

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

Date Stamp (Received)
 SEP 30 2013
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 13-0392
 Date: 11-1-13
 Amount Paid: \$1350 10-7-13
 Refund: \$50 10-7-13
 \$50 10-7-13

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: JAMES P + ELLIANDR BECK
 Address of Property: 45065 CHICAGO AVE
 City/State/Zip: CARLE, WI 54821
 Telephone: 608 829 1745
 Cell Phone: 608 332 4200

Contractor: YK CONSTRUCTION - JOSH YORR
 Contractor Phone: 715 634 0268
 Plumber: BUTTERFIELD INC
 Plumber Phone: 631-8176
 Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: JAMES P BECK
 Agent Phone: 715 634 0268
 Agent Mailing Address (include City/State/Zip): CARLE, WI 54821

PROJECT LOCATION: 1/4, 1/4
 Legal Description: (Use Tax Statement) 04-034-2-43-06-03-400-132-2800
 Gov't Lot: 1
 Lot(s): 1
 CSM: 1
 Vol & Page: 6
 Block(s) No.:
 Subdivision: RESORT
 Recorded Document: (i.e. Property Ownership) Volume 1110 Page(s) 110 692

Section 03, Township 43 N, Range 06 W
 Town of: (034)
 NANAKAGON

Lot Size 210x108
 Acreage .54 ACRES

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 in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue -->
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Non-Shoreland

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
\$ 450,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" 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	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 2500 Gallon	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<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: 67' Width: 55' Height: 25'

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 ()	2400
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	514
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	506
	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)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

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): James P Beck Ellen P Beck Date 9-17-2013
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters) of authorization must accompany this application)

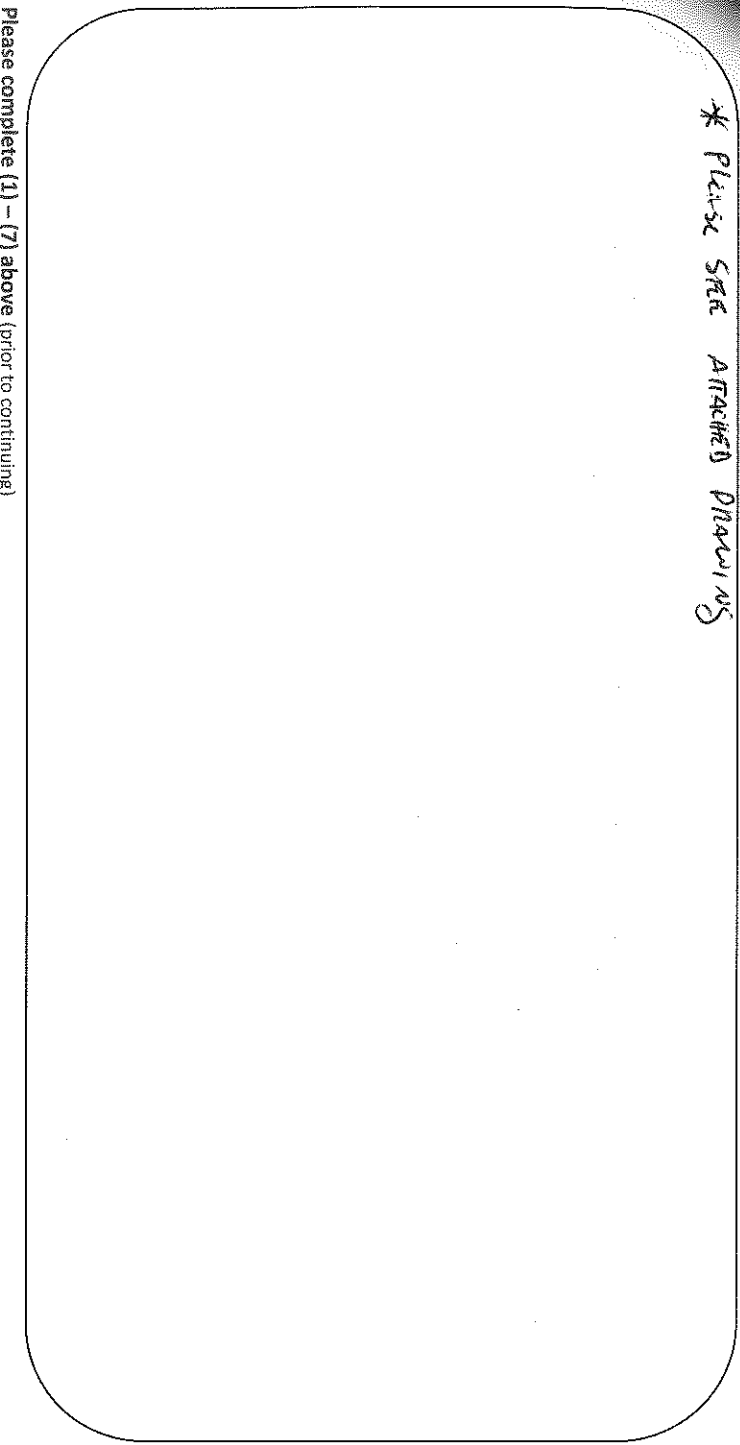
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: YK CONSTRUCTION W490 CHIPPANAWK LE RD Attach
HAYWARD, WI 54876 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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

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

* Please See ATTACHED DRAWINGS



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	95' Feet	Setback from the Lake (ordinary high-water mark)	80' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	13' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	30' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	40' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	10' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30' Feet	Setback to Well	35' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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: 09-535 # of bedrooms: 3 Sanitary Date: 7-1-09

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 13-0390 Permit Date: Patrol Giffard Resort 11-1-13

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

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

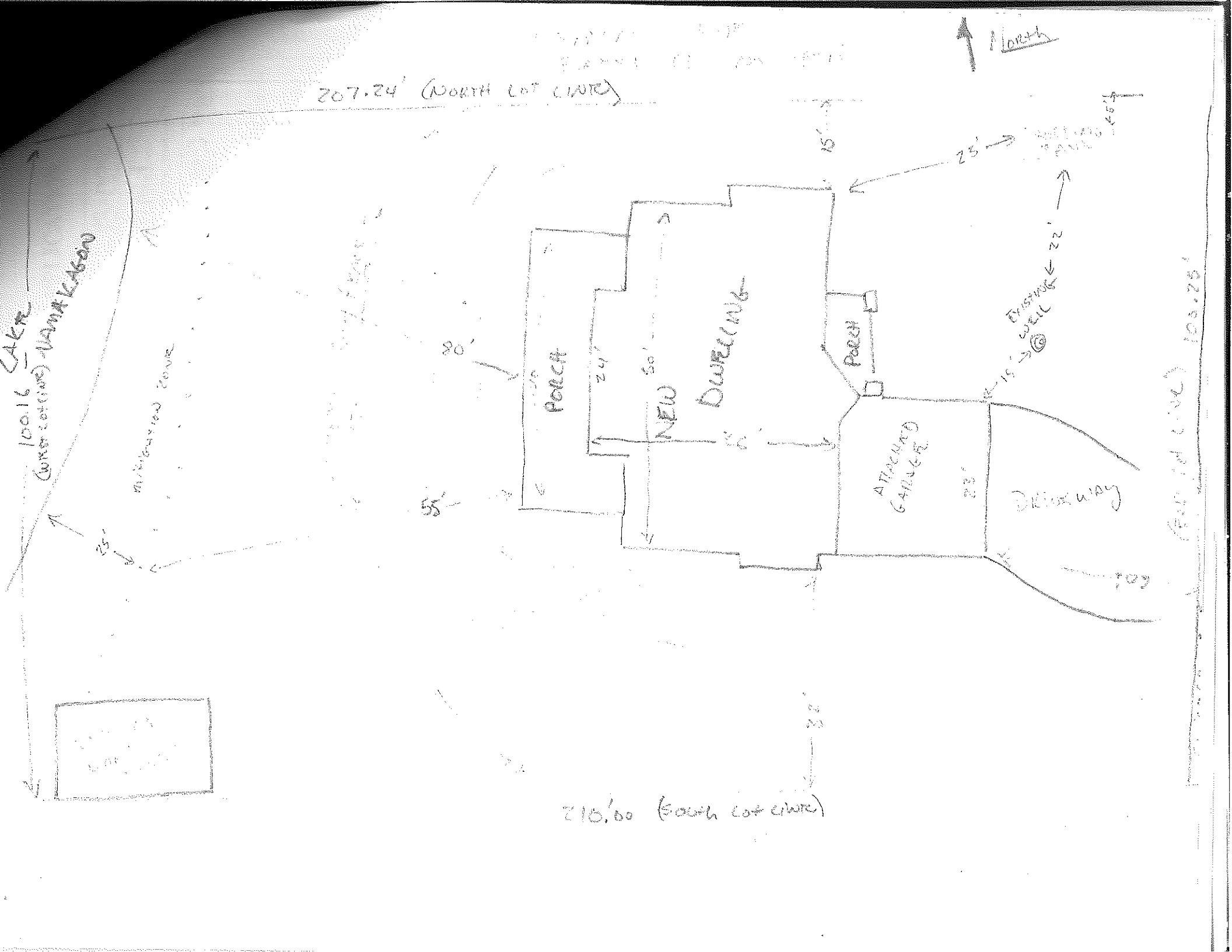
Inspection Record: _____

Date of Inspection: 10-31-13 Inspected by: Mr. Furtak Zoning District: R-1
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
Notes all setbacks well stated, storm water management plan attached.

Signature of Inspector: Michael Furtak A Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction

Hold For Sanitary: _____ Hold For TBA: _____ Date of Approval: 11-1-13

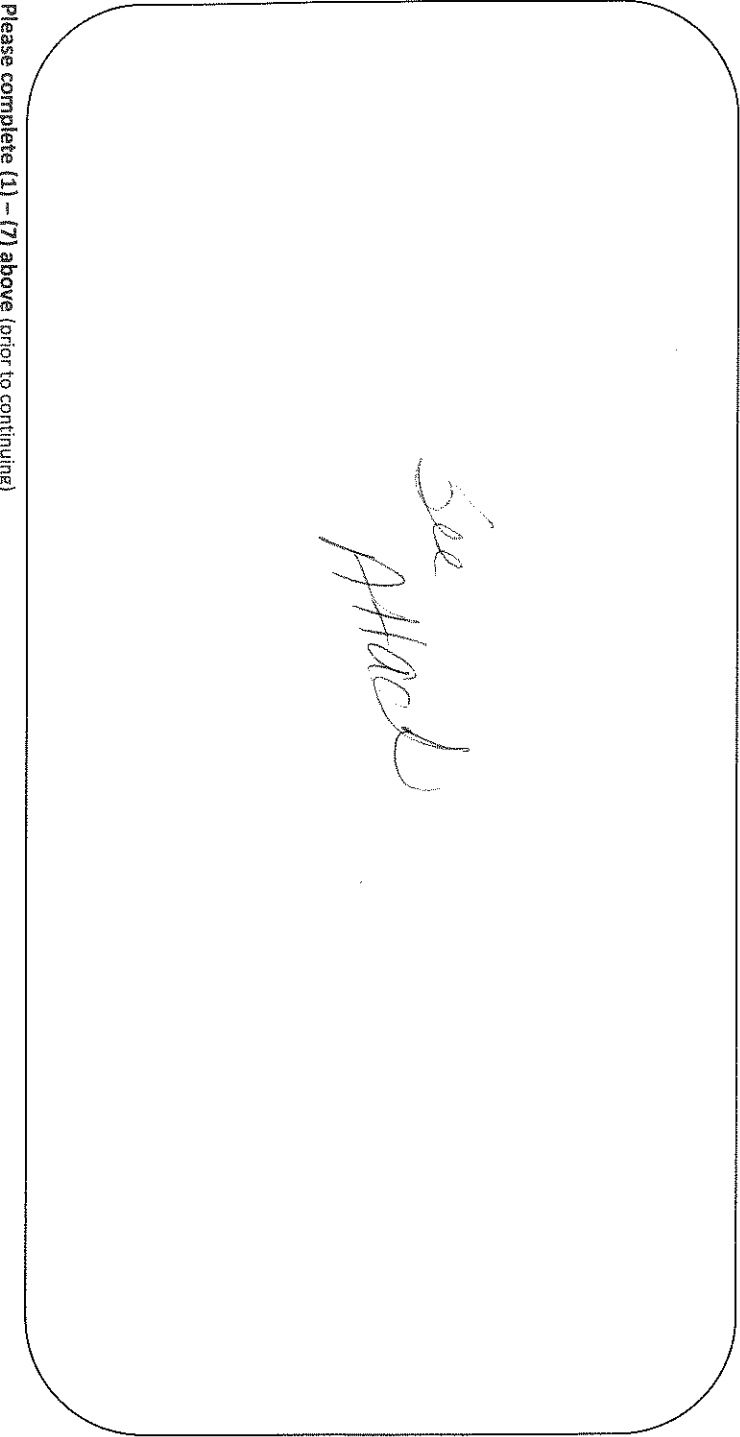
Reconnect



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
Attachment



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	1071 Feet	Setback from the Lake (ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	1004 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	153 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	158 Feet	Setback from Wetland	80 Feet
Setback from the West Lot Line	80 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	1071 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	100 Feet
Setback to Drain Field	35 Feet		
Setback to Privy (Portable, Composting)	NA 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: <u>13-1285</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>10-30-13</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>13-0396</u>	Permit Date: <u>11-5-13</u>		
Is Parcel a Sub-Standard Lot Is Parcel In Common Ownership Is Structure Non-Conforming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Well staked. Meets all setbacks.</u>	Inspected by: <u>Mr Furdak</u>	Zoning District Lakes Classification (<u>B-1</u>)	Date of Re-Inspection:
Date of Inspection: <u>11-4-13</u>	Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached.	Date of Inspection: <u>11-4-13</u>	
Signature of Inspector: <u>Michael Furdak</u>	A Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Date of Approval: <u>11-4-13</u>	

MAP OF SURVEY

PART OF GOV'T. LOT 7, SECTION 35, T. 43 N., R. 5 W., IN THE TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN.

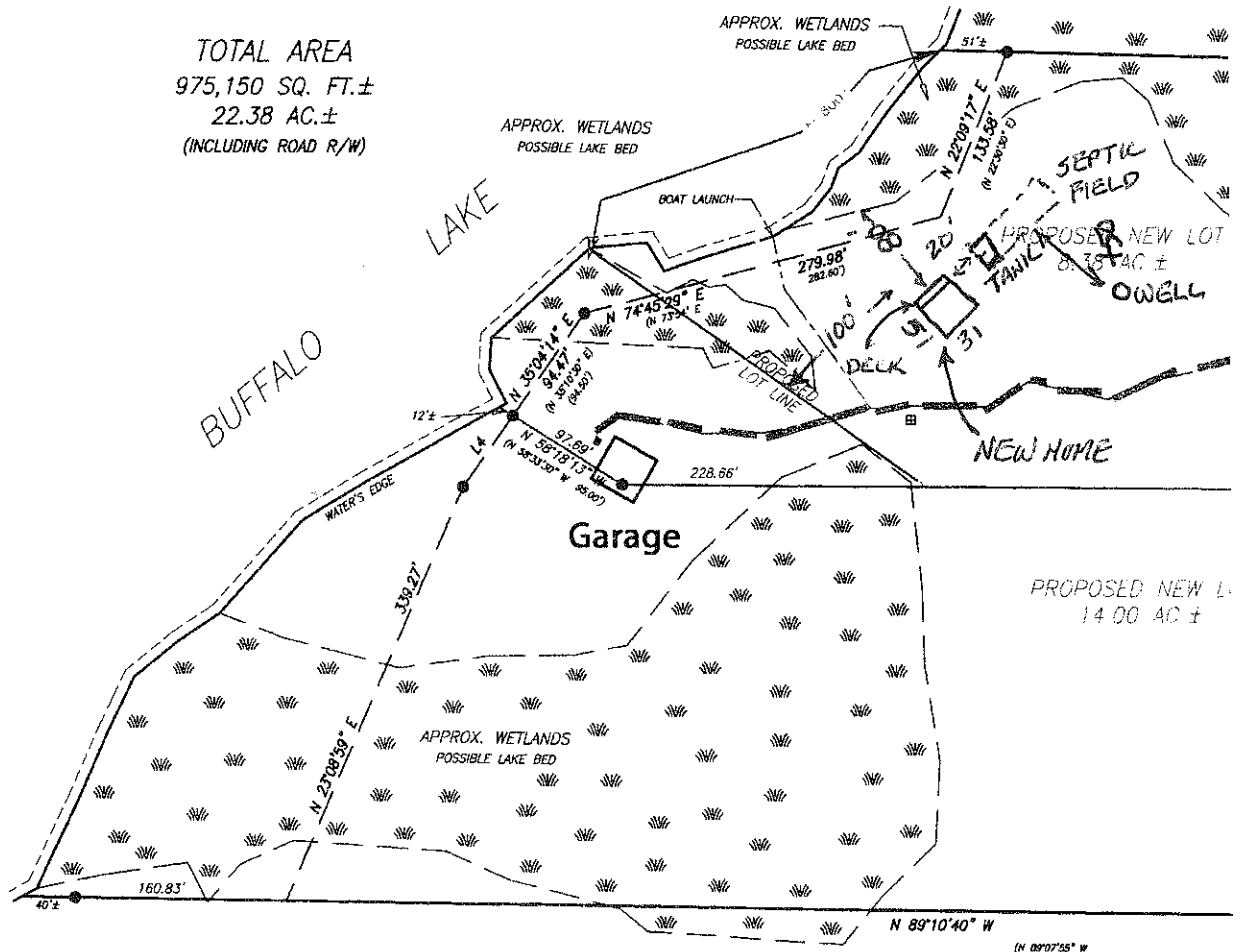
LINE TABLE

LINE	BEARING	DISTANCE	RECORDED DATA
L1	S 88°03'45" E	29.83	S 88°21' E, 30.00
L2	S 35°13'52" E	60.24	S 35°09' E, 60.24
L3	N 89°29'32" W	20.69	N 89°07'55" W
L4	N 35°08'40" E	65.22	S 35°10'30" E, 65.00
L5	N 89°31'56" W	35.00	N 89°28' W, 35.00

Note:

Pilhofer owns both lots
New survey is in process
Garage dimensions : 34x32

TOTAL AREA
975,150 SQ. FT.±
22.38 AC.±
(INCLUDING ROAD R/W)



SURVEYOR'S CERTIFICATE

I, LARRY T. NELSON, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF HERB PILHOFER, I HAVE SURVEYED AND MAPPED A PARCEL OF LAND LOCATED IN GOV'T. LOT 7, SECTION 35, T. 43 N., R. 5 W., IN THE TOWN OF NAMAKAGON, 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.

NOTE: WETLAND LOCATIONS ARE APPROXIMATE AND FOR INFORMATIONAL PURPOSES ONLY. CONTACT BAYFIELD COUNTY ZONING DEPARTMENT AND WI DNR FOR ACCURATE WETLAND AND SETBACK BOUNDARIES.

PRELIMINARY

LARRY T. NELSON RLS - 1276

LEGEND

- FOUND 1" IRON PIPE, UNLESS NOTED
- () RECORDED DATA
- ☼ WETLANDS
- ⊠ TELE. PED.
- ⊞ ELEC. PED.
- O.H. ELEC. LINE

CLIENT: HERB PILHOFER