

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

Farm "Pond" House

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
 OCT 23 2013

Bayfield Co. Zoning Dept.

\$1050 + \$175
 ENTERED

Permit #:	13-0414
Date:	11-20-13
Amount Paid:	\$1050 + \$175
Refund:	11-1-13 H2013

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: EMMA KNOB LODGE INC. Mailing Address: 510 WYONA ST. STE#236 OTHROWA WIS/1A2/85018 Telephone: _____
 Address of Property: XXX EMMA KNOB RD. Ctn/State/Zip: WI/54021 Call Phone: _____
 Contractor: NORTH FORK - TOM LAKE (406) Contractor Phone: 451-1408 Plumbing: H. KASMOSSER & SONS Plumber Phone: 799-3365
 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: NW 1/4 SW 1/4 Legal Description: (Use Tax Statement) 04-016-2-44-07-27-3 02-000-10000 PIN: (23 digits)
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 27, Township 41 N, Range 7 W Town of: DOWNMOND Lot Size _____ Acreage 40

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 Distance Structure is from Shoreline: _____ feet
 Distance Structure from Shoreline: N/A 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>350,000</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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pri) 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: _____ Width: _____ Height: _____
 Proposed Construction: Length: 50'0" Width: 32'6" Height: 27'0"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	2500
<input type="checkbox"/>	with Loft	()	()
<input type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	with (2") Porch	()	()
<input type="checkbox"/>	with a Deck	()	160
<input type="checkbox"/>	with (2") Deck	()	()
<input type="checkbox"/>	with Attached Garage (GARAGE)	()	204
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input type="checkbox"/>	Addition/Alteration (specify)	()	()
<input type="checkbox"/>	Accessory Building (specify)	()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/>	Special User: (explain)	()	()
<input type="checkbox"/>	Conditional User: (explain)	()	()
<input type="checkbox"/>	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): Emma Knob Lodge Date 23 OCT 13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

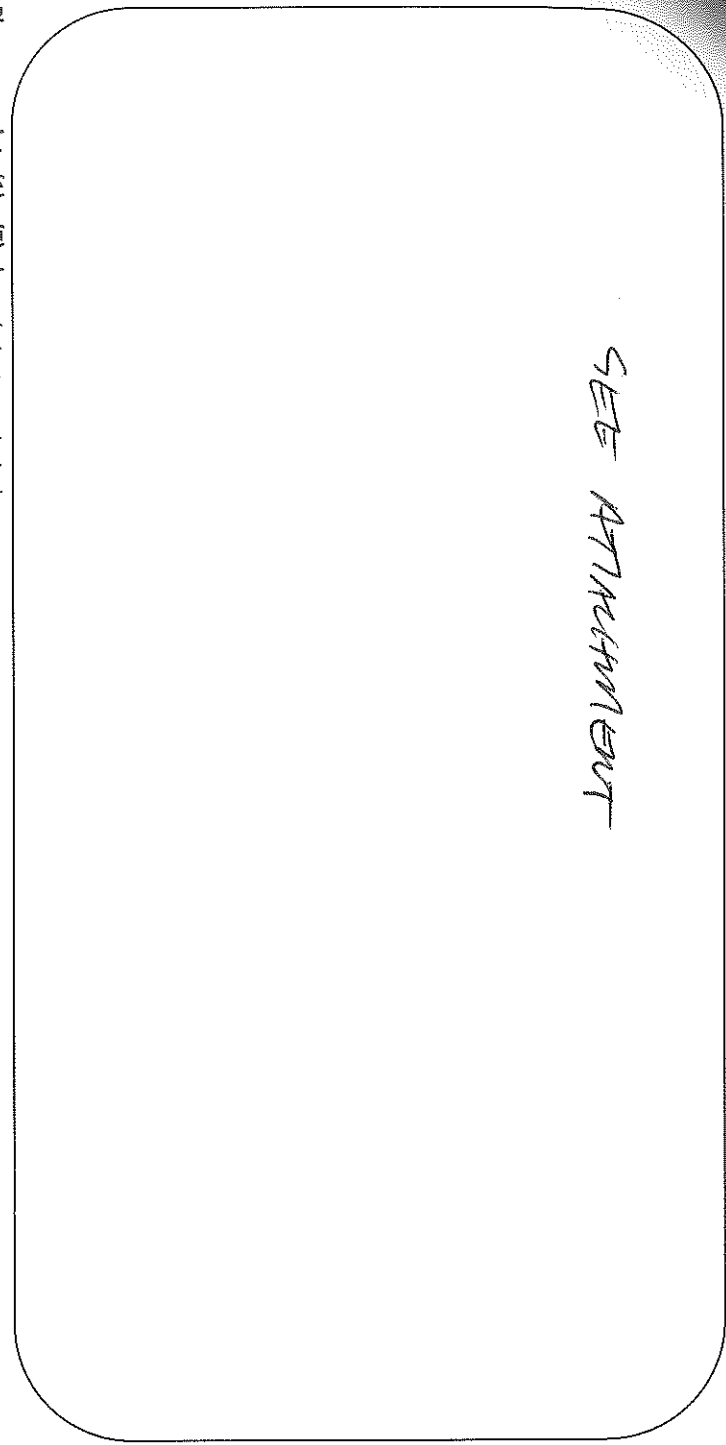
Authorized Agent: Rick Carpenter Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Rick Carpenter, 15535 Eagle Knob Rd, Cable, WI 54821 Attach Copy of Tax Statement
 Applicant - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Andrew Foster 615-414-1870

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

- Show Location of:
 Show/Indicate:
 Show Location of (*):
 Show:
 Show any (*):
 Show any (*):
 Show any (*):
- 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%

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	300+	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	700+	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	500+	Setback from Wetland	N/A
Setback from the West Lot Line	85+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	1,200+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	10+	Setback to Well	N/A
Setback to Drain Field	85+		
Setback to Privy (Portable, Composting)	N/A		

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: 13-1145 # of bedrooms: 3 Sanitary Date: 10/2/2013
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 13-0414 Permit Date: 11-20-13

Is Parcel a Sub-Standard Lot: Yes (Deed of Record) No
 Is Parcel in Common Ownership: Yes (Fused/Contiguous Lot(s)) No
 Is Structure Non-Conforming: Yes _____ No

Granted by Variance (B.O.A.): Case #: _____
 Was Parcel Legally Created: Yes No
 Was Proposed Building Site Delineated: Yes No

Inspection Record: Well sited. Metal all setbacks. Man made pond - no setback.
 Date of inspection: 11-7-13 Inspected by: M. Frutkin
 Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: Melinda Frutkin Date of Approval: 11-20-13
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____