

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 SEP 18 2013

Permit # ENTERED 13-0360  
 Date: 10-16-13  
 Amount Paid: \$185  
 \$175 9-23-13  
 Refund:

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. 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: Connie M Daniel Mailing Address: E 9552 945th Ave Colfax, WI 54730 Telephone: 715 688-9310

Address of Property: Linette R Anderson, Patricia A. Lewis City/State/Zip: Drummond, WI 54832 Cell Phone:

Contractor: Keith Anderson Contractor Phone: same Plumber: same Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Keith Anderson Agent Phone: 688-9310 Agent Mailing Address (include City/State/Zip): same Written Authorization Attached  Yes  No

PROJECT LOCATION: NW 1/4, NW 1/4 Gov't Lot: \_\_\_\_\_ Lots: \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 24, Township 45 N, Range 7 W Town of: Drummond Lot Size: \_\_\_\_\_ Acreage: 440

Legal Description: (Use Tax Statement) 04-018-2-45-07-24-2-02-000-10000 Pinned (23 digits) Pinned: 1098 Recorded Document: (i.e. Property Ownership) 239

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  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                                    |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| \$45000   | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story    | <input type="checkbox"/> Seasonal              | <input checked="" 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               | <input checked="" type="checkbox"/> Well |
|   | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story               | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3                             | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____   | <input type="checkbox"/> _____           |
|   | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement              | <input type="checkbox"/> _____                 | <input type="checkbox"/> None                          | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | <input type="checkbox"/> _____           |
|   | <input type="checkbox"/> Run a Business on Property  | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> _____                 | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> Compost Toilet                          | <input type="checkbox"/> _____           |
|   | <input type="checkbox"/> _____                       | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____                 | <input type="checkbox"/> None                          | <input type="checkbox"/> None                                    | <input type="checkbox"/> _____           |

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

Proposed Construction: Length: 40' Width: 40' Height: 16'

| Proposed Use                             | Proposed Structure   | Dimensions  | Square Footage |
|--|--|-------------|----------------|
|  |  |             |                |
| <input type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)  | ( 30 x 40 ) | 1200           |
|  | with Loft  | ( 10 x 40 ) | 400            |
|  | with a Porch   | ( X X )     |                |
|  | with (2nd) Deck  | ( X X )     |                |
|  | with Attached Garage   | ( X X )     |                |
| <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) | ( X X )     |                |
|  | Mobile Home (manufactured date)  | ( X X )     |                |
| <input type="checkbox"/> Municipal Use   | Addition/Alteration (specify) _____  | ( X X )     |                |
|  | Accessory Building (specify) _____   | ( X X )     |                |
|  | Accessory Building Addition/Alteration (specify) _____   | ( X X )     |                |
| Rec'd for Issuance                       |  |             |                |
|  | Special Use: (explain) <u>Class A, Residence in F-1</u>  | ( X X )     |                |
|  | Conditional Use: (explain) _____   | ( X X )     |                |
|  | Other: (explain) _____   | ( X 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 detailing 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 any 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.

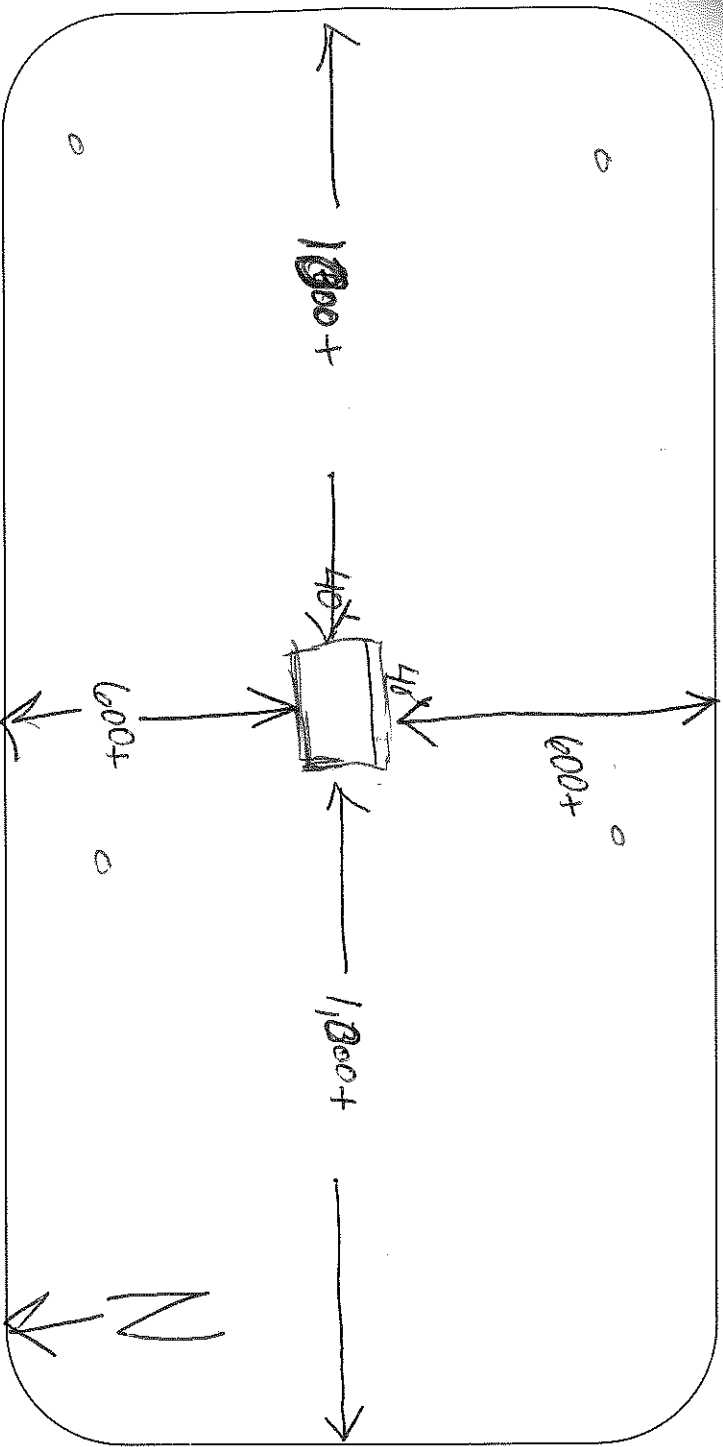
Owner(s): Connie M Daniel Date: 9-10-13  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Keith Anderson Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: SGM & as above Attach \_\_\_\_\_  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 (\*): (\* Frontage Road (Name Frontage Road)
- (4) Show: (\* Driveway and (\* Frontage Road)
- (5) Show: All Existing Structures on your Property
- (6) Show any (\*): (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)
- (7) Show any (\*): (\* 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 | 300+ Feet   | Setback from the Lake (Ordinary high-water mark) | N/A Feet    |
| Setback from the Established Right-of-Way   | 300+ Feet   | Setback from the River, Stream, Creek            | N/A Feet    |
| Setback from the North Lot Line             | 600+ Feet   | Setback from the Bank or Bluff                   | N/A Feet    |
| Setback from the South Lot Line             | 600+ Feet   | Setback from Wetland                             | N/A Feet    |
| Setback from the West Lot Line              | 1,000+ Feet | Setback from 20% Slope Area                      | N/A Feet    |
| Setback from the East Lot Line              | 1,000+ Feet | Elevation of Floodplain                          | N/A Feet    |
| Setback to Septic Tank or Holding Tank      | N/A Feet    | Setback to Well                                  | N/A Feet    |
| Setback to Drain Field                      | N/A 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.

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>              |   | Sanitary Number: 13-1185  | # of bedrooms: 3                        | Sanitary Date: 10-16-13   |
| Permit Denied (Date):                                      | Reason for Denial:  | Permit Date: 10-16-13   |   |   |
| Permit #: 13-0360  |   |   |   |   |
| 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 (Used/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 #:   | Previously Granted by Variance (B.O.A.)   | 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 |
| Was Proposed Building Site Delineated                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                   |   |   |   |
| Inspection Record:   |   |   |   |   |
| Date of Inspection: 9-26-13                                | Inspected by: M. Frutkin  | Zoning District (F-1)   | Lakes Classification (NA)               | Date of Re-Inspection:  |
| Condition(s) Town, Committee or Board Conditions Attached? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) |   |   |   |
| Signature of Inspector: Michael Frutkin                    | Hold For Sanitary: <input checked="" type="checkbox"/>  | A uniform dwelling code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. |   |   |
| Hold For Sanitary: <input checked="" type="checkbox"/>     | Hold For TBA: <input checked="" type="checkbox"/>   | From For Amendvnt: <input type="checkbox"/>   | Hold For Fees: <input type="checkbox"/> | Date of Approval: 9-26-13   |