

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

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.

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 MAY 31 2012  
 Bayfield Co. Zoning Dept  
 HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Permit #:	10-02309
Date:	7-11-10
Amount Paid:	\$78.00 PDS 6/16/12
Refund:	

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: PHILIP EDWARD + KATHYD JOAN JENSEN  
 Address of Property: 46625 OTTERBAY RD., CABLE, WI 54821  
 City/State/Zip: CABLE, WI 54821  
 Telephone: 715-798-4056  
 Cell Phone: 763-807-1530

Contractor: SCOT HAAN CONST.  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) PHILIP E. JENSEN  
 Contractor Phone: 715-794-2685  
 Agent Phone: 715-798-4056  
 Plumber: Rasmussen + Son  
 Agent Mailing Address (include City/State/Zip): Same as above  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: 1/4, 1/4  
 Gov't Lot # 16  
 Lot(s) 16  
 CSM  
 Vol & Page  
 Lot(s) No.  
 Block(s) No.  
 Subdivision: 150X1320  
 Lot Size 150X1320  
 Acreage 3.610 Acres

Legal Description: (Use Tax Statement)  
 04-018-2-44-07-33-105-016-20000

Section 33, Township 44 N, Range 07 W, Town of: DIAMOND

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 63 feet

Distance Structure is from Floodplain?  Yes  No  
 Distance Structure is from Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes--continue  No  
 If Yes--continue \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  Yes--continue  No  
 If Yes--continue \_\_\_\_\_ feet

Value at Time of Completion * Include donated time & material	Project (Wherever you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$26,000	<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 checked="" type="checkbox"/> Basement <input type="checkbox"/> Foundation	<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"/> (Office)	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: TANK w/ Diamond <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) Length: 13'6" Width: 20'6" Height: 8

Proposed Construction: w/old existing roof

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
	with Loft	( ) X ( )	( )
	with a Porch	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
	with a Deck	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
	Addition/Alteration (specify) <u>ADD ON LAKE SIDE - WITH EXISTING ROOF</u>	(13'6" X 20")	270
	Accessory Building (specify)	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( ) X ( )	( )
	Conditional Use: (explain)	( ) X ( )	( )
	Other: (explain)	( ) X ( )	( )

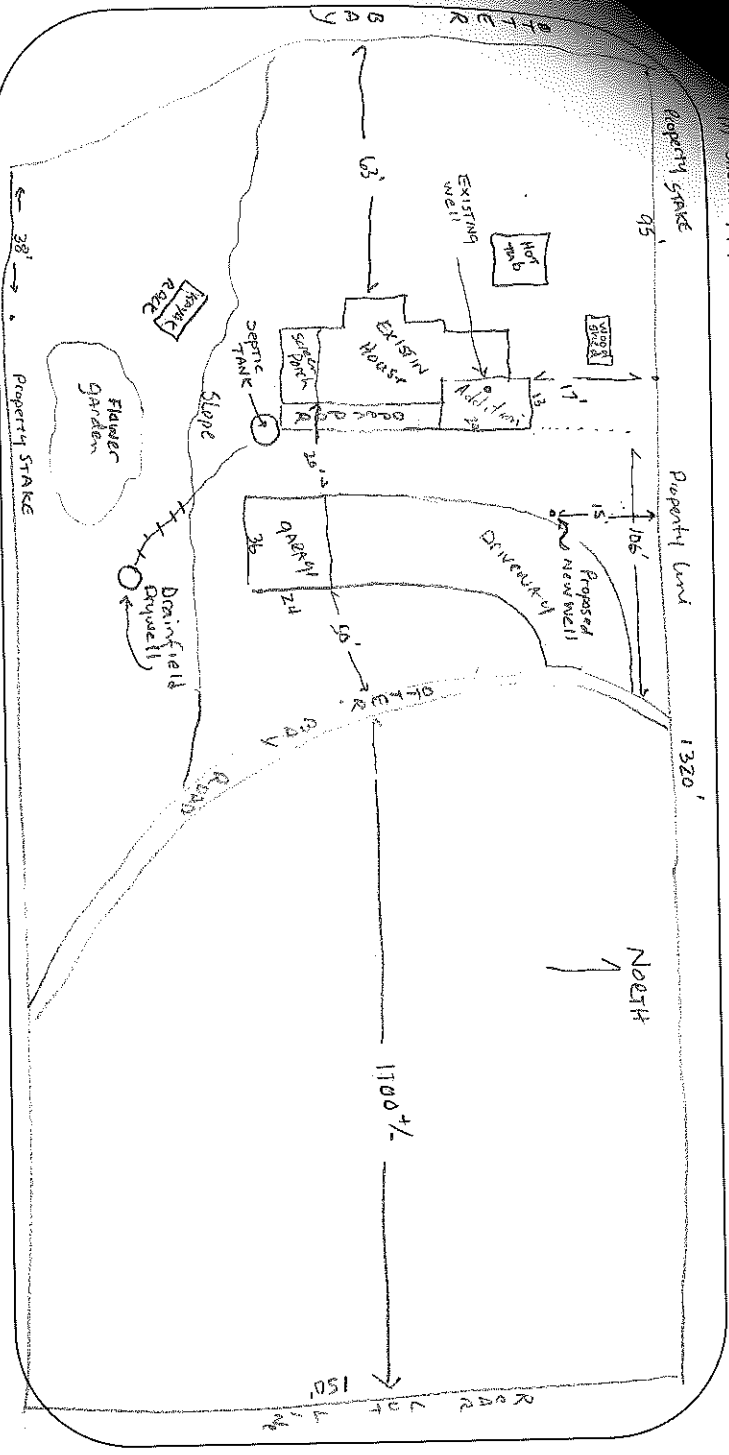
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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.

Owners: Philip E. Jensen, Kathryn J. Jensen  
 (if there are Multiple Owners listed on the Deed All Owners must sign (or letter(s) of authorization must accompany this application))  
 Date: 5/30/2012

Authorized Agent: [Signature]  
 Record for Issuance: 46625 OTTER BAY ROAD, Cable, WI 54821  
 Address to send permit: 46625 OTTER BAY ROAD, Cable, WI 54821  
 Jul 11 2012  
 If you recently purchased the property send your Recorded Deed  
 Copy of Tax Statement  
 Attach  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Is your property (regardless of what you are applying for)

- Proposed Construction**
- (\*) North (N) on Plot Plan
  - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - All Existing Structures on your Property
  - (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (\*) 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	85 Feet	Setback from the Lake (Ordinary high-water mark)	63 Feet
Setback from the Established Right-of-Way	70 Feet	Setback from the River, Stream, Creek	- Feet
		Setback from the Bank or Bluff	- Feet
Setback from the North Lot Line	17 Feet		
Setback from the South Lot Line	65 Feet	Setback from Wetland	- Feet
Setback from the West Lot Line	63 Feet	Setback from 20% Slope Area	20 Feet
Setback from the East Lot Line	1210 1/2 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	12 Feet	Setback to Well (new)	20 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	- Feet		

Prior to this 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 #: **12-00322** Permit Date: **7-11-12**

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous lot(s))  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: **Qualifies for ACT 170. Structure is non-conforming, approx 60' from OHM.**

Date of Inspection: **6-1-12** Inspected by: **MF Furtak**

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

Signature of Inspector: **Michael J Furtak**

Signature of Applicant: **See Mitigation Plan Appendix**

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

Date of Approval: **6-1-12**

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY WISCONSIN**  
**PERMIT FEE**  
 Date Stamp (received)  
**JUL 02 2012**  
**Bayfield Co. Zoning Dept.**

Permit #:	12-084	Refund:	
Date:	7-12-12	Amount Paid:	\$ 120.00 PDS
			7/2/12

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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: John A. FLYNN & K. GALLAGHER Mailing Address: 9301 Deer Lake Rd City/State/Zip: Deer Lake, WI 54455 Telephone: 715-339-2563

Address of Property: 48025 Blue Moon Rd City/State/Zip: Deer Lake, WI 54832 Cell Phone: 715 820-1577

Contractor: Jim Mueller Contractor Phone: 715 634-609 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: SW 1/4, SE 1/4 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ GSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume 996 Page(s) 85

Section 19, Township 44 N, Range 7 W Town of: Deer Lake Lot Size: \_\_\_\_\_ Acreage: 37.138

Shoreland  Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes---continue  If Yes---continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet

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
<u>\$40,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <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"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input 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 Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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 type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 32 Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Deck with (2nd) Porch with Attached Garage	( <u>40</u> x <u>32</u> )	<u>1280</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( _____ )	( _____ )
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ 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 purpose of inspection.

Owner(s): John A. Flynn & K. Gallagher Date 7-2-12

(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 \_\_\_\_\_

**Rec'd for Issuance** You are signing on behalf of the owner(s) a letter of authorization must accompany this application

Attach \_\_\_\_\_

Address to send permit: \_\_\_\_\_

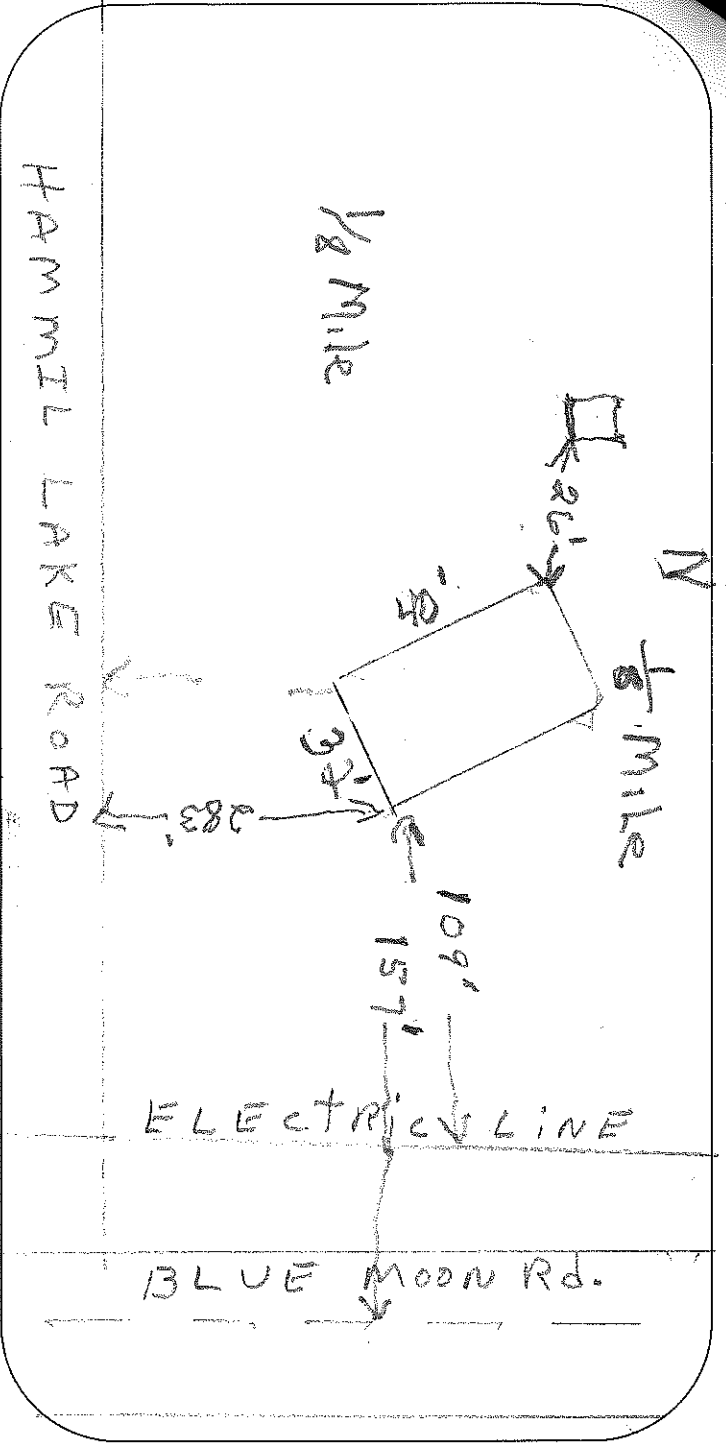
Copy of Tax Statement

Secretary Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Show Location of: Proposed Construction
- (3) Show / Indicate: North (N) on Plot Plan
  - (\*) 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	150' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	140' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	100' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	280' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	100' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	Blue Moon Rd	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	26 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 #: 12-0841	Permit Date: 7-12-12			
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 type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" 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.)	Case #:	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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District (F-1)		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lakes Classification (NA)		
Inspection Record:	Date of Re-Inspection:			
Will Stake! Markets all setbacks!	Inspected by: AM Finkel			
Date of Inspection: 7-6-12				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
May not be used for human habitation.				
No water under pressure in structure				
Signature of Inspector: Michael Stutek	Date of permit: 12			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> \$5	<input type="checkbox"/>