

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 RECEIVED
 JAN 31 2013



Permit #:	13-0038
Date:	3-20-13
Amount Paid:	\$175
Refund:	1-31-13

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.

Bayfield Co. Zoning Dept. HOW TO FILE 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: DANIEL J. MAY & KRISTINE MACCALLUM
 Mailing Address: 1647 Woodland Ave. EAU CLAIRE, WI 54701
 City/State/Zip: _____ Telephone: 715-835-8672
 Address of Property: 90325 Bark Point Road
 City/State/Zip: Herbston, WI 54844
 Cell Phone: _____

Contractor: To be determined
 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) 1/4, 1/4 Gov't Lot 2 (5A) Lot(s) 1 CSM 184 Vol & Page V10 P28-282 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 24, Township 51 N, Range 7 W Town of: CLOVER
 Lot Size _____ Acreage 12.47±

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from 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
\$2,500	<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 checked="" type="checkbox"/> DRIVEWAY	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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 type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 400' Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> Residential Use	with Loft	() ()	()
<input type="checkbox"/> Residential Use	with a Porch	() ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Residential Use	with a Deck	() ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Residential Use	with Attached Garage	() ()	()
<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)	() ()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify)	() ()	()
<input type="checkbox"/> Commercial Use	Accessory Building (specify)	() ()	()
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() ()	()
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	() ()	()
<input type="checkbox"/> Municipal Use	Other: (explain) DRIVEWAY	(14' X 400')	5600

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): David J. May & Kristine MacCallum
 (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: 1/30/2013

Address to send permit: _____ Attach _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 (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%

See attached CS M, with drawings on it.

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

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (Ordinary high-water mark)	500'
Setback from the Established Right-of-Way	Feet	Setback from the River Stream, Creek	500'
Setback from the North Lot Line	100'	Setback from the Bank or Bluff	
Setback from the South Lot Line	205'	Setback from Wetland	
Setback from the West Lot Line	1,300'	Setback from 20% Slope Area	
Setback from the East Lot Line - <i>BACK ST. Rd.</i>	None	Elevation of Floodplain	
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 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 #: 13-0008		Permit Date: 3-20-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<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	Case #:
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inspected by: DDC			
Inspection Record: <i>PROPOSED DRAINAGE & SEPTIC TANK - LEAK, NO RECORDS, NO DRAWINGS</i>		Zoning District		(P-1B)	
Date of inspection: 2/5/13		Lakes Classification		(1)	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached! <i>THE PERMITS & CONSTRUCTION OF THE MAINWAY MUST BEY - END OF COVER DRAINAGE CONDUIT SPECIFICATIONS, & TAD OWNERSHIP ACCESS NEARBY IS ALSO REQUIRED.</i>					
Signature of Inspector: <i>[Signature]</i>		Date of Approval: <i>2/13/13</i>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2012R-542442

02/16/2012 10:50AM

TF EXPERT #:

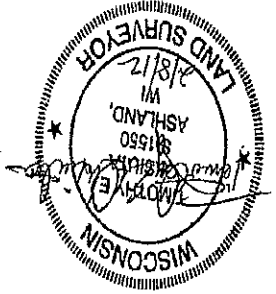
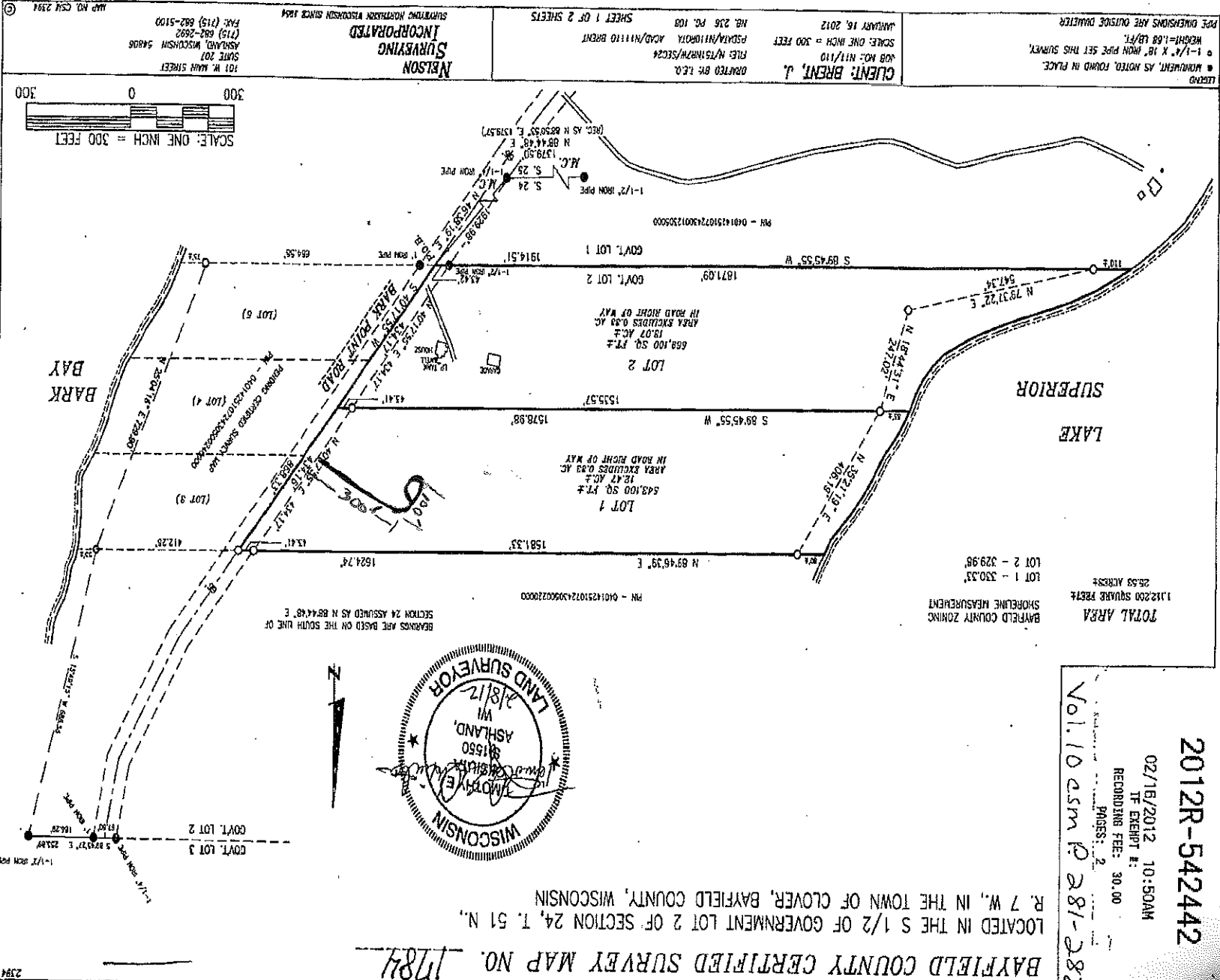
RECORDING FEE: 30.00

PAGES: 2

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TOTAL AREA
1,122.00 SQUARE FEET
25.59 ACRES
BAYFIELD COUNTY ZONING
LOT 1 - 330.33
LOT 2 - 329.98

LAKE
SUPERIOR



BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1784
LOCATED IN THE S 1/2 OF GOVERNMENT LOT 2 OF SECTION 24, T. 51 N., R. 7 W., IN THE TOWN OF CLOVER, BAYFIELD COUNTY, WISCONSIN

CLIENT: BRENT, J.
JOB NO: 111/110
FILES: N/15182W/SEC4
DRAFTED BY: T.E.O.
SCALE: ONE INCH = 300 FEET
DATE: 1/11/12
JANUARY 16, 2012
NO. 236 PG. 108

NELSON SURVEYING INCORPORATED
101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
PHONE: (715) 682-2692
FAX: (715) 682-5100



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