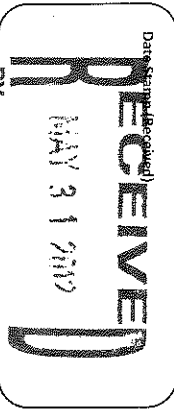


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	10-0105
Date:	5-31-12
Amount Paid:	\$ 75.53-10 KWH
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. HOW-BO-THE! 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: Merrill & Judith Rosenwinkel Mailing Address: 14440 Towhee Rd City/State/Zip: Herbster, WI, 54894 Telephone: 715-774-3989
 Address of Property: 1205 Pine Lake Rd City/State/Zip: Iron River, WI, 54874 City/State/Zip: Herbster, WI, 54894 Cell Phone: 715-372-5535

Contractor: _____ Contractor Phone: _____ 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: Legal Description: (Use Tax Statement) 04-02P-2-41-08-22-2 00-323.0 BOOO PIN: (23 digits)
 _____ 1/4, _____ 1/4 Gov't Lot _____ Lot(s) 8 CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: Part of Redwood
 Section 22, Township 41 N, Range 8 W Town of: Iron River Lot Size _____ Acreage 50

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 -->

Non-Shoreland

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
\$ _____	<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 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cat</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 78 Width: 30 Height: 10
 Proposed Construction: Length: _____ Width: _____ Height: _____

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 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(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)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(X)	
	Accessory Building (specify) <u>Garage</u>	(<u>28</u> X <u>30</u>)	<u>840</u>
	Accessory Building Addition/Alteration (specify) _____	(X)	
	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.

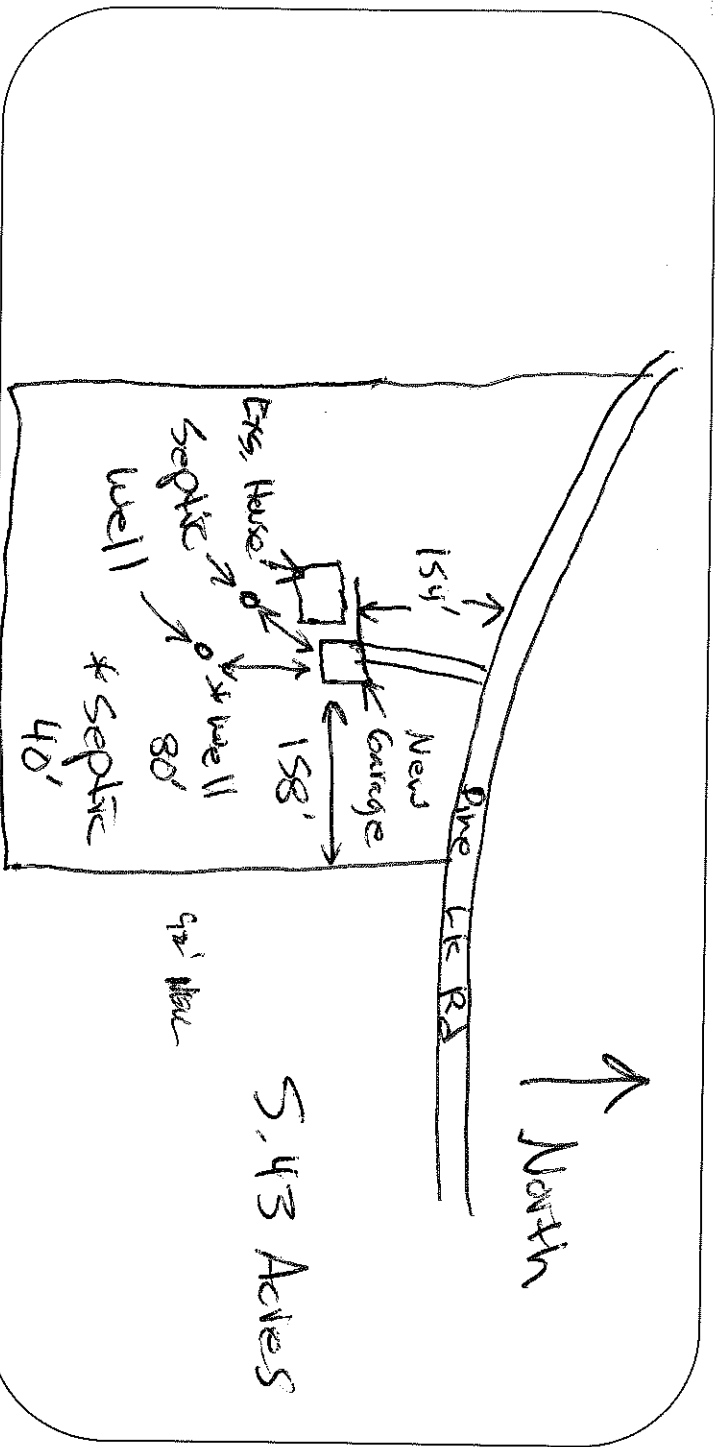
Owner(s): Patricia Rosenwinkel Date May 22, 2012
 (if there are multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 Rec'd for Issuance: _____ Attach Copy of Tax Statement

Address to send permit: 14440 Towhee Rd, Herbster, WI, 54894
MAY 31 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Below: 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%**



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	154 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	154 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	154 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	158 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	80 Feet
Setback to Drain Field	45 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): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 18-0163 Permit Date: 5-31-12

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (Fused/Contiguous Lot(s)) Yes No No

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

Is Structure Non-Conforming Yes No No

Granted by Variance (B.O.A.) Yes No No No

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

Case #: _____

Was Parcel Legally Created Yes No No No

Was Proposed Building Site Delineated Yes No No No

Were Property Lines Represented by Owner Yes No No No

Was Property Surveyed Yes No No No

Inspection Record: NOISE BARRIER BEHIND + PA-COUNTY VARIANCES SITE WORKS

APPLICABLE SETBACK REQUIREMENTS & REPORT WHY BE USED.

Date of Inspection: 5-24-12 Inspected by: DR Zoning District: (F1)

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

Date of Re-Inspection: _____

Signature of Inspector: _____ Date of Approval: 5-29-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____

Hold For Fees: _____