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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:	Inspected by: <b>Mr. Furtak</b>		Zoning District: <b>(RRB)</b>
Date of Inspection: <b>5-15-13</b>	Date of Re-Inspection:		Lakes Classification: <b>(3)</b>
Condition(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		
Signature of Inspector: <b>Michael Tuzick</b>	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>
Date of Approval: <b>5-17-13</b>	Hold For Fees: <input type="checkbox"/>		