

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)
AUG 23 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0079	ENTERED
Date:	8-30-13	
Amount Paid:	\$ 1185	
Refund:	8-03-13	

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. 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: Lake Owen Shores LLC Mailing Address: 555 Main St. Reine, WI 53403 Telephone: _____
 Address of Property: 47785 S. Lake Owen Dr. City/State/Zip: Reine, WI 53403 Cell Phone: _____
 Contractor: Arnie Mackey Contractor Phone: 683-9128 Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Arnon McKinney Agent Phone: 580-0211 Agent Mailing Address (include City/State/Zip): See below Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 7 Lots CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: _____
 Legal Description: (Use Tax Statement) 04-08-2-44-07-27-2 05-07-10000 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) Volume 756 Page(s) 423

Section 27, Township 44 N, Range 7 W Town of: Drummond Lot Size _____ Acreage 13.12

Shoreland Non-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: _____ feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Distance Structure is from Shoreline: 500+ feet No Yes

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>325000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: _____ <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____ <input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input checked="" type="checkbox"/> 10	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 32 Width: 82 Height: 18

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>82</u> x <u>32</u>)	<u>2,624</u>
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>10</u> x <u>28</u>)	<u>290</u>
	<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"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		
	Mobile Home (manufactured date) _____		
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____		
	Accessory Building (specify) _____		
	Accessory Building Addition/Alteration (specify) _____		
Rec'd for Issuance	Special Use: (explain) _____	(<u>X</u>)	
	Conditional Use: (explain) _____	(<u>X</u>)	
<u>AUG 30 2013</u>	Other: (explain) _____	(<u>X</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

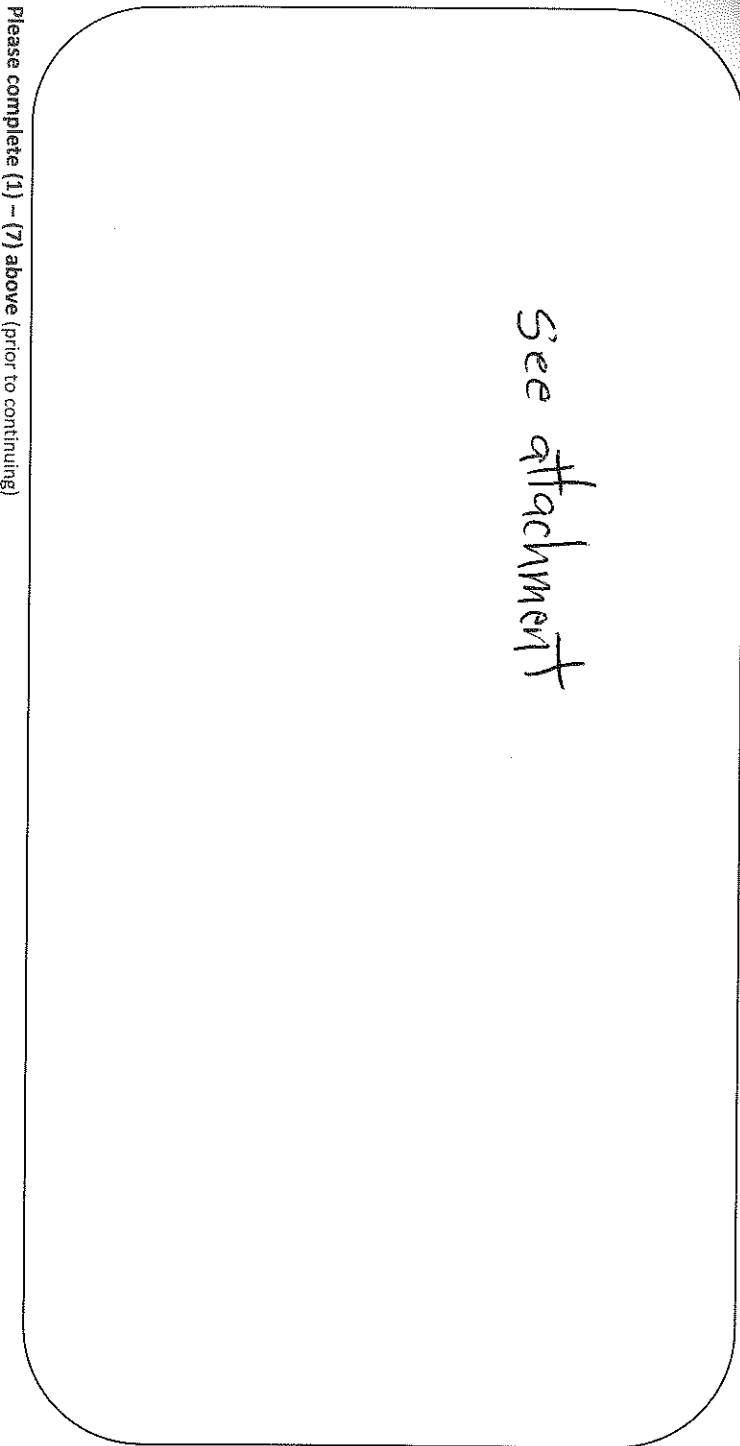
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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): _____ Date 8-23-13
 (If there are Multiple Owners listed on the Deed All Owners must sign or (be) of authorization must accompany this application)
 Authorized Agent: Arnon McKinney Date 8/22/13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 47775 S. Lake Owen Dr, Cable, WI 54821 Attach _____
Arnon McKinney APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Copy of Tax Statement
 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 attachment



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	600+ Feet	Setback from the Lake (ordinary high-water mark)	500+ Feet
Setback from the Established Right-of-Way	600+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	100+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	N/A 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.

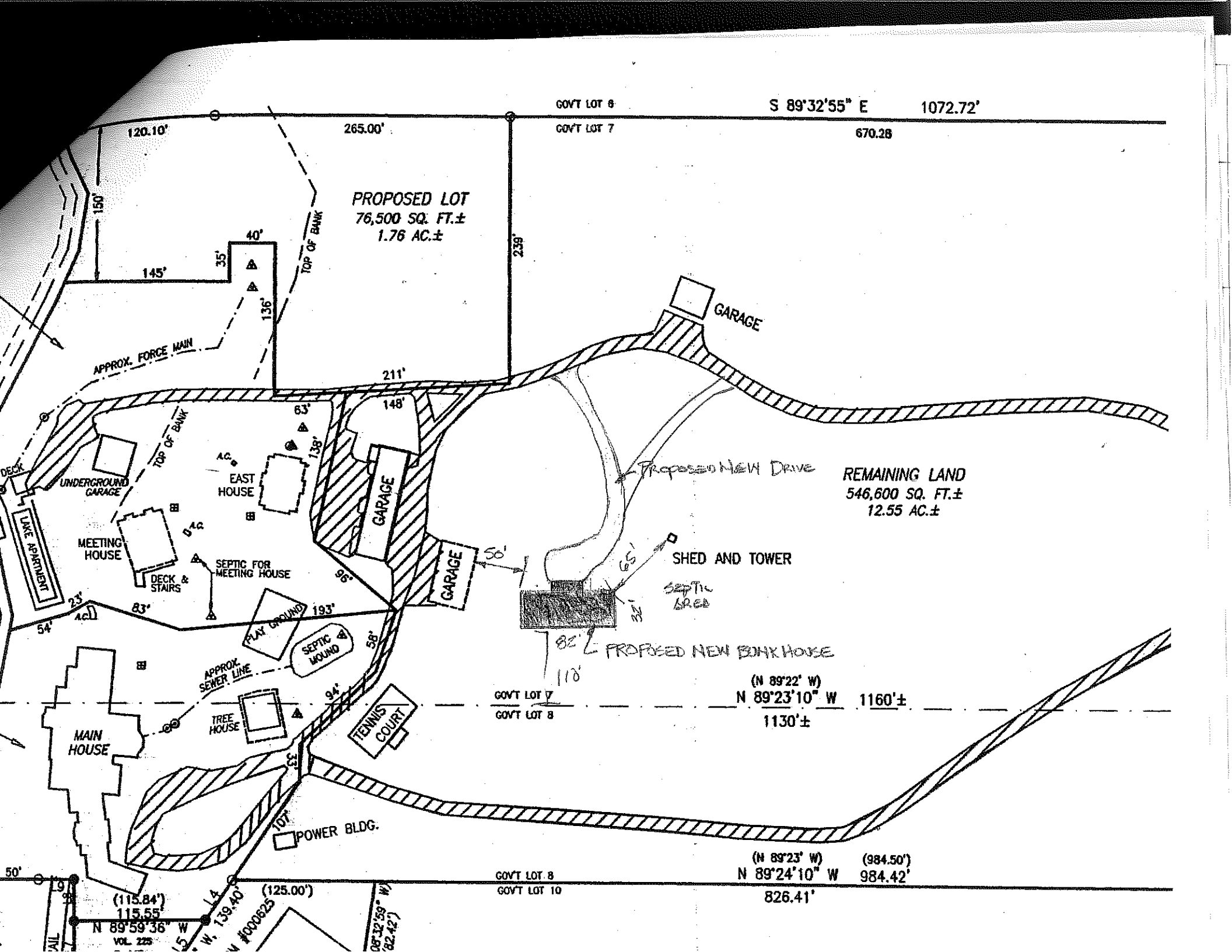
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable 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: <u>13-825</u>	# of bedrooms: <u>6</u>	Sanitary Date: <u>8-21-13</u>
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>13-0879</u>	Permit Date: <u>8-30-13</u>			
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 #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Report: <u>Well staked. M sets all setbacks.</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	
Date of Inspection: <u>8-29-13</u>	Inspected by: <u>MM. Fustak</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No –(if No they need to be attached.)		Zoning District (R-1)		
		Lakes Classification (1)		
Signature of Inspector: <u>Michael Suttel</u>		Date of Approval: <u>8-29-13</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



GOVT LOT 6 $S 89^{\circ}32'55'' E$ 1072.72'

GOVT LOT 7 670.28'

PROPOSED LOT
76,500 SQ. FT. ±
1.76 AC. ±

REMAINING LAND
546,600 SQ. FT. ±
12.55 AC. ±

GOVT LOT 7 $(N 89^{\circ}22' W)$
GOVT LOT 8 $N 89^{\circ}23'10'' W$ 1160' ±

1130' ±

$(N 89^{\circ}23' W)$ (984.50')
 $N 89^{\circ}24'10'' W$ 984.42'
826.41'

120.10' 265.00' 150' 145' 35' 40' 136' 211' 148' 138' 83' 56' 65' 32' 82' 118' 96' 193' 58' 94' 23' 54' 23' 83' 54' 50' 115.84' 115.55' $N 89^{\circ}59'36'' W$ VOL 225 1.5' 1.4' 1.39.40' $N 89^{\circ}59'36'' W$ 125.00' 1000625' $(82.42')$ $(82.42')$