

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  
 APR 30 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-0104
Date:	5-4-12
Amount Paid:	\$105.00 USD
Return:	4/30/12

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: Dave Palen Mailing Address: 10638 Hayward Ct Hayward WI City/State/Zip: 53551 Telephone: 612 751-1394  
 Address of Property: 24845 Garden Lake Rd City/State/Zip: Cable WI 54821 Contractor Phone: 634-6366 Plumber: Plumber: Plumber Phone: Plumber:  
 Contractor: Northland Recreational Homes Agent Phone: 634-6366 Agent Mailing Address (include City/State/Zip): 10638 Hayward Ct Hayward WI 53551 Written Authorization Attached  Yes  No  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Kevin Miller PIN: (23 digits) 04-034-2-43-06-12-4 Recorded Document (i.e. Property Ownership) Volume 877 Page(s) 961

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 4+5 Lot(s) 1 CSM 359 Vol & Page 3, 215 Lot(s) No.  Block(s) No.  Subdivision:  Lot Size  Acreage 1.173  
 Section 12, Township 43 N, Range 6 W Town of: Nawa Kagon

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If Yes---continue → Distance Structure is from Shoreline: 35 feet  
 Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes---continue → Distance Structure is from Shoreline: 35 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
\$ 35,000	<input type="checkbox"/> New Construction <input checked="" 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"/> 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"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <input 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: 12.3 Width: 2.5 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 ( )	( )
	with Attached Garage	( ) 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 ( )	( )
	Addition/Alteration (specify) <u>Kitchen bump out</u>	( 2.5 x 12.5 )	31.25
	Accessory Building (specify)	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
	Special Use: (explain)	( ) X ( )	( )
	Conditional Use: (explain)	( ) X ( )	( )
	Other: (explain)	( ) X ( )	( )
<input type="checkbox"/> Municipal Use			

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: \_\_\_\_\_ Date: 4-27-12  
 (If there are Multiple Owners listed on the Deed All Owners must sign in letters) of authorization must accompany this application)

Authorized Agent: Kevin Miller Date: 4-27-12  
 (If there are Multiple Owners listed on the Deed All Owners must sign in letters) of authorization must accompany this application)

Record for Issuance: \_\_\_\_\_ Attach  
 Address to send permit: 10638 Hayward Ct Hayward WI 54893 Copy of Tax Statement   
MAY 4 2012 If you recently purchased the property send Your Recorded Deed

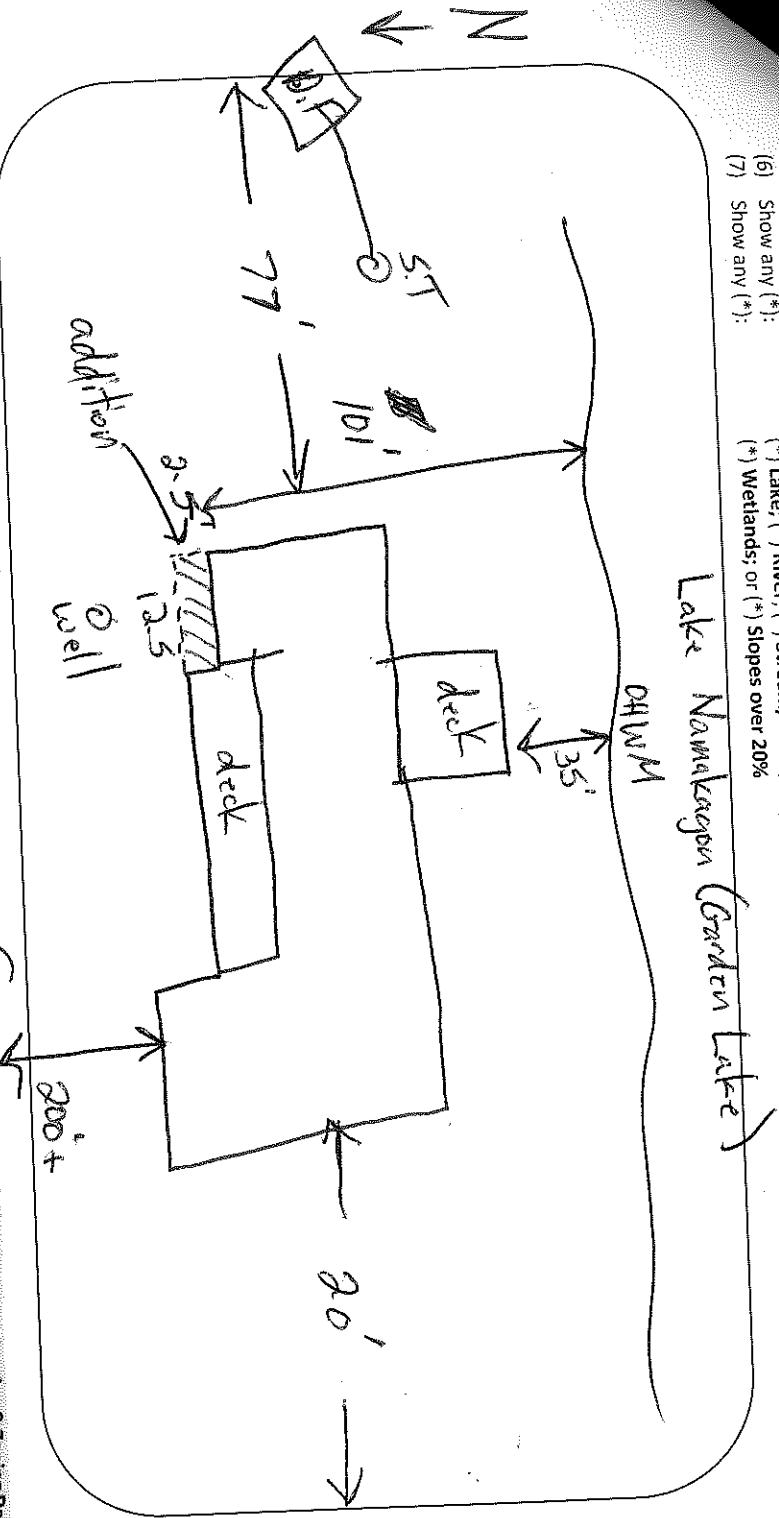
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



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. Garden Lake Rd.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200' + Feet	Setback from the Lake (ordinary high-water mark)	35' Feet
Setback from the Established Right-of-Way	170' ± Feet	Setback from the River Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	20' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	77' Feet	Elevation of Floodplain	15' Feet
Setback to Septic Tank or Holding Tank	27' Feet	Setback to Well	
Setback to Drain Field	30' + Feet		
Setback to Privy (Portable, Composting)	N/A 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: 235474 # of bedrooms: 3 Sanitary Date: 6/14/95

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

Permit #: 12-0104 Permit Date: 5-4-12

Is Parcel a Sub-Standard Lot  Yes  No (Deed of record)  Yes  No

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

Is Structure Non-Conforming  Yes 35' off W.M.  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Inspected by: M. Fudd

Date of Inspection: 4-27-12

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

Structure must be painted an earth tone color by 10-1-12.

Signature of Inspector: Michael Swartz Date of Approval: 4-30-12

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