

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
 JUL 25 2013

Permit #:	13-008
Date:	9/4/13
Amount Paid:	\$185
Refund:	7-20-13

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.
 Bayfield Co. Zoning Department

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

Owner's Name: Broddy Theis Mailing Address: 62210 Hwy 63 City/State/Zip: Wason WI 54866 Telephone: _____
 Address of Property: 62210 Hwy 63 City/State/Zip: Wason WI 54866 Cell Phone: 715-532-8209
 Contractor: Self Contractor Phone: n/a Plumber: n/a Plumber Phone: n/a
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) n/a Agent Phone: n/a Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM 1835 Vol & Page Vol 11 pg 12 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Legal Description: (Use Tax Statement) 0.26-2.46-05-07-3 PIN: (23 digits) 026.2.46.05.07.3 02.000.1300 Volume 1102 Page(s) pr 211
 Section 7, Township 46 N, Range 5 W Town of: Kelly Lot Size _____ Acreage 7.24

Shoreland Non-Shoreland

Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 324 feet Distance Structure is from Shoreline: _____ feet
 Property/Land within 1000 feet of Lake, Pond or Flowage. If yes---continue NO 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 checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <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 type="checkbox"/> Seasonal <input checked="" 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 Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <u>n/a</u>

Existing Structure: (if permit being applied for is relevant to it) Length: 48 feet Width: 22 feet Height: 16 feet
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Principal Structure (first structure on property) <u>Pole Barn</u>	Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>48</u>) (<u>22</u>) () () () () () () () () () () () ()	(<u>1056</u>) () () () () () ()
<input type="checkbox"/> Commercial Use Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	Mobile Home (manufactured date)	() () () () () ()	() () ()
<input type="checkbox"/> Municipal Use Accessory Building Addition/Alteration (specify) _____	Accessory Building Addition/Alteration (specify) _____	() () () () () ()	() () ()
Special Use: (explain) _____	Special Use: (explain) _____	() () () () () ()	() () ()
Conditional Use: (explain) _____	Conditional Use: (explain) _____	() () () () () ()	() () ()
Other: (explain) _____	Other: (explain) _____	() () () () () ()	() () ()

Rec'd for ISSUANCE SEP 04 2013

Secretarial Staff: _____
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 The undersigned, 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, and any reasonable information for the purpose of inspection.

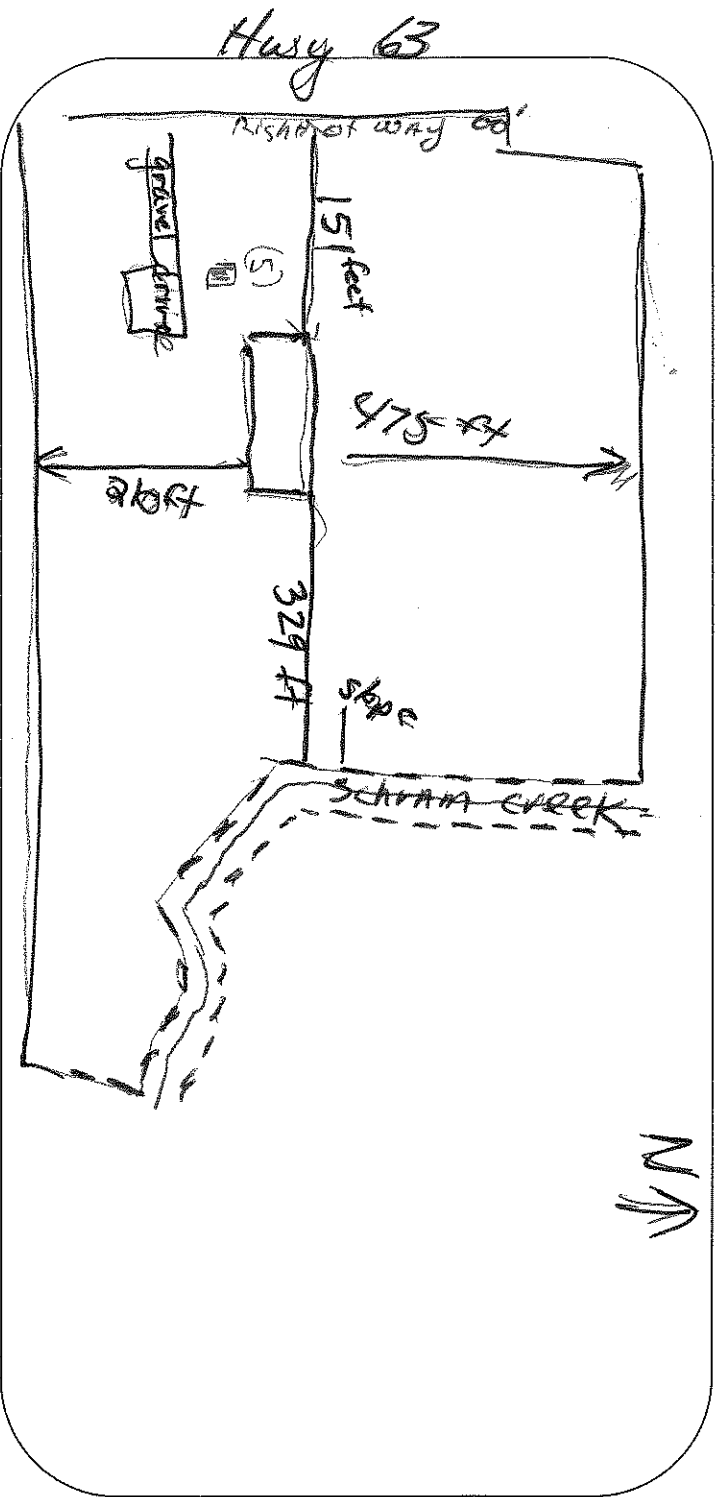
Owner(s): Bloddy Theis Date 7-25-13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit: _____
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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 any (*): **(*), 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	211 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	151 Feet	Setback from the River, Stream, Creek	329 Feet
Setback from the North Lot Line	475 Feet	Setback from the Bank or Bluff	170 Feet
Setback from the South Lot Line	210 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	180 Feet	Setback from 20% Slope Area	170 Feet
Setback from the East Lot Line	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)	43 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 300 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 Dwelling: 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	N/A		
Permit #: 13-0888	Permit Date: 9-4-13			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	N/A
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: 1st inspection showed a building already present w/o permit. portable tank & RV w/o permit. Pursued ATP permits prior to port tank permit issuance. Date of Inspection: 7-25-13 Inspected by:	Zoning District: (A9-1) Lakes Classification: (3)		Date of Re-Inspection: 8-29-13	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)				
BUILDING WITH NO BE USED FOR THUMAN HABITATION NOR STRUCT BE SERVED BY PRESSURIZED WATER W/O NECESSARY APPROVED PERMITS + SANITATION.				
Signature of Inspector:		Date of Approval: 9-4-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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 23 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-028
 Date: 9-4-13
 Amount Paid: \$150
 Refund: 8-25-13

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Brad Myers
 Address of Property: Same as mailing
 City/State/Zip: Mason, WI 54856
 Telephone: 715-580-8209
 Cell Phone: 715-165-0566

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

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: BT 1/4, S20 1/4
 Legal Description: (Use Tax Statement) BT 1/4, S20 1/4
 PIN: (23 digits) 04-0262-46-05-07-30200
 Recorded Document: (i.e. Property Ownership) Volume 1109 Page(s) 971

Section 1, Township 46 N, Range 5 W
 Town of: Kelly
 Lot Size: _____
 Acreage: 7.24

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue \rightarrow
 Distance Structure is from Shoreline: 300 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue \rightarrow
 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
\$3000	<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 type="checkbox"/> (New) Sanitary Specify Type: _____	<input 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 checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 14' Height: 12'

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

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.)	()	()
<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"/>	with Attached Garage	()	()
<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 checked="" type="checkbox"/>	Accessory Building (specify) <u>STOPS, WISE (awn egrip</u>	()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/>	Special Use: (explain)	()	()
<input type="checkbox"/>	Conditional Use: (explain)	()	()
<input type="checkbox"/>	Other: (explain)	()	()

Rec'd for Issuance SEP 04 2013

Secretarial Staff

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 when zoning laws (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): BRAD MYERS Date: 8-21-13

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

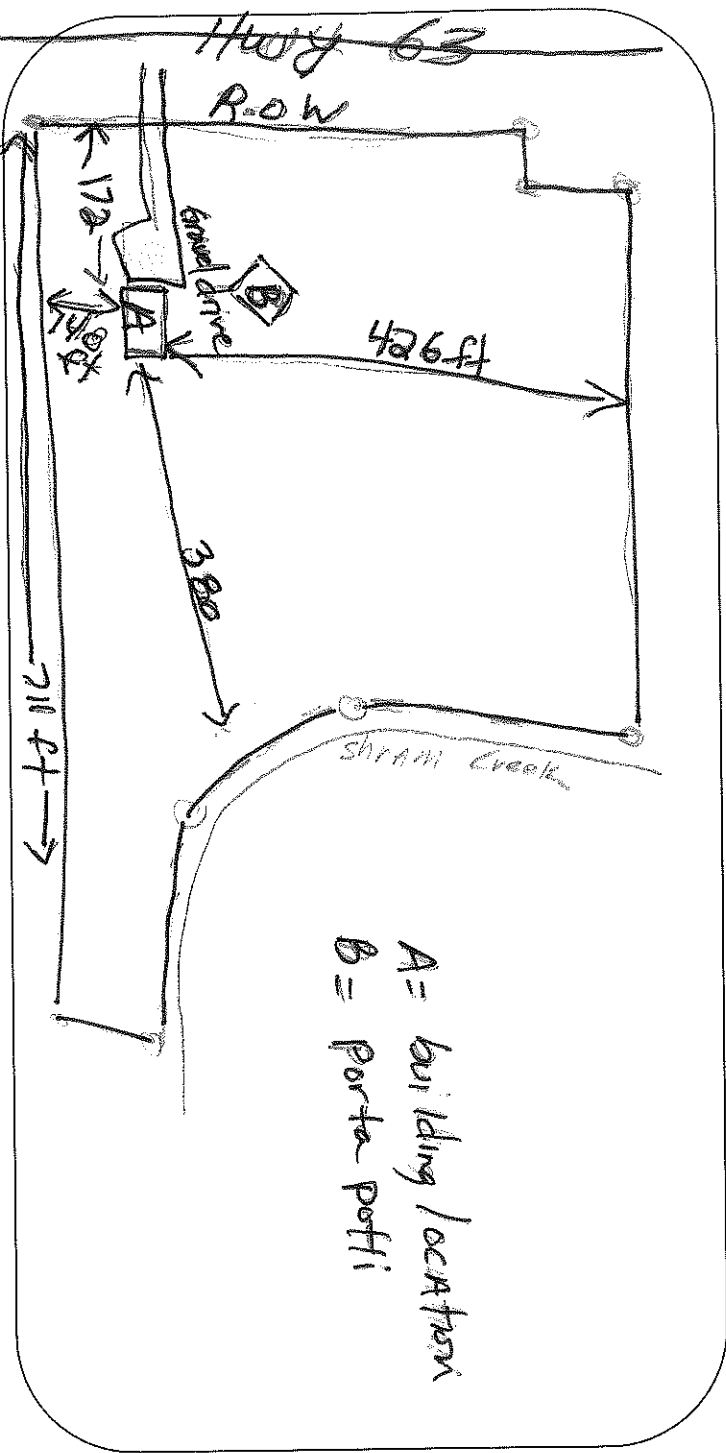
Address to send permit: 62210 Hwy 63 MASON WI 54856

Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Look 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)

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	233 Feet	Setback from the Lake (ordinary high-water mark)	112 Feet
Setback from the Established Right-of-Way	172 Feet	Setback from the River, Stream, Creek	380 Feet
Setback from the North Lot Line	426 Feet	Setback from the Bank or Bluff	330 Feet
Setback from the South Lot Line	172 Feet	Setback from Wetland	112 Feet
Setback from the West Lot Line	330 Feet	Setback from 20% Slope Area	250 Feet
Setback from the East Lot Line	330 Feet	Elevation of Floodplain	112 Feet
Setback to Septic Tank or Holding Tank	112 Feet	Setback to Well	112 Feet
Setback to Drain Field	112 Feet		
Setback to Privy (Portable, Composting)	39 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>N/A</u>	# of bedrooms: _____	Sanitary Date: _____	
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <u>9-4-13</u>			
Permit #: <u>13-00889</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CSW 1835</u>	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delimited	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record: <u>PROPERTY OWNER PRESENT TO REPRESENT SOUTH PROPERTY LINE. ATTEND THE TEST PERMITS.</u>					
Date of Inspection: <u>8-29-13</u>	Inspected by: <u>J. CROWBARK W. WELLS</u>				
Conditions: <u>Town, Committee or Board Conditions Attached? No</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If No they need to be attached.</u>			
<u>Builder shall not BE USED FOR HUMAN HABITATION.</u>					
Signature of Inspector: _____					Date of Approval: <u>9-4-13</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"/> _____		