

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54893
 (715) 373-6138

11
 NON-CORRECTED
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 MAY 15 2013

Permit #:	13-0247
Date:	8-19-13
Amount Paid:	\$105
Refund:	5-15-13

Bayfield Co. Zoning Dept
 HOW DO I PUT OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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.

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

Owner's Name: Warren & Peggy Drueger Mailing Address: 64950 Colby Rd Ashland WI 54802 Telephone: 715-746-2160

Address of Property: 64950 Colby Rd Ashland WI 54802 City/State/Zip: Ashland WI 54802 Cell Phone: _____

Contractor: Blue Water Builders LLC Contractor Phone: 715-681-0088 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: Section 33, Township 42 N, Range 5 W Legal Description: (Use Tax Statement) Ashtabula 1/4, NW 1/4 Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Recorded Document: (i.e. Property Ownership) 285 Page(s) 824-25

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: \$35,000

Project (What are you applying for): New Construction Addition/Alteration Conversion Relocate (existing bldg) Run a Business on Property

Use: 1-Story Seasonal Year Round 2-Story Basement No Basement Foundation

of Stories and/or basement: 1

of bedrooms: 1

What Type of Sewer/Sanitary System Is on the property? Municipal/City (New) Sanitary Sanitary (Exists) Specify Type: Septic Privy (Pri) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Water: City Well

Existing Structure: (if permit being applied for is relevant to it) Length: 48' Width: 24' Height: 15'

Proposed Construction: Length: 38' Width: 16' Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	with Attached Garage	() 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 ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify) <u>New living Room add-on to the</u>	(38 X 16)	512
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
Rec'd for Issuance	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.

Owner(s): Warren & Peggy Drueger / Peggy Drueger Date: 5-13-13

(If there are Multiple Owners listed on the Deed All Owners must sign or _____ of authorization must accompany this application)

Authorized Agent: _____ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach Copy of Tax Statement

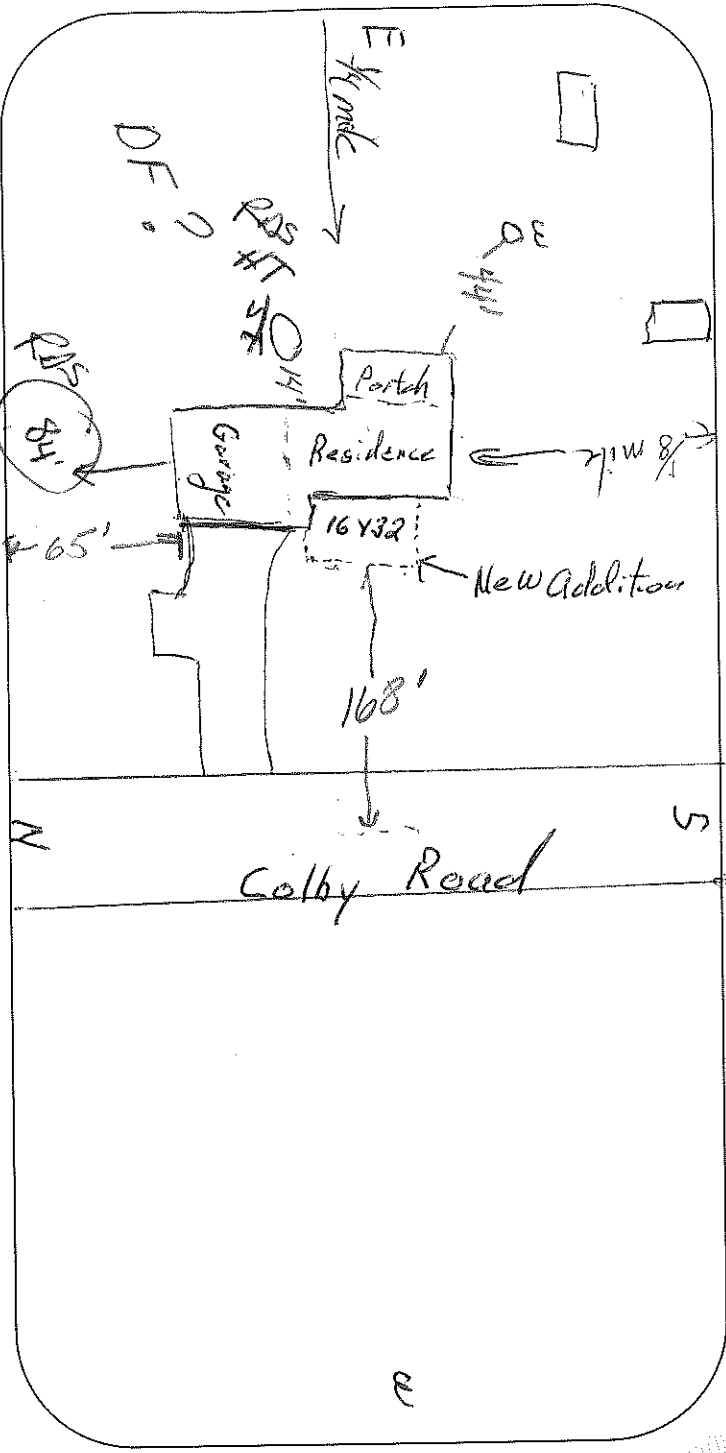
Address to send permit: 64950 Colby Rd Ashland, WI 54806 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

ENTERED

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

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	168 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	65 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1/8 mi Feet	Setback from Wetland	Feet
Setback from the West Lot Line	168 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	14 mi Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	14 Feet	Setback to Well	44 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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)

Permit Denied (Date): _____ Reason for Denial: _____

Sanitary Number: 4242 # of bedrooms: 2 Sanitary Date: 2/18/1980

Permit #: B-0847 Permit Date: 8/19-18

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

Is Parcel in Common Ownership Yes (Useful/Contiguous Lots) No No

Is Structure Non-Conforming Yes North Line No

Granted by Variance (B.O.A.) Case #: NA Previously Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: Home Was Not Located where 1980 Application Identified. Neighbors Suspected Land to accommodate for setbacks.

Date of Inspection: 5-16-2015 Inspected by: Robert Sluemen

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

Must maintain Severe Tree Foot Set back from North Property line

Signature of Inspector: [Signature]

Date of Approval: 8/19/2015

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

NEED SANITARY INFO FOR RES. ADD.

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
 AUG 17 2013
 Bayfield Co. Zoning Dept

Permit #:	13-00168
Date:	8-03-13
Amount Paid:	\$ 75
Refund:	8-19-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
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TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Terry & Kimberlee Torble
Mailing Address: 69200 Torble Rd, Ashland WI 54886
City/State/Zip: Ashland WI 54886
Telephone: 715 682-0682

Address of Property: 69200 Torble Rd
City/State/Zip: Ashland WI 54886
Cell Phone: 920-4257

Contractor: _____
Contractor Phone: _____
Plumber: _____
Plumber Phone: _____

Authorized Agent: _____
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) W 1/4, SW 1/4
 PIN: (23 digits) 04-020-2-47-05-03-3 03-000-12500
Recorded Document (i.e. Property Ownership) Volume: 454 **Page(s):** 613

Section: 3, **Township:** 47 N, **Range:** 5 W
Town of: Filton

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
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
\$8,000	<input type="checkbox"/> New Construction <input checked="" 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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>MANHOLE</u> <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:** _____ **Width:** _____ **Height:** _____

Proposed Construction: **Length:** _____ **Width:** _____ **Height:** _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	()
<input checked="" type="checkbox"/>	Residential Use with a Porch with (2 nd) Porch	() X ()	()
<input type="checkbox"/>	Commercial Use with Attached Garage	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	()
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Green house-stakebuild</u>	(10 X 18)	180
<input type="checkbox"/>	Accessory Building (specify) <u>Irregular</u>	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/>	Special Use: (explain)	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain)	() X ()	()
<input type="checkbox"/>	Other: (explain)	() X ()	()

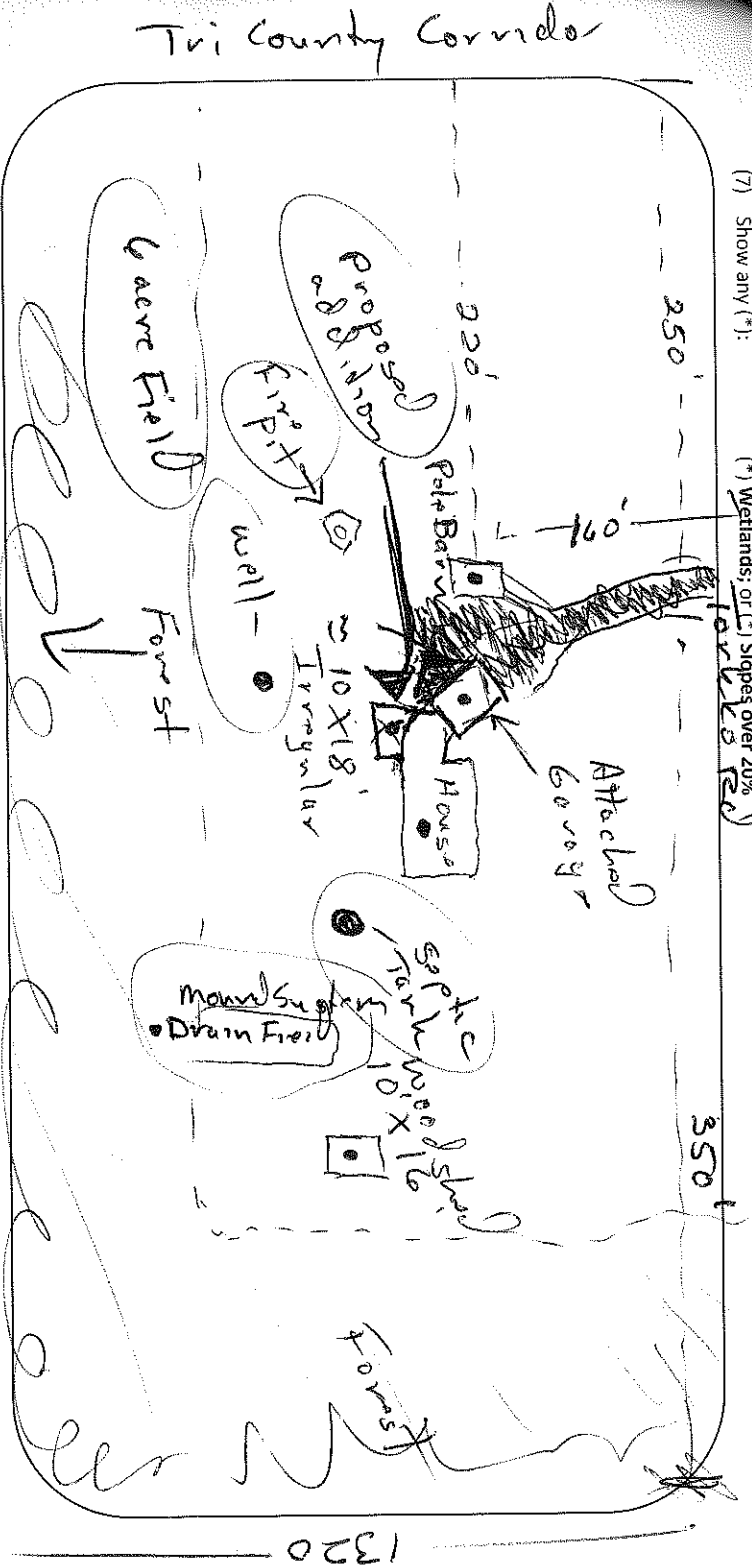
Secretarial Staff: FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. THE PERMITTING APPLICATION (including any accompanying information) has been examined by me (signed) and I believe it is true, correct and complete. I (we) acknowledge that I (we) am (are) 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. (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): Kimberlee & Terry Torble
 Date: 8/6/2013

Authorized Agent: _____ Date: _____

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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on Your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*): *forked Rd*



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	160 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	135 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	350 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	220 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	160 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	25 Feet
Setback to Drain Field	120 Feet		
Setback to Privy (Portable, Composting)			

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 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: 68-1045 # of bedrooms: 2 Sanitary Date: 7/30/2008

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 13-08165 Permit Date: 8-23-13

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

Is Parcel in Common Ownership Yes (fused/contiguous lots) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A Previously Granted by Variance (B.O.A.) Yes No Case #: N/A

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: owner present for inspection to represent building site + property.

Date of Inspection: 8-22-13 Inspected by: J. ROBERT WERTS

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

Signature of Inspector: _____ Date of Approval: 8-23-13

Hold For Sanitary: Hold For BA: Hold For Affidavit: Hold For Fees: