

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  
 Date Rec'd (Received)  
 APR 30 2012  
 Bayfield Co. Zoning Dept.

Permit #: 10-0092  
 Date: 5-3-12  
 Amount Paid: \$450.00  
 Refund: 4/15/12  
 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.

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: CHAS DICKRELL  
 Address of Property: 21585 JEWERS PT ROAD  
 City/State/Zip: CABLE, WI 54821  
 Mailing Address: 5451 RAYBELL AVE NE OSTEBO, MN 55374  
 Telephone: Cell Phone: 73-229-2681  
 Contractor: PEEK HERBST BOURGESS  
 Contractor Phone: 507-273-8127  
 Authorized Agent: PEEK HERBST  
 Agent Phone: 507-273-8127  
 Agent Mailing Address (include City/State/Zip): 2083 SMARBURST DR SW ROCHESTER, MN 55902  
 Written Authorization Attached:  Yes  No  
 Recorded Document (i.e. Property Ownership) Volume: 1047 Page(s): 134  
 PIN: (23 digits) 04-034-2-43-06-04-4-05-005-12000  
 PROJECT LOCATION: Legal Description: (Use Tax Statement)  
 Section: 4, Township: 43 N, Range: 6 W, TOWN OF: MANNAKASON  
 Gov't Lot: 1, Lots: 1715, Vol & Page: 10, 130, Lot(s) No.: , Block(s) No.: , Subdivision: , Lot size: , Acreage: 1.8

Z 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: 135 feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No  
 LOMA Case # 11-05-0797A

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
\$ 150,000	<input checked="" type="checkbox"/> New Construction	<input 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 checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Sanitary</u>	<input checked="" 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 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 checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: ~~44~~ Width: ~~34~~ Height: ~~23~~  
 Proposed Construction: Length: 44 Width: 34 Height: 23

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	( X )
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( 34 X 44 )	1336
	<input type="checkbox"/> with Loft	( 13 X 44 )	208
	<input type="checkbox"/> with a Porch	( 4 X 21 )	126
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( X )	( X )
	<input type="checkbox"/> with a Deck	( 8 X 20 )	160
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( X )	( X )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	( X )
	Mobile Home (manufactured date)	( X )	( X )
	Addition/Alteration (specify)	( X )	( X )
	Accessory Building (specify)	( X )	( X )
	Accessory Building Addition/Alteration (specify)	( X )	( X )
	Special Use: (explain)	( X )	( X )
	Conditional Use: (explain)	( X )	( X )
	Other: (explain)	( )	( )

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 acknowledge 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): \_\_\_\_\_ Date: \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

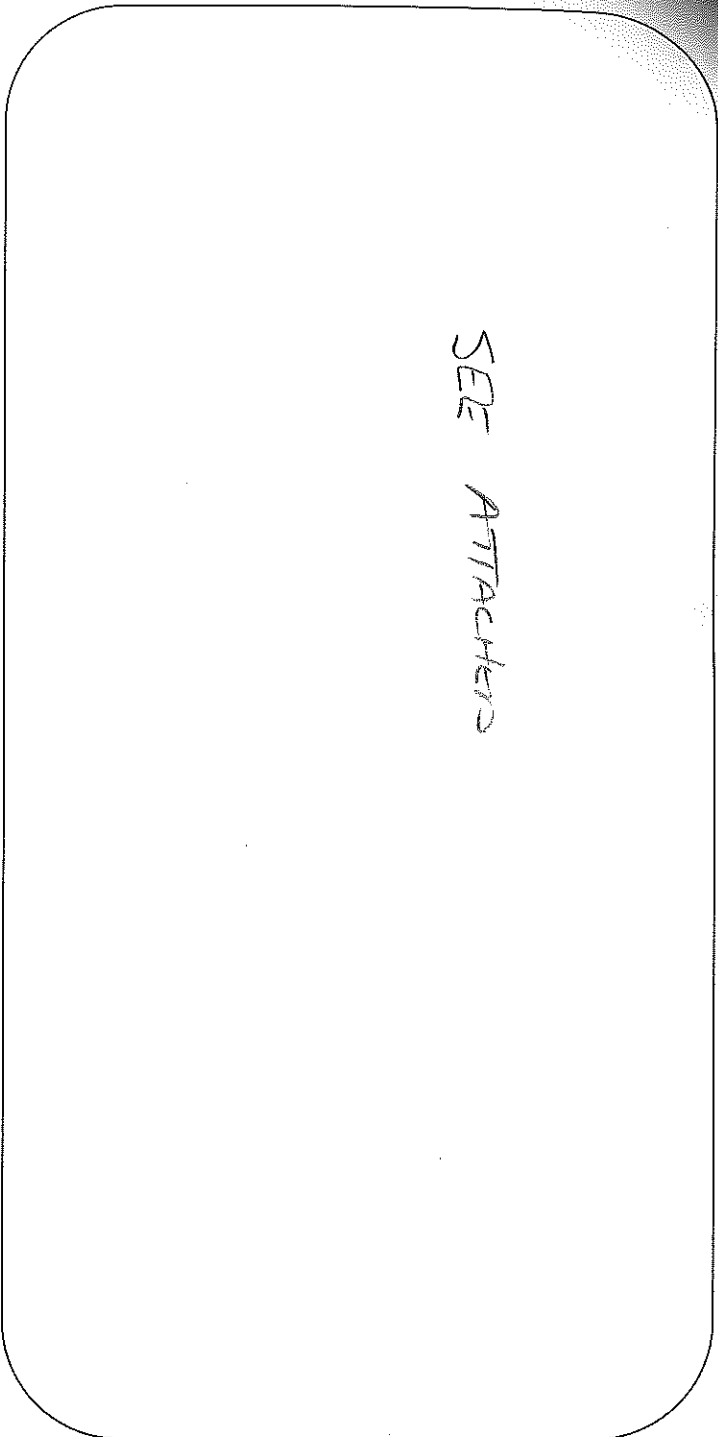
Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Rec'd for Issuance: 2083 SMARBURST DR SW ROCHESTER MN 55902  
 MAY 3 2012 Copy of Tax Statement

Secretarial Staff  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 12/21/14  
 5/21/14

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

- Show Location of: **Proposed Construction**  
 Show/Indicate: North (N) on Plot Plan  
 (1) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)  
 (2) Show:  
 (3) Show any (\*): **All Existing Structures on your Property**  
 (4) Show:  
 (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%**

SEE ATTACHED



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	112	Setback from the Lake (ordinary high-water mark)	135
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	200+		
Setback from the South Lot Line	135	Setback from Wetland	100
Setback from the West Lot Line	80+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	55+	Elevation of Floodplain	1397.6
Setback to Septic Tank or Holding Tank	20	Setback to Well	75+
Setback to Drain Field	75+		
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 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 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: 11-1195 # of bedrooms: 4 Sanitary Date: 10-26-11

Permit #: 12-0095 Permit Date: 5-3-12

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  Yes  No  
 Is Structure Non-Conforming  Yes  No

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

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: Well staked, Metals all set back.

Date of Inspection: 4-27-12 Inspected by: M. Fustak

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

Signature of Inspector: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Hold For Sanitary:  OK KSK Hold For TBA:  Hold For Affidavit:  Hold For Fees:  Approval action

4-30-12 O.K.



R. & V. HUNT BUILDERS  
507-273-8127  
LIC# 100874

Come home to quality.  
Come home to Andersen.

717-697-0346

21585 JWC  
CABLE, WI

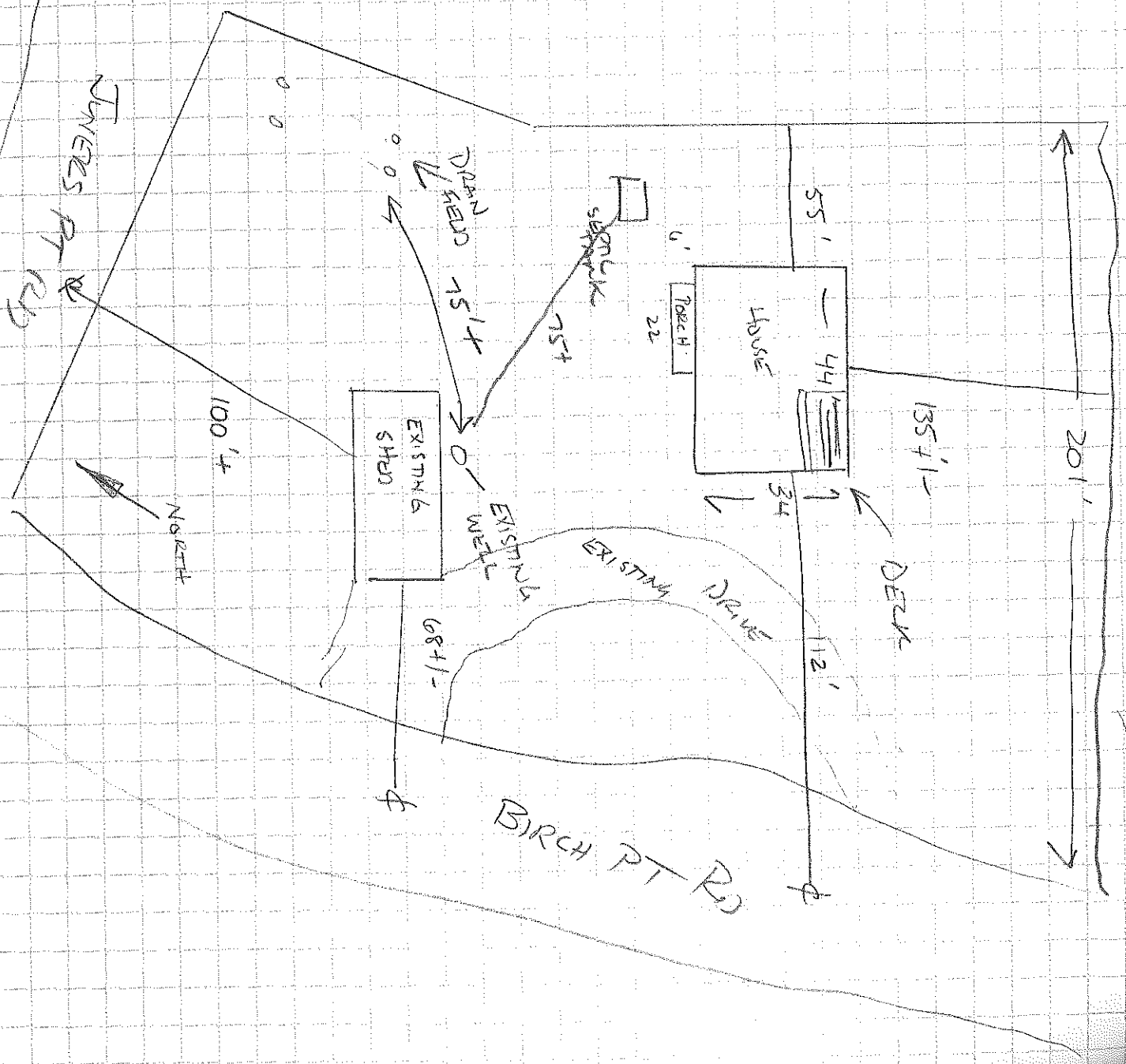
DATE

4/24/12

JOB

CHARS DICKERSON

LAKE NAMAKAGON



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