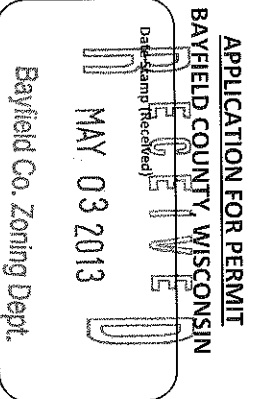


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138



ENTERED	
Permit:	13-0071
Date:	5-13-13
Amount Paid:	\$1425
Refund:	5-3-13

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: Mike + Maurine Funk Mailing Address: N198a Hickory Lane La Crosse WI 54601 Telephone: 608-788-1789

Address of Property: Bear Pt Rd City/State/Zip: Cable, WI 54621 Cell Phone: 608-397-5786

Contractor: Randy Bjork Contractor Phone: 715-798-4334 Plumber: Andie Rosmusset + Sons Inc. Plumber Phone: 715-798-3355

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 538-1184 Agent Mailing Address (include City/State/Zip): 715-798-3355 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 1 CSM 276 Vol & Page 3, 65 Lot(s) No. Black(s) No. Subdivision: 1103 Page(s) 66 Recorded Document: (i.e. Property Ownership) 1200 Volume 1103 Page(s) 66

Section 9, Township 43 N, Range 6 W Town of: Namackagon Lot Size 1.03 Acreage 1.03

Shoreland Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue If yes---continue

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

Distance Structure is from Shoreline: 85 feet 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
\$ <u>475000.00</u>	<input checked="" type="checkbox"/> New Construction <input 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"/> 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 checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>In Ground</u> <input type="checkbox"/> Privy (Pit) 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: _____ Width: _____ Height: _____

Proposed Construction: Length: 70' Width: 5'9" 8" Height: 20'

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.) <input type="checkbox"/> with Loft <input checked="" type="checkbox"/> with a Porch (<u>Screen Porch</u>) <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<u>58</u> x <u>32</u>) (<u>55</u> x <u>24</u>) (<u>8</u> x <u>12</u>) (<u>4</u> x <u>24</u>) (<u>10</u> x <u>27</u>) (<u>34</u> x <u>23</u>)	<u>2322</u> <u>703</u> <u>96</u> <u>96</u> <u>270</u> <u>782</u>
<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)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	(_____)	(_____)
<input type="checkbox"/> Addition/Alteration (specify) _____	Accessory Building (specify) _____	(_____)	(_____)
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(_____)	(_____)
Rec'd for Issuance	Special User: (explain) _____	(_____)	(_____)
MAY 13 2013	Conditional Use: (explain) _____	(_____)	(_____)
Secretarial Staff	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) 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.

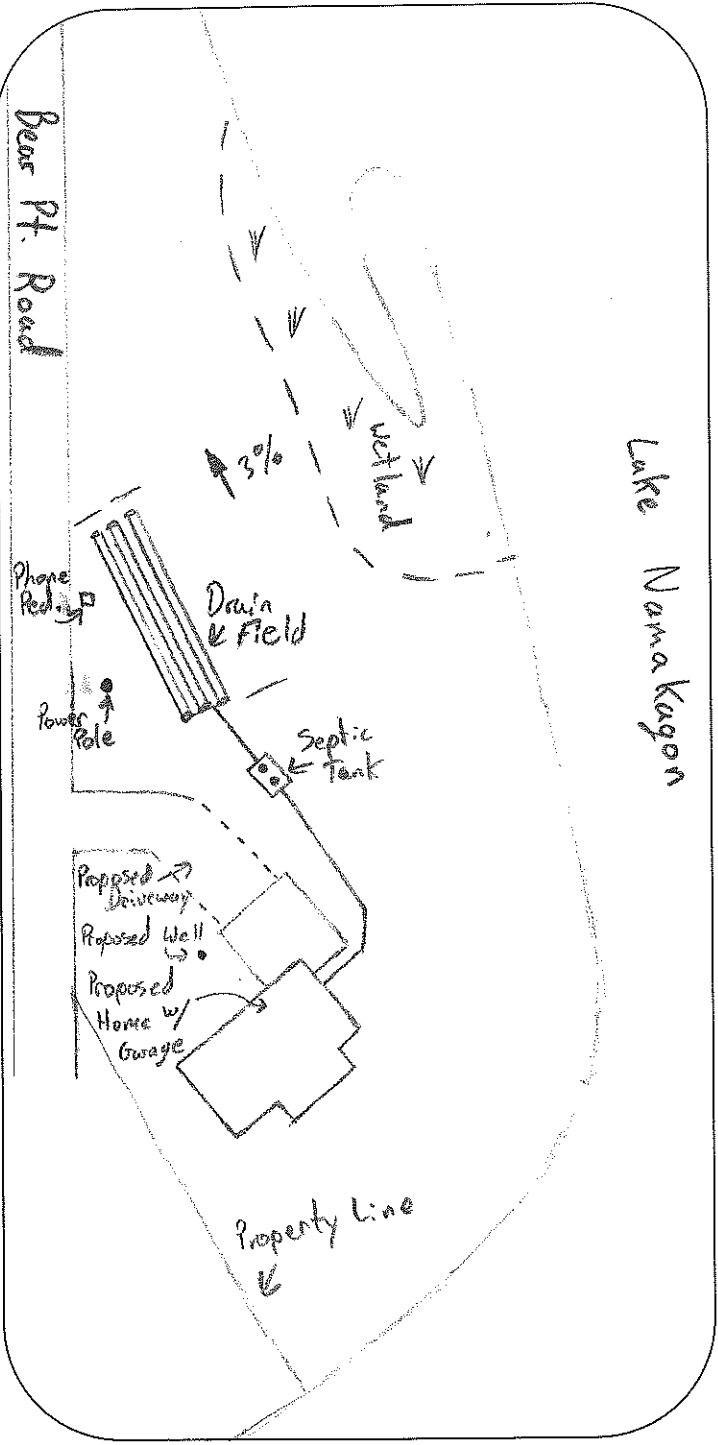
Owner(s): Mikes + Maurine Funk Date 4/15/13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 42630 U.S. Hwy 63, Cable WI 54621 Attach _____
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement ✓)

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
Setback from the Centerline of Platted Road	40' NA	Setback from the Lake (ordinary high-water mark)	75' NA
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	150' NA	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	95' NA	Setback from Wetland	65' NA
Setback from the West Lot Line	15' NA	Setback from 20% Slope Area	40' NA
Setback from the East Lot Line	85' NA	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	30' NA	Setback to Well	35' NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

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 or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more 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.

(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: 13-105	# of bedrooms: 4	Sanitary Date: 3-6-13		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-0071	Permit Date: 5-13-13					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	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 (Frised/Contiguous lots)	<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 Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of inspection: 5-10-13	Inspected by: M. Trutala					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If No they need to be attached.)					
<i>Well staked. Meets all setbacks.</i>						
<i>Must meet all applicable zoning, ordinance requirements.</i>						
Signature of Inspector: Michael Trutala						Date of Approval: 5-13-13
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 Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 MAY 03 2013
 Bayfield Co. Zoning Dept

\$75

Permit #	13-0088
Date:	5-7-13
Amount Paid:	\$75
Refund:	5-3-13

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: Bonnie Hanson Mailing Address: 20785 Co. Rd 30 Rogers, MN 55374 Telephone: 715 794-2266

Address of Property: 23870 Midigau Bay Rd City/State/Zip: Cable, WI 54921 Call Phone: 612 859-3559

Contractor: SELF Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (Include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 4 Lots 1 CSM 1796 Vol & Page 10, 30B Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) 1081 Page(s) 488

Section 14, Township 43 N, Range 6 W Town of: Nawa Kagon Lot Size _____ Acreage 1.299

Shoreland Non-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: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue Distance Structure is from Shoreline: 190+ 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
\$ 15,000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input 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>Cow</u>	<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 type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it) Length: 30' Width: 28' Height: 10'

Proposed Construction: Length: _____ Width: _____ Height: _____

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 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <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>garage</u>	(<u>29 X 30</u>)	<u>870</u>
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	
MAY 17 2013			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OF 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): Bonnie Hanson Date 5-2-13

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

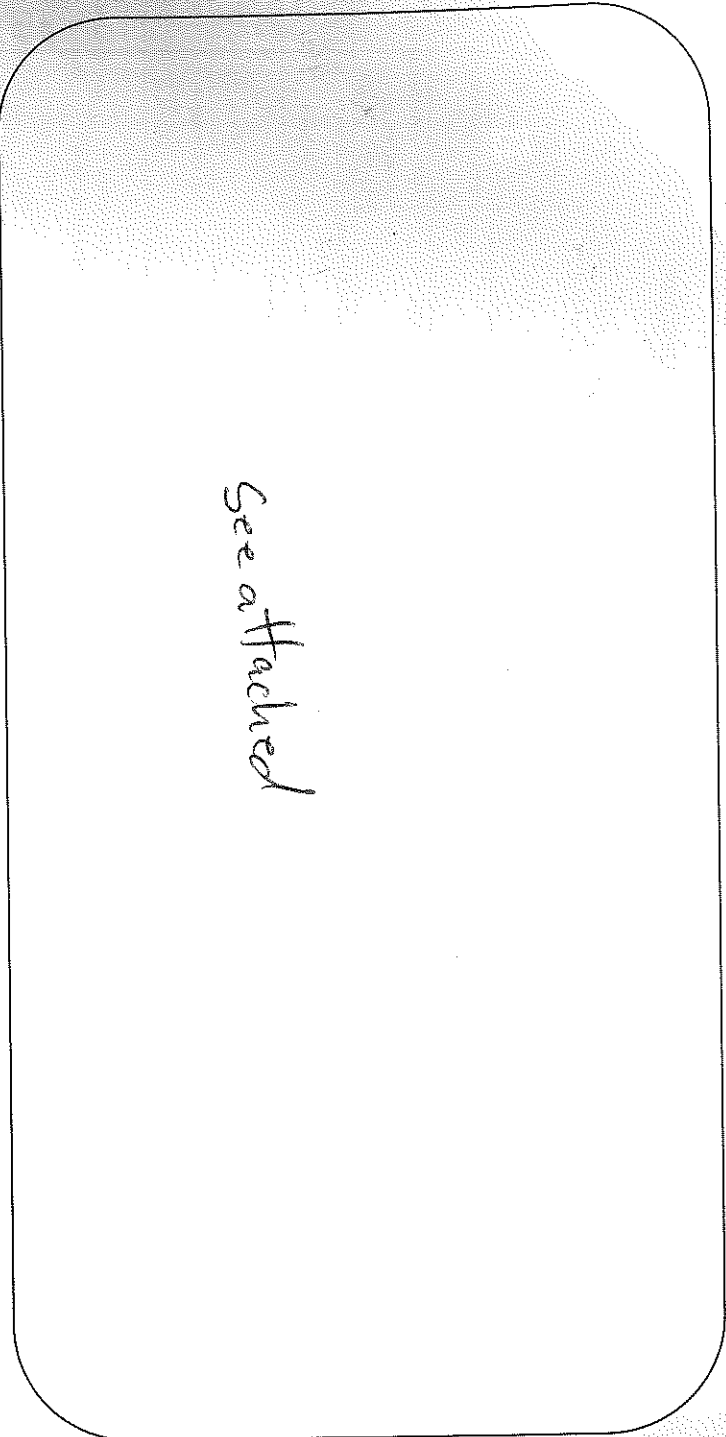
Authorized Agent: _____ Date _____ Attach _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 23870 Midigau Bay Rd, Cable, WI 54921 Copy of Tax Statement

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: (*) 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)

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	90'± Feet	Setback from the Lake (ordinary high-water mark)	190'± Feet
Setback from the Established Right-of-Way	80'± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	140'± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	50'± Feet	Setback from Wetland	200'± Feet
Setback from the West Lot Line	500'± Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	10 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	70'± Feet	Setback to Well	1± Bldg. Feet
Setback to Drain Field	15 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: 12-285	# of bedrooms: 3	Sanitary Date: 5-10-12
Permit Denied (Date):	Reason for Denial:	Permit Date: 5-17-13		
Permit #: 13-0088	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous lots)	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Is Structure Non-Conforming	Granted by Variance (B.O.A.)	<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 #:	Case #:	Case #:	Case #:	Case #:
Was Parcel Legally Created	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Mets to all setbacks.			
Date of inspection: 5-15-13	Inspected by: M. Furtak	Zoning District (RRB)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (1)		
May not be used for human habitation. No water under pressure in structure.				
Signature of Inspector: Michael Switek	Date of Approval: 5-17-13			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO.

LOCATED IN GOV'T. LOT 4, SECTION 14, T. 43 N., R. 6 W., IN THE TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN

0000

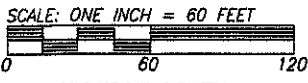
LINE TABLE

LINE	BEARING	DISTANCE
L1	S 88°32'22" W	16.15
L2	N 88°22'36" E	16.15
L3	N 10°21'40" W	33±
L4	N 10°21'40" W	27±

NOTE: THIS IS A SURVEY OF EXISTING PARCELS RECORDED IN VOL. 510 PG. 200-202 AND VOL. 671 PG. 60.

PRELIMINARY

SURVEY BY LARRY T. NELSON RLS - 1276



PIPE DIMENSIONS ARE OUTSIDE DIAMETER

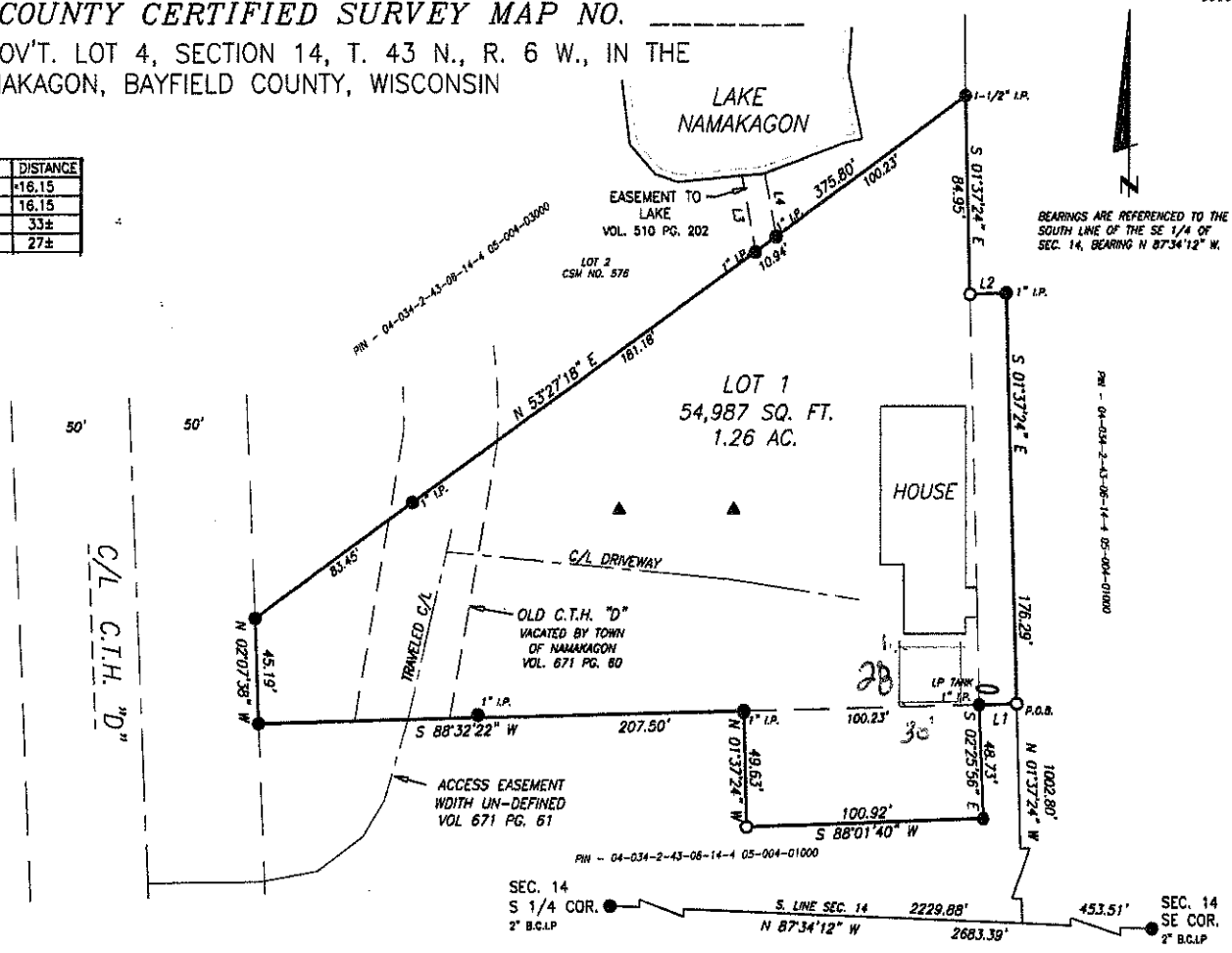
- LEGEND
- FOUND 1-1/4" IRON PIPE, UNLESS NOTED
 - SET 1-1/4" x 18" IRON PIPE, WT. = 1.68#/FT.
 - () RECORDED DATA
 - ▲ SEPTIC VENT

CLIENT: CRAIG VOLLAND
 JOB NO.: N12/035
 SCALE: 1" = 60'
 DATE: MARCH 21, 2012
 SHEET 1 OF 2 SHEETS

DRAFTED BY: JRN
 FILE: T43NR6W/SEC14
 FILE: N12_035
 NB.MON B-22 PG. 43

NELSON SURVEYING INCORPORATED
 SURVEYING NORTHERN WISCONSIN SINCE 1964

101 W. MAIN STREET
 SUITE 207
 ASHLAND, WISCONSIN 54806
 (715) 682-2892
 FAX: (715) 682-5100
 MAP NO. CSW



BEARINGS ARE REFERENCED TO THE SOUTH LINE OF THE SE 1/4 OF SEC. 14, BEARING N 87°34'12" W.

Accessory Building Addition/Alteration (specify)

Part A for Issuance