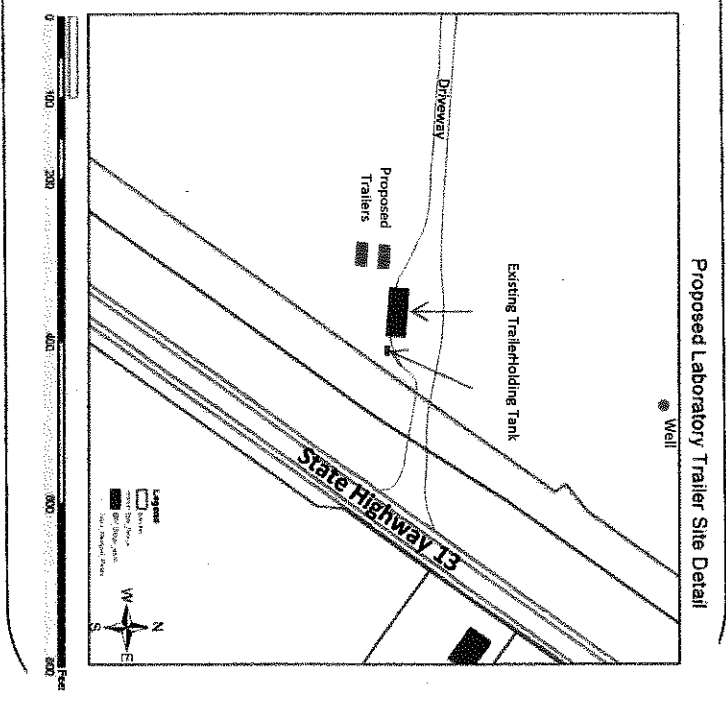
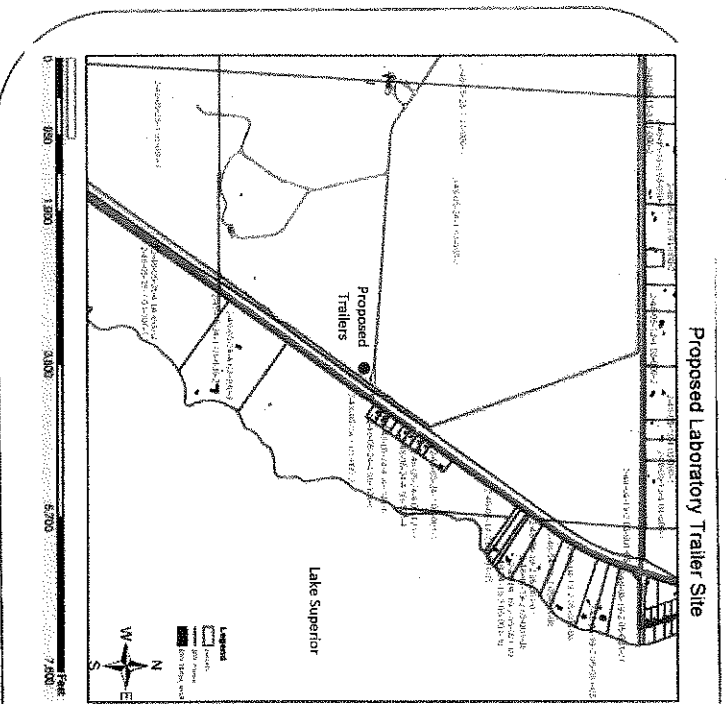


In the box below, Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of:
 - North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (2) Show / Indicate:
 - All Existing Structures on your Property
 - (3) Show Location of (*):
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (4) Show:
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (5) Show:
 - (*) Wetlands; or (*) Slopes over 20%
 - (6) Show any (*):
 - (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	375 Feet	Setback from the Lake (ordinary high-water mark)	1440 Feet
Setback from the Established Right-of-Way	270 Feet	Setback from the Lake (ordinary high-water mark)	1038 Feet
Setback from the North Lot Line	3250 Feet	Setback from the River, Stream, Creek	1430 Feet
Setback from the South Lot Line	2290 Feet	Setback from the Bank or Bluff	
Setback from the West Lot Line	3570 Feet	Setback from Wetland	NA Feet
Setback from the East Lot Line	270 Feet	Setback from 20% Slope Area	NA Feet
Setback to Septic Tank or Holding Tank	200 Feet	Elevation of Floodplain	NA Feet
Setback to Drain Field	NA Feet	Setback to Well	360 Feet
Setback to Privy (Portable, Composting)	3744 Feet		

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 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.

(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 #: 13-0003T	Permit Date: 6-13-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" 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
Granted by Variance (B.O.A.)	Case #: NA		Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No		Affidavit Required	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No		Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Inspection Record: Property came to be identified Proposed location which appears to be Code Compliant. OK to issue LUD Permit.					
Date of Inspection: 6/11/2013	Inspected by: Robert Schirmer	Zoning District: (F1)	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.)					
Structure must be removed by June 15, 2014.					
Signature of Inspector: [Signature]	Date of Approval: 6/13/2013				
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 Depart.
 PO Box 58 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUN 06 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0004T
 \$50.00
 ENTERED
 JUN 13-13
 \$50.00
 JUN 13-13
 \$75.00
 JUN 13-13

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

Owner's Name: Breiting Development Corporation
 Mailing Address: 3401 Lake Park Road Ashland / WI / 54806
 City/State/Zip: Ashland / WI / 54806
 Telephone: 715-882-5231

Address of Property: 72315 State Highway 13
 City/State/Zip: Barksdale / WI / 54806
 Cell Phone:

Contractor: URS Corporation
 Contractor Phone: 502-217-1534
 Plumber: Not Applicable
 Plumber Phone: Not Applicable

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: Not Applicable
 Agent Mailing Address (include City/State/Zip): Not Applicable
 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, 1/4
 Legal Description: Entire Section Less RA
 PIN: (23 digits) 00224805241010002000
 Volume: 434
 Subdivision: 376
 Recorded Document: (i.e. Property Ownership) 591.0

Section 24, Township 48 N Range 5 W
 Town of: Barksdale

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: 1038 feet
 Distance Structure is from Shoreline: 1440 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
\$0.00 Trailer only - No third construction	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (leasing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> Temporary	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> TRAILER	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<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 Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> None

Existing Structure: (If permit being applied for is relevant to it) Length: none Width: none Height: none
 Proposed Construction: Temporary siting of trailer Length: none Width: none Height: none

Proposed Use	Proposed Structure	Dimensions	Square Footage
Residential Use	<input 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 Attached Garage	() () () () () () ()	() () () () () () ()
Commercial Use	<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)	() () () () ()	() () () () ()
Municipal Use	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input checked="" type="checkbox"/> Other: (explain) Trailer - used as temporary laboratory	() () (28 X 14)	() () (392)

Recd for Issuance
 JUN 13 2013

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

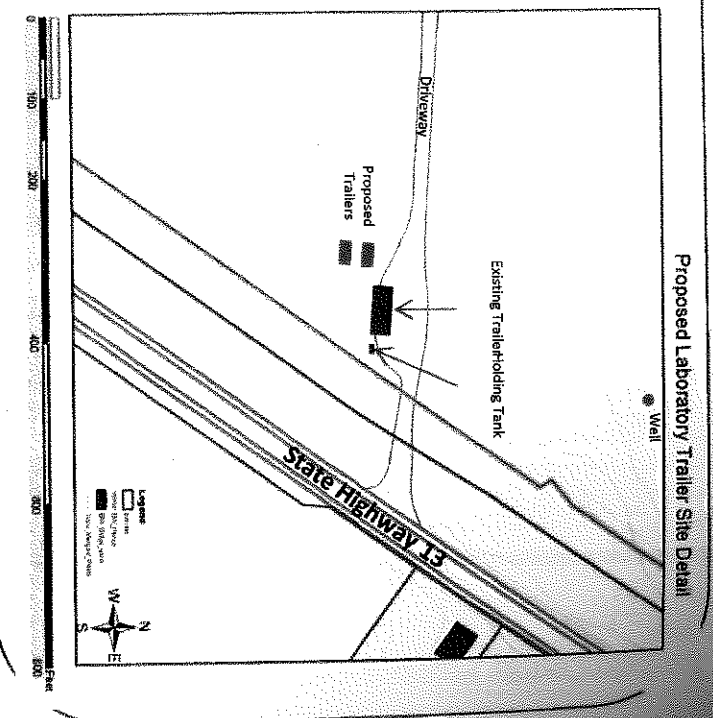
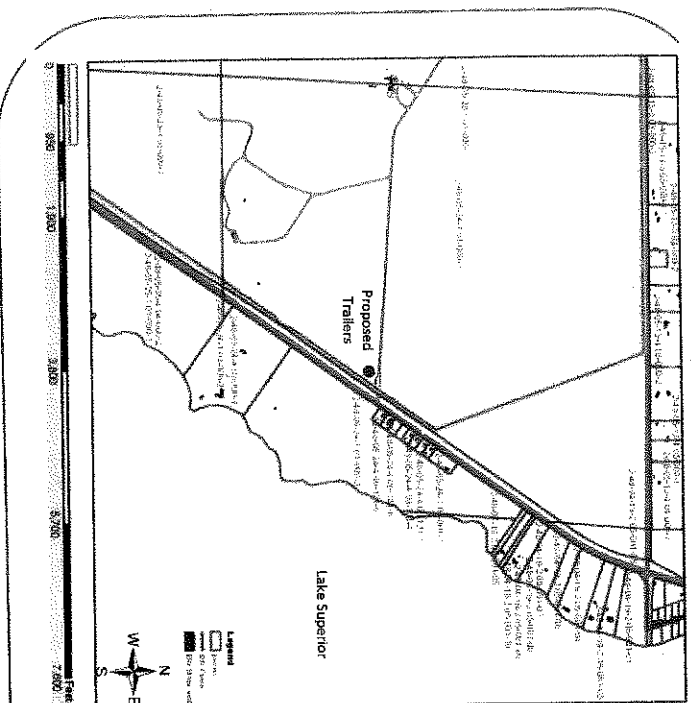
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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): Paul R. Bartsdale
 Date: 6-5-13
 (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: CALL 608 730 4433 FOR PICKUP AT HONOLULU
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

In the box 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
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Setback from the South Lot Line	2290 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	3570 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	270 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	200 Feet	Setback to Well	360 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	3722 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: _____

Reason for Denial: _____

Permit #: **B-00047** Permit Date: **6-13-13**

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

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

Is Structure Non-Conforming Yes No No

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

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Were Property Lines Surveyed Yes No

Affidavit Required Yes No

Affidavit Attached Yes No

Inspection Record: **Property Line to be identified proposed location which appear to be code compliant. OK to issue LU permit**

Date of Inspection: **6/11/2013** Inspected by: **Robert Schirman**

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

Structure must be removed by June 15, 2014.

Signature of Inspector: **[Signature]** Date of Approval: **6/13/2013**

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