

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
 Permit (Received)
 JUL 03 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-04580
 Date: 11-16-12
 Amount Paid: \$75.00 K.D.S
 Refund: 7/31/12

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

Owner's Name: RANDY LUETH & JILL MELLIHAN Mailing Address: 1826 MARSHFIELD RD. DR. CABLE WI 54821 City/State/Zip: MARSHFIELD WI 54449 Telephone: 715-201-0601

Address of Property: 43995 CO HWY D City/State/Zip: CABLE WI 54821 Contractor Phone: _____ Plumber: _____ Cell Phone: 715-201-2601 Plumber Phone: _____

Description: 2 PAR IN GOVT LOT 2 ~~441099 P307158A~~ ~~ROBERT HAGEMAN TRUST #98EW1 DTD 11/5/1999 IM 2003R-485719 IM 2003R-485719 IM 2003R-485719~~ Description: NAMAKAGON LAKE SHORE SUBDIV S 1/2 OF PA IN LOT 65 IN V. 899 P. 304 (ROBERT C HAGEMAN TRUST #98EW1 DATED 11/05/98) IM 2004R-493719 IM 2003R-48545

PIN: 04-034-2-43-06-15-1 05-002-20000 PIN: 04-034-2-43-06-15-1 00-227-70000
 Alternate/Legacy ID: 034-1075-04 000 Alternate/Legacy ID: 034-1116-02 990

Section 15, Township 43 N, Range 6 W Town of: NAMAKAGON Lot Size 1.3 Ac Acreage _____

Shoreland Non-Shoreland

Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes--continue If Yes--continue

Distance Structure is from Shoreline: 195 feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 195 feet 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
\$ <u>20,000</u>	<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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>TANK</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (PRI) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 30 Height: 16'
 Proposed Construction: Length: 36 Width: 28 Height: 18'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input checked="" type="checkbox"/>	Residential Use with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	() ()	()
<input type="checkbox"/>	Commercial Use 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>GARAGE</u>	(<u>36</u> x <u>28</u>)	<u>1008</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)	() ()	()

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) do hereby 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 for a reasonable time for the purpose of inspecting the property.

Owner(s): Randy & Jill Melihan & Jill Melihan Date: 6/29/2012
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

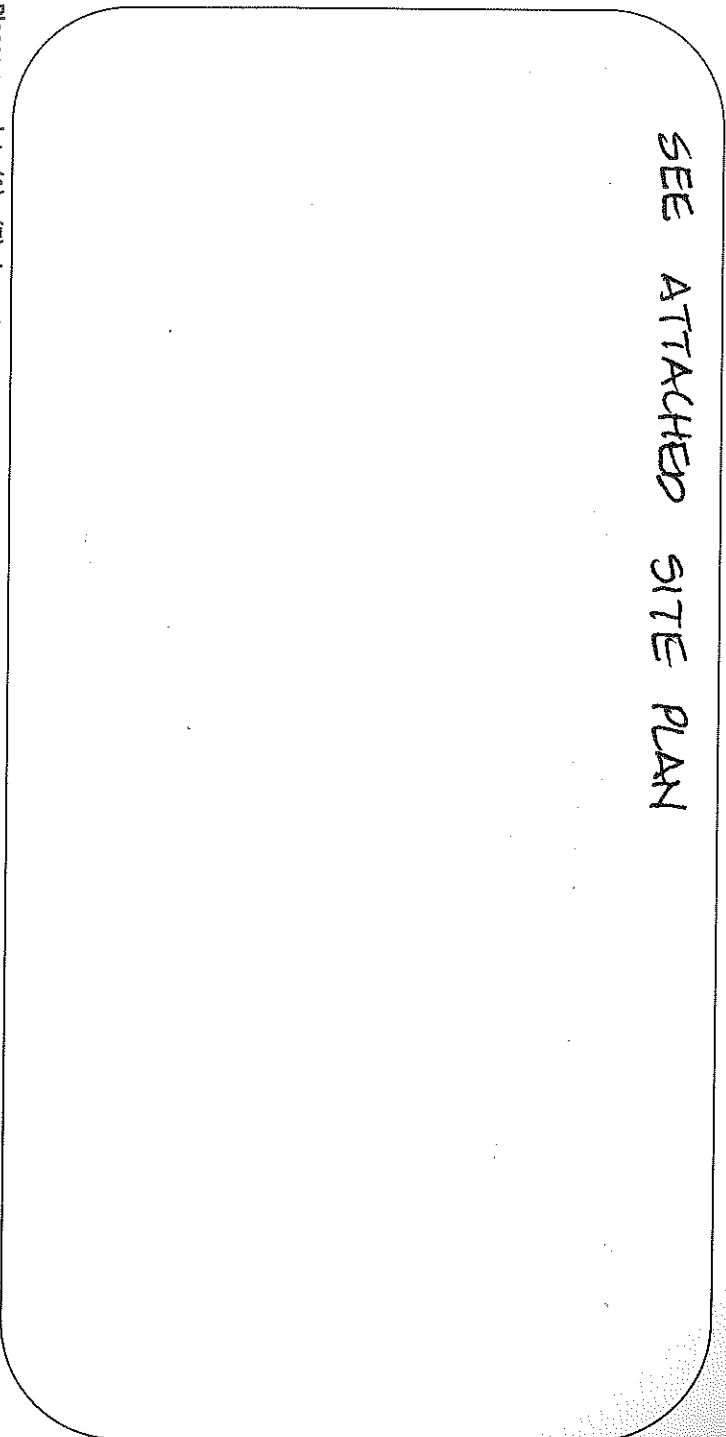
Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance _____
 Address to send permit _____

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%

SEE ATTACHED SITE PLAN



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	39 Feet	Setback from the Lake (ordinary high-water mark)	195 Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	5 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	151 Feet	Setback from Wetland	
Setback from the West Lot Line	195 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	5 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	95 Feet	Setback to Well	147 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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.

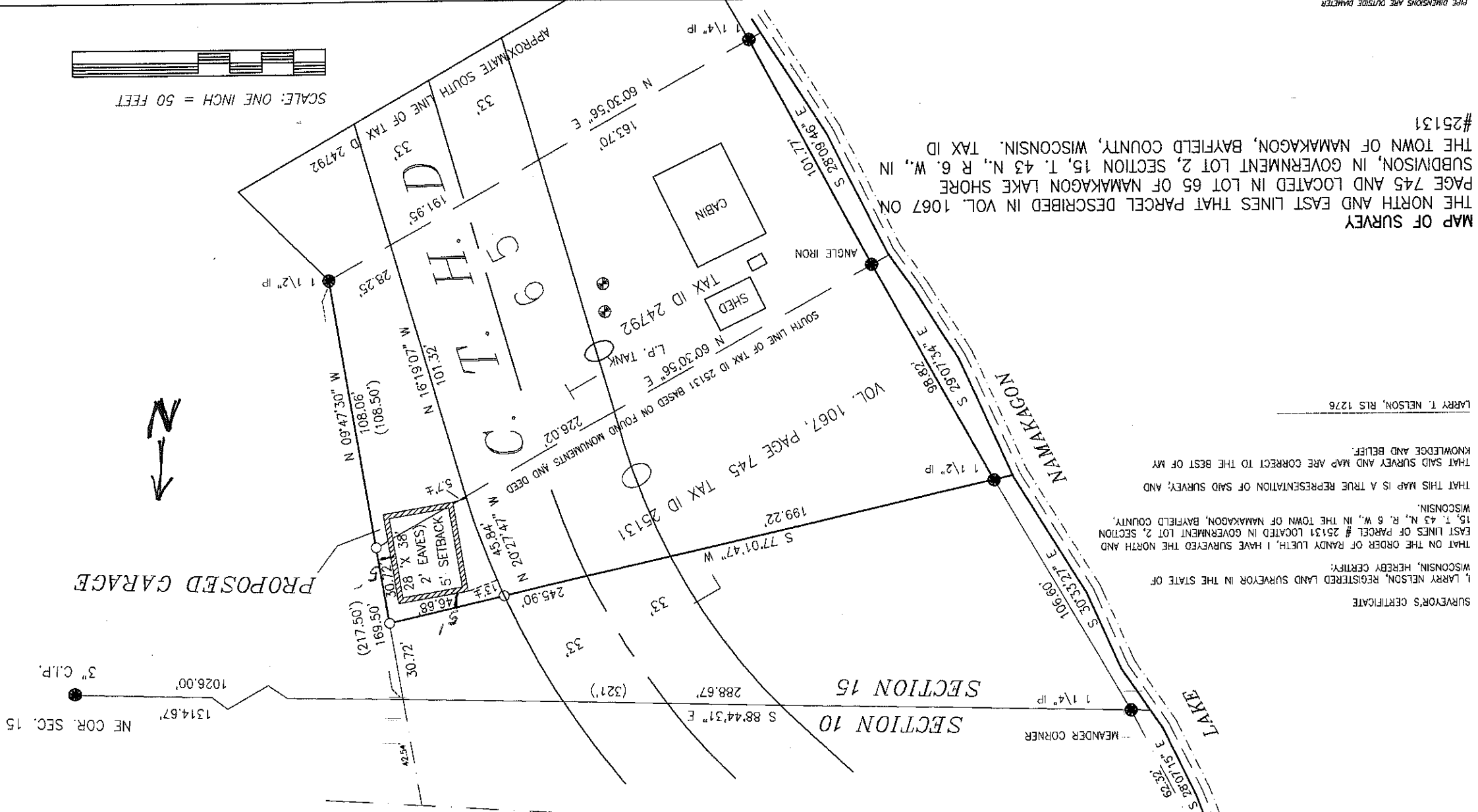
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable 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 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:		
Permit #: B-0450	Permit Date: 11-16-12			
Is Parcel a Sub-Standard lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 #:	Case #: 12-07 B		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	Inspected by: M. Fuchs			
Date of Inspection: Will Staked. Privy at area.				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
See BOA decision & affidavit.				
Signature of Inspector:	Michael Fuchs			Date of Approval: 11-16-12
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

SECTION LINE USED BY WILLIAM LAKE

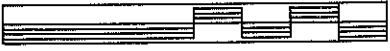


NE COR. SEC. 15
1314.67'
1026.00'
3" C.I.P.

PROPOSED GARAGE



SCALE: ONE INCH = 50 FEET



SURVEYOR'S CERTIFICATE
I, LARRY NELSON, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF RANDY LUETH, I HAVE SURVEYED THE NORTH AND EAST LINES OF PARCEL # 25131 LOCATED IN GOVERNMENT LOT 2, SECTION 15, T. 43 N., R. 6 W., IN THE TOWN OF NAMA KAGON, BAYFIELD COUNTY, WISCONSIN.

THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LARRY T. NELSON, RLS 1276

MAP OF SURVEY
THE NORTH AND EAST LINES THAT PARCEL DESCRIBED IN VOL. 1067 ON PAGE 745 AND LOCATED IN LOT 65 OF NAMA KAGON LAKE SHORE SUBDIVISION, IN GOVERNMENT LOT 2, SECTION 15, T. 43 N., R. 6 W., IN THE TOWN OF NAMA KAGON, BAYFIELD COUNTY, WISCONSIN. TAX ID #25131

LEGEND
● IRON PIPE, SIZE NOTED, FOUND
○ 1-1/4" IRON PIPE SET THIS SURVEY
() RECORDED DATA

CLIENT: RANDY LUETH
JOB NO: N12/070
SCALE: ONE INCH = 50 FEET
DRAFTED BY: LTN
N/DATA/T43NR6W/SECT15 - PSDATA N12/070
JULY 20, 2012

SHEET 1 OF 1
DRAFTED BY: LTN
N/DATA/T43NR6W/SECT15 - PSDATA N12/070
ACAD - N12/070 LUETH
SURVEYING NORTHERN WISCONSIN SINCE 1954

NELSON
SURVEYING
INCORPORATED

101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100
APP NO. CSM 2472