

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: **OCT 01 2012**
 Bayfield Co. Zoning Dept

Not Permitted # **13-0013**
 Date: **2-4-13**
 Received Amount Paid: **\$350.11-8-18**
 ENTERED
 Received

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **HERBSTER HEIGHTS LLC** Mailing Address: **P.O. BOX 414** City/State/Zip: **SPRONER, WI, 54801** Telephone: **715 469 3325**

Address of Property: **MUY 13** City/State/Zip: **HERBSTER, WI** Contractor Phone: **Plumber:** Written Authorization Attached Yes No
 Cell Phone: **715 558 3453** Plumber Phone: **715 558 3453**

Authorized Agent: (Person Signing Application on behalf of Owner(s))
NICHOLAS ALLEN Agent Phone: **715 558 3453** P.O. BOX 414, SPRONER, WI 54801
 PIN: (23 digits) **04-649-2-50-01-01-2-05-001-10000** Recorded Document: (i.e. Property Ownership) **Page(s)**

PROJECT LOCATION Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot **2** Lot(s) **CSM** Vol & Page **CSM** Lot(s) No. **CSM** Block(s) No. **CSM** Subdivision: **CSM** Volume **CSM** Page(s)

Section **7**, Township **50** N, Range **7** W Town of: **Cleaveland** Lot Size **CSM** Acreage **CSM 12 ACRES**

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Distance Structure is from Shoreline: **CSM** feet
 Distance Structure is from Shoreline: **CSM** 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 type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

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
<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 (2 nd) Deck	() () ()	()
	with Attached Garage	() () ()	()
<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)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
	Addition/Alteration (specify)	() () ()	()
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
<input checked="" type="checkbox"/> Municipal Use	Special Use: (explain) CLASS A CAMPING PERMIT	(900 X 14)	12,600 FT
	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 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 for any reasonable time for the purpose of inspection.

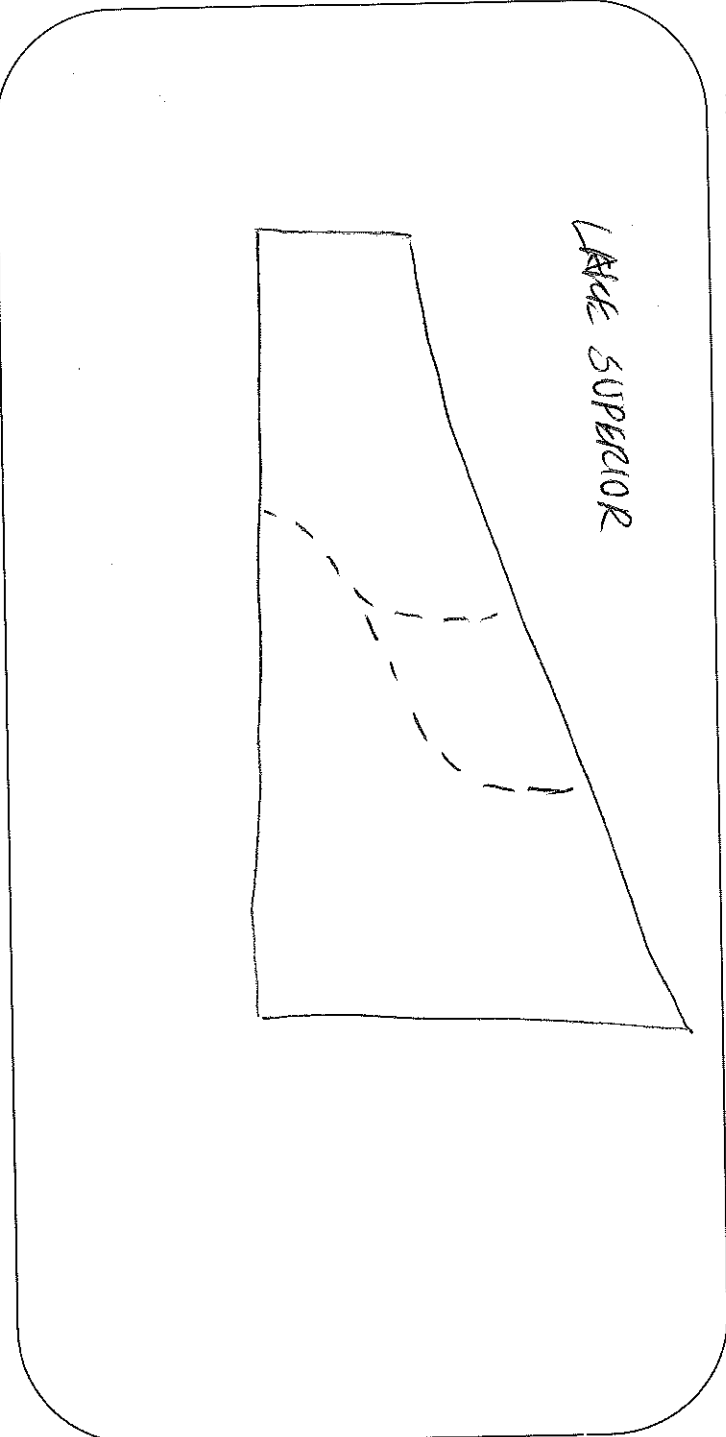
Owner(s): *Nicholas Allen* Date 9/27/2012
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Attach

Address to send permit P.O. BOX 414, SPRONER, WI, 54801 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 CAN YOU GET THIS PLANNING RECORDS?
 LAND RECORDS?

9-11-12

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

- (1) Show Location of: Proposed Construction **NONE**
- (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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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 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)

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

Permit #: **13-0013** Permit Date: **24-13**

Is Parcel a Sub-Standard Lot: Yes No
 Is Parcel in Common Ownership: Yes (Deed of Record) No
 Is Structure Non-Conforming: Yes (fused/contiguous lots) No

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

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

Inspected by: **DL**

Were Property Lines Represented by Owner Was Property Surveyed: Yes No

Inspection Record: **A PORTION OF THE PRIVATE DRIVEWAY 5-100 FT FROM THE DRIVE**
ATT GARAGE KEYS - TREAS NO AVAILABLE GRAN MASSACHUSETTS, AS SURTS > 20%

Date of Inspection: **10/22/12**

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
FOR TOWN BOARD CONDITIONS & QUERIES ON DRIVEWAY STRUCTURES

Signature of Inspector: *[Signature]* Date of Approval: **10/22/12**

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 Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

ATF
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Stamp (Received)
 OCT 01 2012
 Bayfield Co. Zoning Dept.

Permit #:	13-0012
Date:	2-4-13
Amount Paid:	\$35011.218
Returned:	ENTERED

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: **HERBSTER HEALITS LLC** Mailing Address: **P.O. BOX 414** City/State/Zip: **SPRONER, WI. 54801** Telephone: **715 464 3325**

Address of Property: **MUY 13** City/State/Zip: **HERBSTER, WI** Contractor Phone: **715 558 3453** Call Phone: **715 558 3453**

Contractor: _____ Plumber: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **NICHOLAS ALLEN** Agent Phone: **715 558 3453** Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: **Sec 1/4, NE 1/4** Legal Description: (Use Tax Statement) **Pin: (23 digits) 04-64F-2-50-01-07-2 05-601-3000** Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Sec 1/4, NE 1/4 Gov't Lot **142** Lot(s) **1** CSM **1** Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Volume _____

Section **1**, Township **50** N, Range **7** W **COVER** Town of: _____ Lot Size _____ Acreage **59**

Shoreland Non-Shoreland

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

Distance Structure is from Shoreline: _____ feet 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 type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-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 <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <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 type="checkbox"/> Well

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
<input checked="" type="checkbox"/> Residential Use	<input 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 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(_____) (_____) (_____) (_____) (_____) (_____) (_____) (_____)	(_____) (_____) (_____) (_____) (_____) (_____) (_____) (_____)
<input type="checkbox"/> Commercial Use	<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"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) CLASS A CRADING PERMIT <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 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 and any reasonable third party for the purpose of inspection.

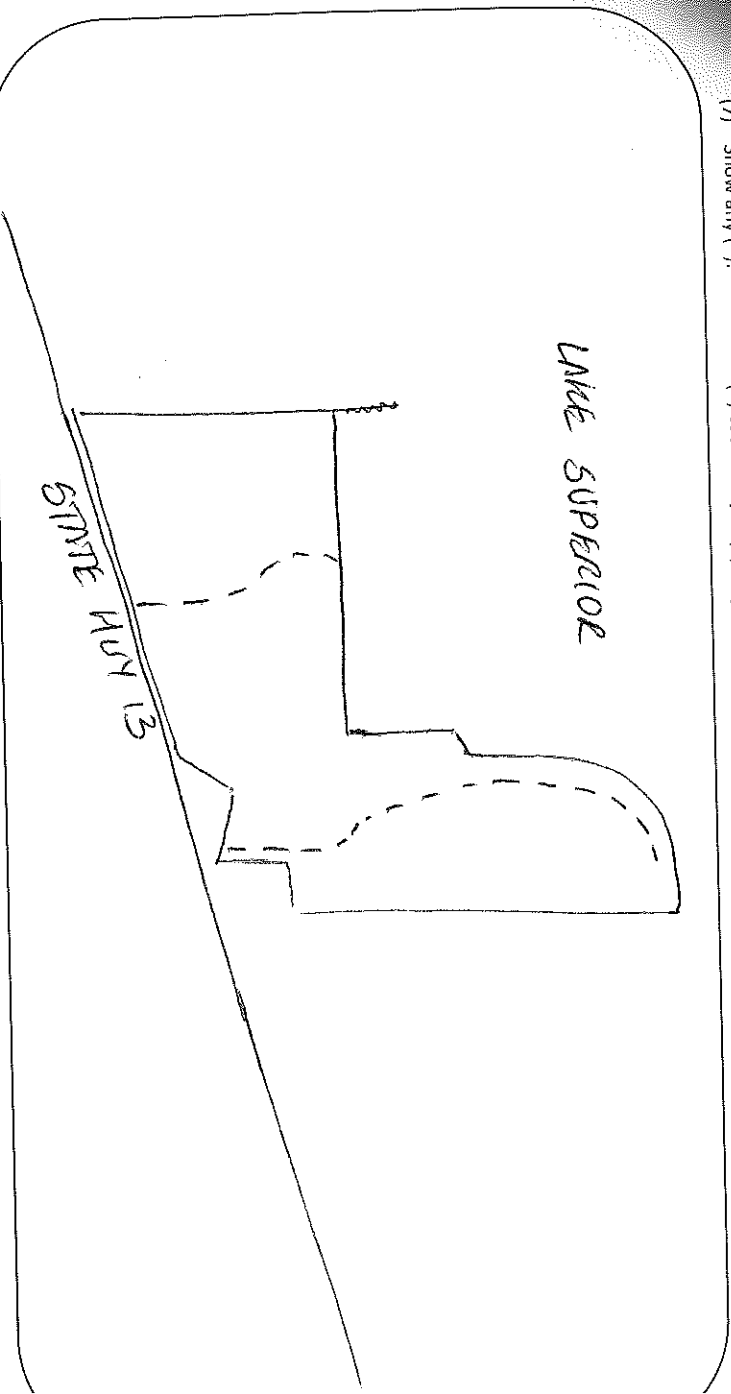
Owner(s): *Nicholas Allen* Date 9/27/2012
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 _____
 (If you recently purchased the property send your Recorded Deed)

2-4-13

- Draw or Sketch your Property (regardless of what you are applying for)
- Proposed Construction **NONE**
- Show / Indicate:
- (1) Show / Indicate: North (N) on Plot Plan
 - (2) Show Location of (*): --(*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show: All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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

Changes in plans must be approved by the Planning & Zoning Commission

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	Feet	Elevation of Floodplain	
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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 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 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

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.

Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit Denied (Date): _____ Permit Date: **2-4-13**

Permit #: **13-0012**

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No **NO**

Is Structure Non-Conforming Yes No **NO**

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

Was Parcel Legally Created Yes No **NO**

Was Proposed Building Site Delineated Yes No **NO**

Inspected by: **DR**

Where Property Lines Represented by Owner Yes No **NO**

Was Property Surveyed Yes No **NO**

Inspection Record: **A PORTAL OF THE PRIVATE WATERWAY 5000 FT FROM THE LAKE**

Date of Inspection: **2/12**

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

SEE ATTACHED

Signature of Inspector: *[Signature]* Date of Approval: **10/24/12**

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