

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  
 JUN 12 2013

Permit #: 13-0149  
 Date: 6-24-13  
 Amount Paid: \$756-17-13  
 Refund:   
 ENTERED

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 County Zoning Dept. 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: Kent A. Carlson Mailing Address: 11045 Myron Rd N Stillwater, MN Telephone: 651 303-2662  
 Address of Property: Melvin S. Welker City/State/Zip: Mason, WI 54856 Cell Phone: 651 303-2373  
 Contractor: SELF Contractor Phone: Plumber: Written Authorization Attached  Yes  No  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Plumber: Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: NW 1/4 NE 1/4 N 28th River Legal Description: (Use Tax Statement) 04-030-2-45-05-28-1-02-000-03000 PIN: (23 digits)  
 Gov't Lot: Gov't Lot Lot(s): Gov't Lot CSM: Gov't Lot Vol & Page: Gov't Lot Lot(s) No.: Gov't Lot Block(s) No.: Gov't Lot Subdivision: Gov't Lot Lot Size: Gov't Lot Acreage: 828

Section 28, Township 45 N, Range 5 W Town of: Lincoln

Distance Structure is from Shoreline: 100' feet  
 Distance Structure is from Shoreline: 100' feet  
 Distance Structure is from Shoreline: 100' 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	
							Length:
\$1,000	<input type="checkbox"/> New Construction * <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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"/> No Basement <input type="checkbox"/> Foundation	<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 <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> 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	Length: <u>20'</u> Width: <u>12'</u> Height: <u>10'</u>

Existing Structure: (if permit being applied for is relevant to it) Length: 20' Width: 12' Height: 10'  
 Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) ( ) ( )	( )
<input type="checkbox"/> Rec'd for Issuance	with a Porch	( ) ( ) ( )	( )
	with a Deck	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( ) ( )	( )
	Addition/Alteration (specify) <u>storage shed</u>	( <u>12'x 20'</u> )	<u>240</u>
	Accessory Building (specify)	( ) ( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
	Special Use: (explain)	( ) ( ) ( )	( )
	Conditional Use: (explain)	( ) ( ) ( )	( )
	Other: (explain)	( ) ( ) ( )	( )

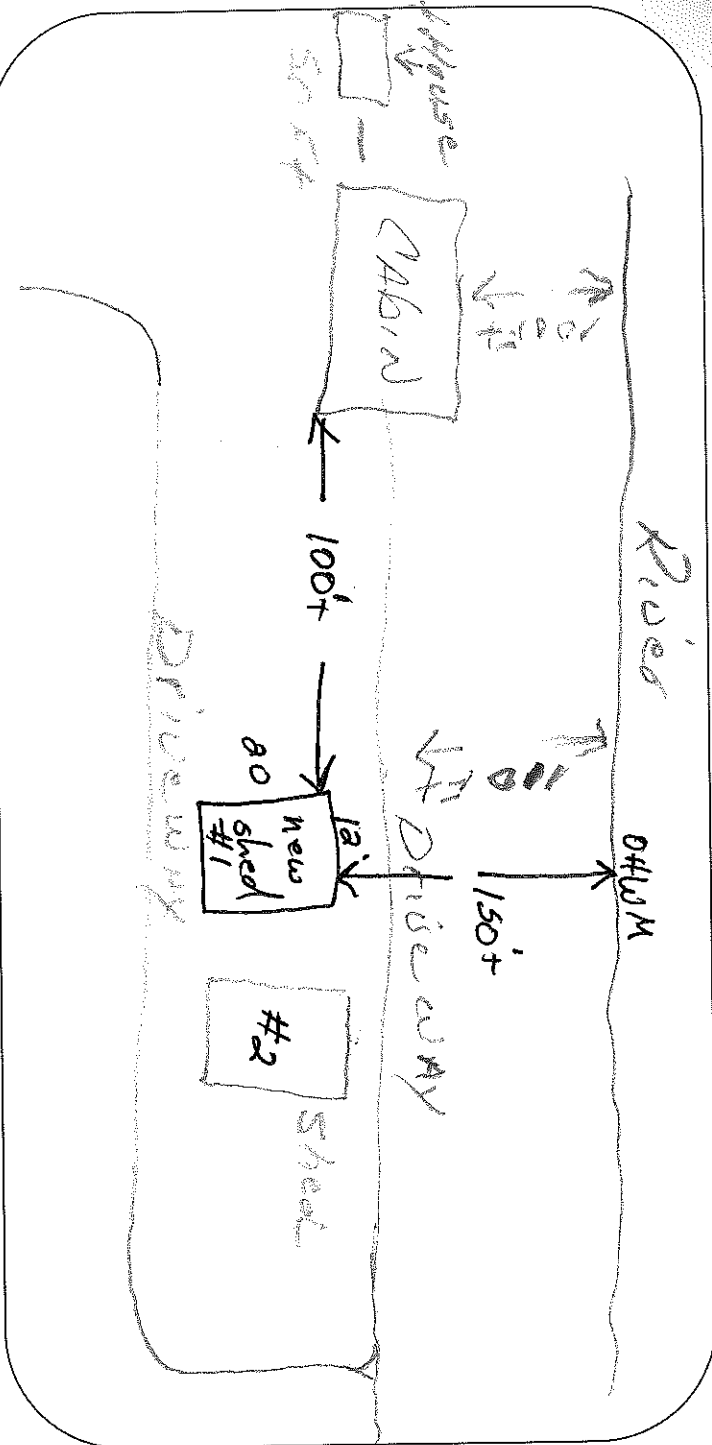
Rec'd for Issuance: JUN 24 2013

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 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): Melvin S. Welker & Kent A. Carlson Date 6-6-13  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Same as above (Myron Rd) Date \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit Same as above (Myron Rd) (if you recently purchased the property send your Recorded Deed)  
 Attach Copy of Tax Statement  
 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 (\*): (\* ) 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	150+	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	150+	Setback from the River, Stream, Creek	150+
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	150+
Setback from the South Lot Line	N/A	Setback from Wetland	N/A
Setback from the West Lot Line	170+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	230+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	150+		

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 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0149	Permit Date: 6-24-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit 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	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:	Inspected by: M. Frutkin				
Mets all setbacks.					
Date of Inspection: 6-21-13	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.)					
May not be used for human habitation.					
No water under pressure in structure.					
Signature of Inspector: Michael Frutkin	Date of Approval: 6-24-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 JUN 12 2013  
 Bayfield Co. Zoning Dept.

#75

Permit #:	13-0150	ENTERED
Date:	6-24-13	
Amount Paid:	\$756-17-13	
Refund:	KH	

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: Kent + A Carlson Mailing Address: 27305 Marvago River Rd, Mason, WI 54884 Telephone: 651 303-2063

Melvin S. Vebker City/State/Zip: 71045 Myron Rd W, Stillwater, MN 55082 Cell Phone: 651 303-2373

Address of Property: 27305 Marvago River Rd. Contractor Phone: Plumber: Plumber Phone:

Contractor: SELF Agent Phone:  Agent Mailing Address (include City/State/Zip):

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: NW 1/4 NE 1/4 of river PIN: (23 digits) 03-000-0300 Recorded Document: (i.e. Property Ownership) Volume 796 Page(s) 651

Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:

Section 28, Township 45 N, Range 5 W Town of: Lincoln Lot Size:  Acreage: 8.28

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  If no---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If yes---continue  If no---continue

Distance Structure is from Shoreline: 100' 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
\$ 1,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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 <input type="checkbox"/> Sanitary (Exists) Specify Type: <u></u> <input checked="" type="checkbox"/> Privy (prt) 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: 20' Width: 12' Height: 10'

Proposed Construction:

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 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	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>storage shed</u>	( 12x 80 )	240
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
Rec'd for Issuance	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	
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. 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.

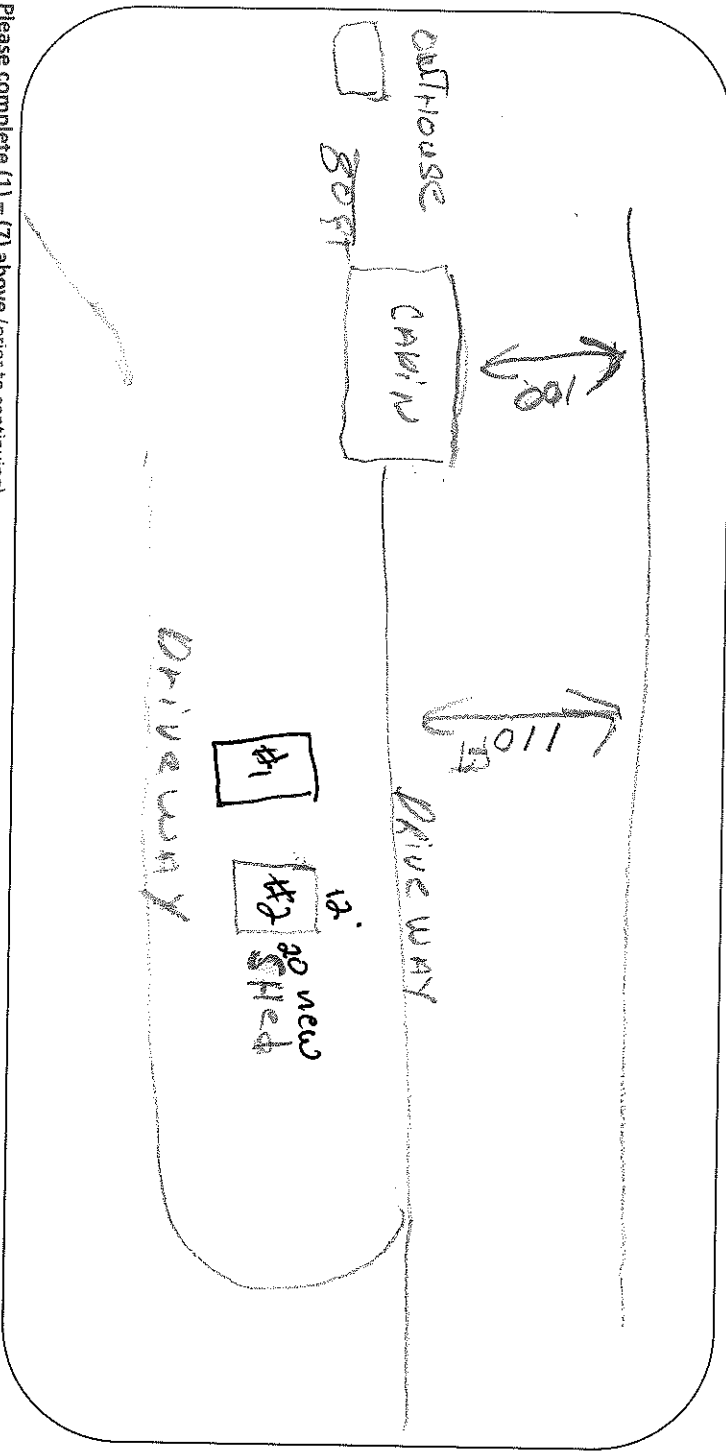
Owners: Melvin S. Vebker + Kent A. Carlson Date 6-6-13  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Same as above (Myron Rd.) Date   
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above (Myron Rd.) Attach Copy of Tax Statement  
 (if you recently purchased the property send your Recorded Deed)

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

- (1) Show Location of: Proposed Construction
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- (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
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Setback from the Established Right-of-Way	150'	Setback from the River, Stream, Creek	150'
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	150'
Setback from the South Lot Line	N/A	Setback from Wetland	N/A
Setback from the West Lot Line	170'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	230'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		N/A
Setback to Privy (Portable, Composting)	150'		

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.

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(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: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 13-0150 Permit Date: 6-24-13

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.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: Meets all setbacks

Date of Inspection: 6-21-13 Inspected by: M. Fuchs

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

May not be used for human habitation.

No water under pressure in structure.

Signature of Inspector: Melinda Swab Date of Issuance: 6-24-13

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_