

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  
 JUN 04 2013

Permit #: 13-0107  
 Date: 6-7-13  
 Amount Paid: \$56413  
 Refund:   
 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.

Bayfield County Zoning Department  
 HOW DO I FILE? VISIT 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: JAMES AND PATTI  
 Mailing Address: 16205 STATE HWY 13  
 City/State/Zip: HEARSTER, WI 54894

Address of Property: 16205 STATE HWY 13  
 City/State/Zip: HEARSTER, WI 54894

Contractor: NONE  
 Contractor Phone: N/A  
 Plumber: N/A  
 Plumber Phone: N/A

Authorized Agent: (person Signing Application on behalf of Owner(s))  
 Agent Phone: N/A  
 Agent Mailing Address (include City/State/Zip): N/A

PROJECT LOCATION: E 1/2 NW 1/4, NW 1/4  
 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-014-2-50-07-10-2 02-000  
 CSM 3630 Vol & Page 1038 60 Lot(s) No. 2 Block(s) No. 10000  
 Subdivision: 1000  
 Recorded Document: (Use Property Ownership Volume 10380 Page(s) 765-766 P. 57)

Section 10, Township 50 N, Range 7 W  
 Town of: CLOVER

Distance Structure Is from Shoreline:   
 Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?   
 Is Property/Land within 1000 feet of Lake, Pond or Flowage?   
 Distance Structure Is from Shoreline:   
 feet

Are Wetlands Present?   
 Yes  No

Acres: 9.545 AC., 9.30 RECORDED

Shoreland  Non-Shoreland

Value at Time of Completion \* include donated time & material \$ 5000

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 checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> KWell
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: MOUND	<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)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 30' Width: 28' 15" Height: ~20 FT  
 Proposed Construction: Length: 28' 5" Width: 7' Height: ~12 FT

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 <sup>nd</sup> ) Porch	( )	( )
	with a Deck	( )	( )
	with (2 <sup>nd</sup> ) 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)	( )	( )
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) FRONT PORCH (NORTH SIDE)	(105" X 7')	198.5 FT <sup>2</sup>
	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )
	Special Use: (explain)	( )	( )
	Conditional Use: (explain)	( )	( )
	Other: (explain)	( )	( )

Rec'd for Issuance JUN 07 2013

Secretarial Staff

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 which 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): [Signature]  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Date: 28 May 2013

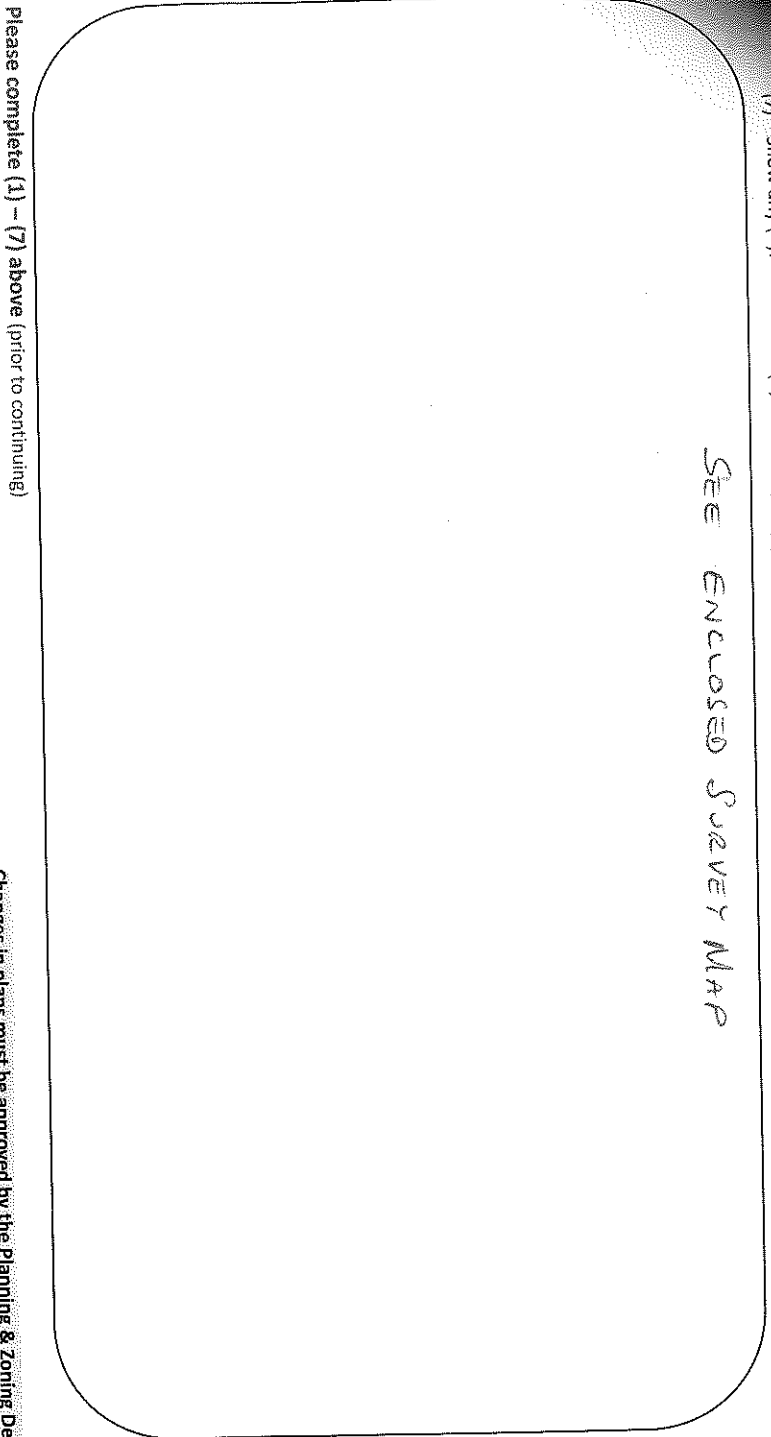
Authorized Agent: [Signature]  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Date:   
 Attach

Address to send permit:   
 Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 If you recently purchased the property send your Recorded Deed

State of Utah your Property (regardless of what you are applying for)

- Show Location of:
- (1) Show/Indicate: Proposed Construction
  - (2) Show Location of (\*): North (N) on Plot Plan
  - (3) Show: (\*): Driveway and (\*): Frontage Road (Name Frontage Road)
  - (4) Show: All Existing Structures on your Property
  - (5) Show any (\*): (\*): 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 ENCLOSED SURVEY MAP



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	251 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	207 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	75.11 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1175.65 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	112 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	12 Feet	Setback to Well	65 Feet
Setback to Drain Field	~ 200 Feet		
Setback to Privy (Portable, Composting)	71 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).

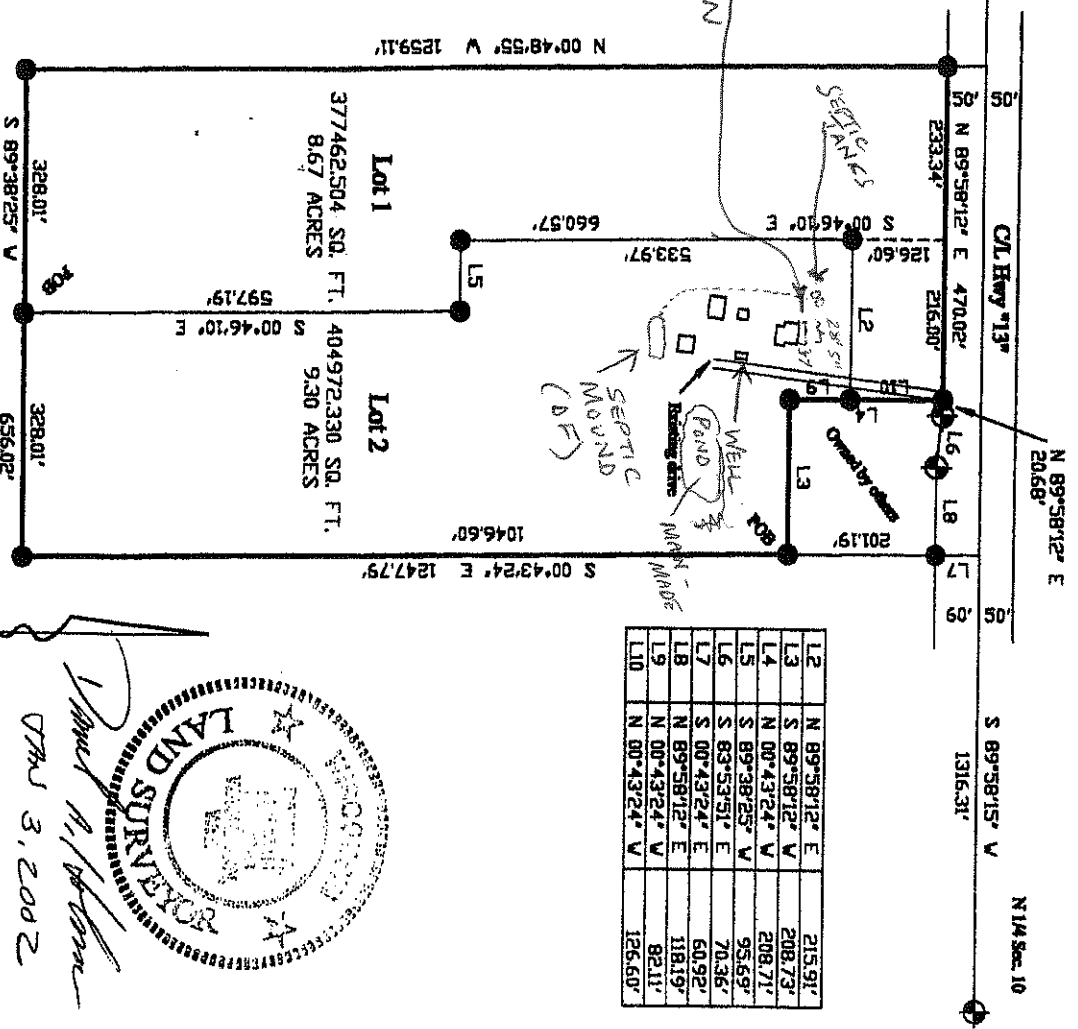
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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.

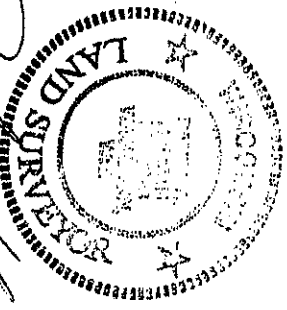
<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: <b>13-0187</b>	Permit Date: <b>6-7-13</b>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<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	
Inspection Record: <b>Survey Status Found (see photo) Building site as represented by owner appears to identify code compliant location.</b>				
Date of Inspection: <b>6/6/2013</b>	Inspected by: <b>Robert Schimmer</b>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: <b>JK</b>		Date of Approval: <b>6/7/2013</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

# BAYFIELD COUNTY MAP OF SURVEY NO: \_\_\_\_\_

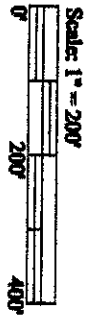
A PARCEL OF LAND LOCATED IN PART OF THE EAST 1/2, NW 1/4, NW 1/4, SECTION 10, TOWNSHIP 50 NORTH, RANGE 7 WEST, TOWN OF CLOVER, BAYFIELD COUNTY, WISCONSIN.



L2	N 89°58'12\"	E	215.91'
L3	S 89°58'12\"	V	208.73'
L4	N 00°43'24\"	V	208.71'
L5	S 89°38'25\"	V	95.69'
L6	S 83°53'51\"	E	70.36'
L7	S 00°43'24\"	E	60.92'
L8	N 89°58'12\"	E	118.19'
L9	N 00°43'24\"	V	82.11'
L10	N 00°43'24\"	V	126.60'



*Daniel A. Holman*  
DHW 3.2002



## TJH Land Surveying

Daniel A. Holman RLS # 2393  
503 West 5th Street  
Washington, WI 54891  
(715)-373-0848 FAX 2973  
Toll free: 1-866-373-0848

Project name: TSNR/W-9-50-7  
Client name: Holman, Joel  
Date: 01-03-2002  
Fieldbook/Page No: 7 and  
Drawn by: Daniel A. Holman  
Page 1 of 2

### Legend

- ⊕ Found iron pipe as noted
- Set 1 1/2" x 24" iron pipe

10-50-7

E 1/2 of NW-NW

#3630