

SUBMITT: 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)
 AUG 30 2012
 Bayfield Co. Zoning Dept

Permit #:	12-02-01
Date:	9-19-12
Amount Paid:	75.00 EOS
Refund:	9/14/12

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: Jeff Greene Mailing Address: 17100 Shortkut Rd City/State/Zip: Herbster WI 54844 Telephone: 715-734-3711

Address of Property: 17100 Shortkut Rd City/State/Zip: Herbster WI 54844 Cell Phone: _____

Contractor: Self Contractor Phone: _____ Plumber: N/A 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 _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section N1, Township 50 N, Range 7 W Town of: Cover Lot Size 40 Acres Acreage 40 Acres

Legal Description: (Use Tax Statement) 04-04-250-01-1-2 02-000-10000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

PIN: (23 digits) _____

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

Non-Shoreland 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
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input 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: <u>S.T.</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<u>N/A</u>
	<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 type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input checked="" type="checkbox"/> None	

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

Proposed Construction: Length: 20 Width: 30 Height: 20

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify) <u>Storage</u>	(<u>20</u> X <u>30</u>)	(<u>600</u>)
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	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 purposes of inspection.

Owner(s): Jeff Greene Date 8-30-12

(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
 Address to send permit

SEP 19 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

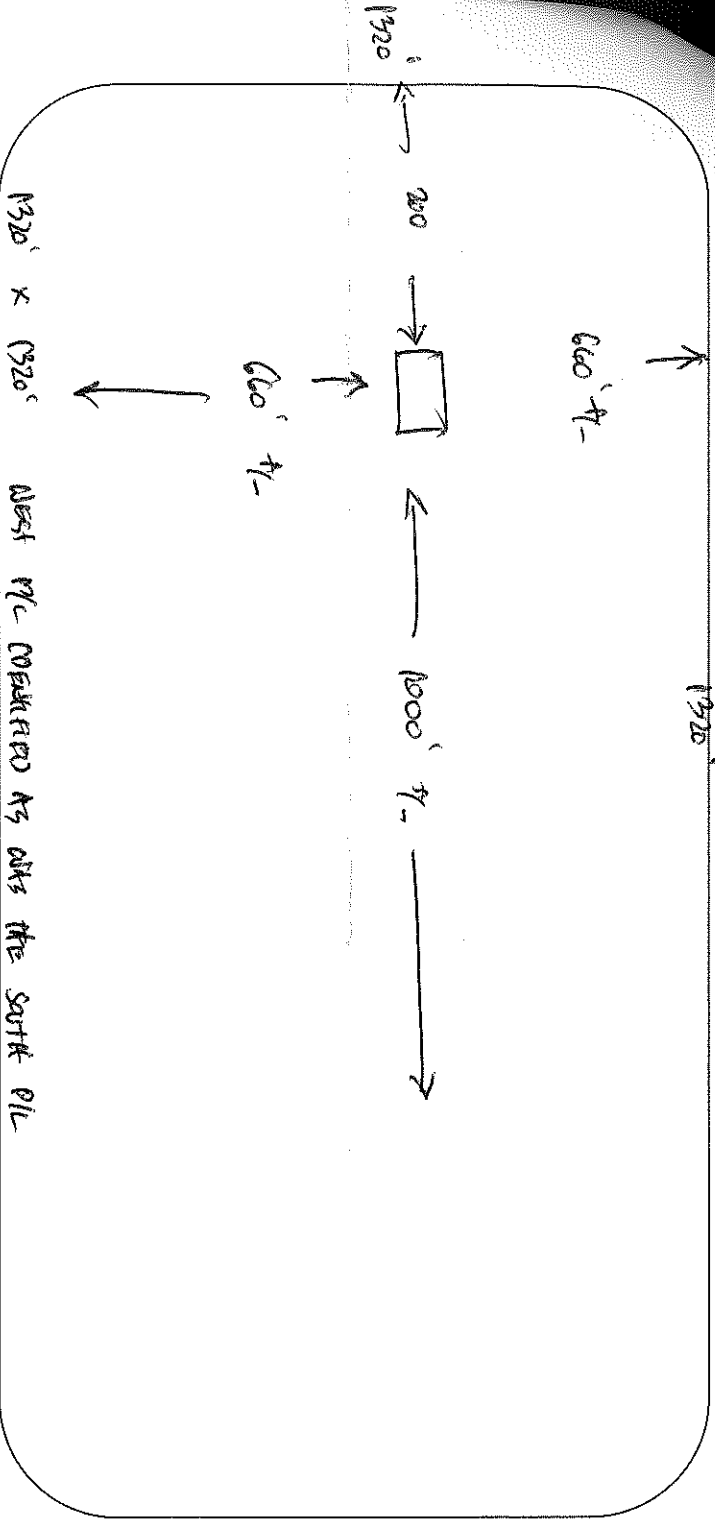
If you recently purchased the property send your Recorded Deed

Copy of Tax Statement
 Attach

Secretarial Staff

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	1980' Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	200' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	120' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	100' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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

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

(9) Stake or Mark Proposed Location(s) or 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 #: 12-0369	Permit Date: 9-19-12				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: 11-03-10	Structure located as permitted by owner. All kitchen cabinets are the old's remove any be used of outdoors				
Date of inspection: 8-31-12	Inspected by: DR	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)					
Structure was not be used for human habitation or for any space unless applicable zoning, skirting & electrical code are covered with.					
Signature of Inspector: [Signature]					Date of Approval: [Date]
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 FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Rec'd (Received)
 SEP 06 2012
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 12-037
 Date: 9-19-12
 Amount Paid: \$75.00
 205
 9/17/12
 Return:

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: Michael J & Jane L Herrick Rev Trust
 Address of Property: 88255 Bark Point Road
 City/State/Zip: Herbster WI 57844
 Telephone: 708-774-3163
 Cell Phone: 715-828-9695

Contractor: Steve Decker
 Contractor Phone: 715-774-3914
 Plumber: WI 57844
 Plumber Phone: 715-828-9695

Authorized Agent: (Person signing Application on behalf of Owner(s))
 Agent Phone: 715-774-3914
 Agent Mailing Address (include City/State/Zip):
 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 1/4, 1/4 194 20000 4 4
 Section 33, Township S1 N, Range 07 W Town of: Clever

Recorded Document: (i.e. Property Ownership)
 Volume 788 Page(s) 137

Distance Structure Is from Shoreline: Is Property In Floodplain Zone? Are Wetlands Present?
 Distance Structure Is from Shoreline: feet
 over 75 feet Yes No 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
\$ 8500	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" 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 type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT <input type="checkbox"/> Privy (Pit) or 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

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction:
 Length: 8 Width: 10 Height: 8

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) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X) (X)	 80
<input type="checkbox"/> Commercial Use	Bunthouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X) (X)	 80
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) Entry / Mud Room Accessory Building (specify) Accessory Building Addition/Alteration (specify)	(X) (X) (X) (X)	 80
	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
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Owner(s): Michael J & Jane L Herrick
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 9/5/12

Authorized Agent: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: _____

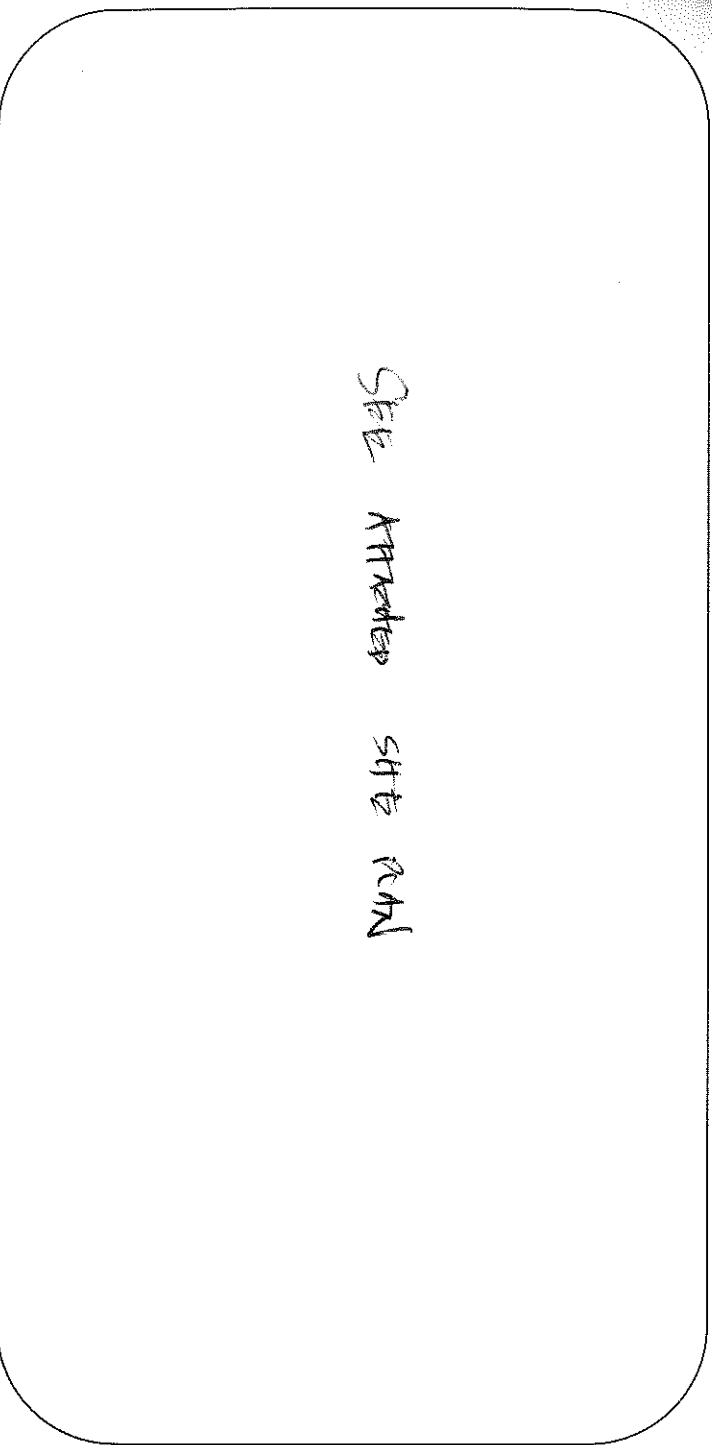
Record for Issuance of _____
 Address to send permit: _____
 SEP 19 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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

- 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: (*) Wall (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED SITE PLAN



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	260 Feet	Setback from the Lake (ordinary high-water mark)	370 Feet
Setback from the Established Right-of-Way	250 Feet	Setback from the River, Stream, Creek	175 Feet
Setback from the North Lot Line	390 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	110 Feet	Setback from Wetland	
Setback from the West Lot Line	55 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	275 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	165 Feet	Setback to Well	60 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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

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

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

NOTICE: 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 12-0371 Permit Date: 9-19-12

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Yes No
 Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Address Boundary Addition of the address 14000 140th St SE
Age New & A Permit was issued

Date of Inspection: 9-19-12 Inspected by: DR

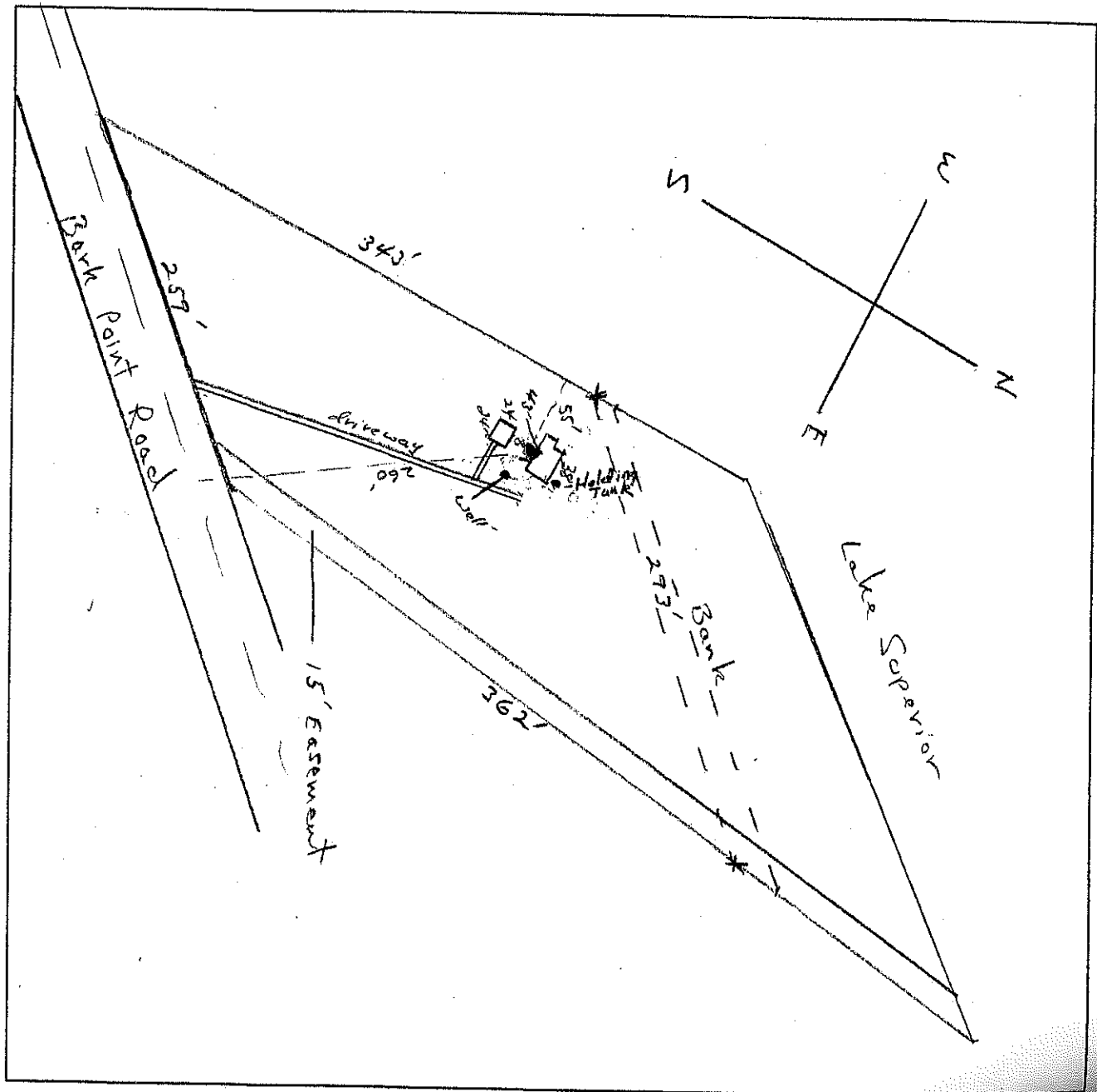
Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Zoning District: (CUB)
 Lakes Classification: (1)

Date of Re-inspection: _____

Signature of Inspector: [Signature] Date of Approval: 9-19-12

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



Lot Line

Lot Line

Lot Line