

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)
NOV 18 2013

Permit #:	14-0016	ATF
Date:	2-16-14	
Amount Paid:	\$150	
Refund:	0-6-14	

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 FILE 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: Ronald Hutchinson Mailing Address: 650 S. Lincoln AUGUSTA, WI City/State/Zip: 49012 Telephone: 731-4960

Address of Property: 78210 SIMSER RD. WASHBURN, WI, 54891 City/State/Zip: WASHBURN, WI, 54891 Cell Phone:

Contractor: FRITZ WIDBUSCH Contractor Phone: 269-1034 Plumber: 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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot: 1/4 Lots: 1/4 CSM: 04-008-2-49-04-22-3-05-001-0800 Vol & Page: 0800 Block(s) No. 0800 Subdivision: Volume 959 Page(s) 221-216

Section 22, Township Y9 N, Range 04 W Town of: BAYVIEW Lot Size: 2.574 Acreage: 2.574

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue No

Distance Structure is from Shoreline: APPROX. 250 feet

Distance Structure is from Shoreline: APPROX. 250 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
\$ <u>1000</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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>POLYESTER</u> <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) <u>HDPE</u> <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	Existing Structure: (if permit being applied for is relevant to it)		Length: <u>20'</u>	Width: <u>24'</u>	Height: <u>12'</u>	
	Proposed Construction:		Length: <u>8'</u>	Width: <u>24'</u>	Height:	

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<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 type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date)	() () () () () () () () () ()	() () () () () () () () () ()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify)	()	()
	<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) 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.

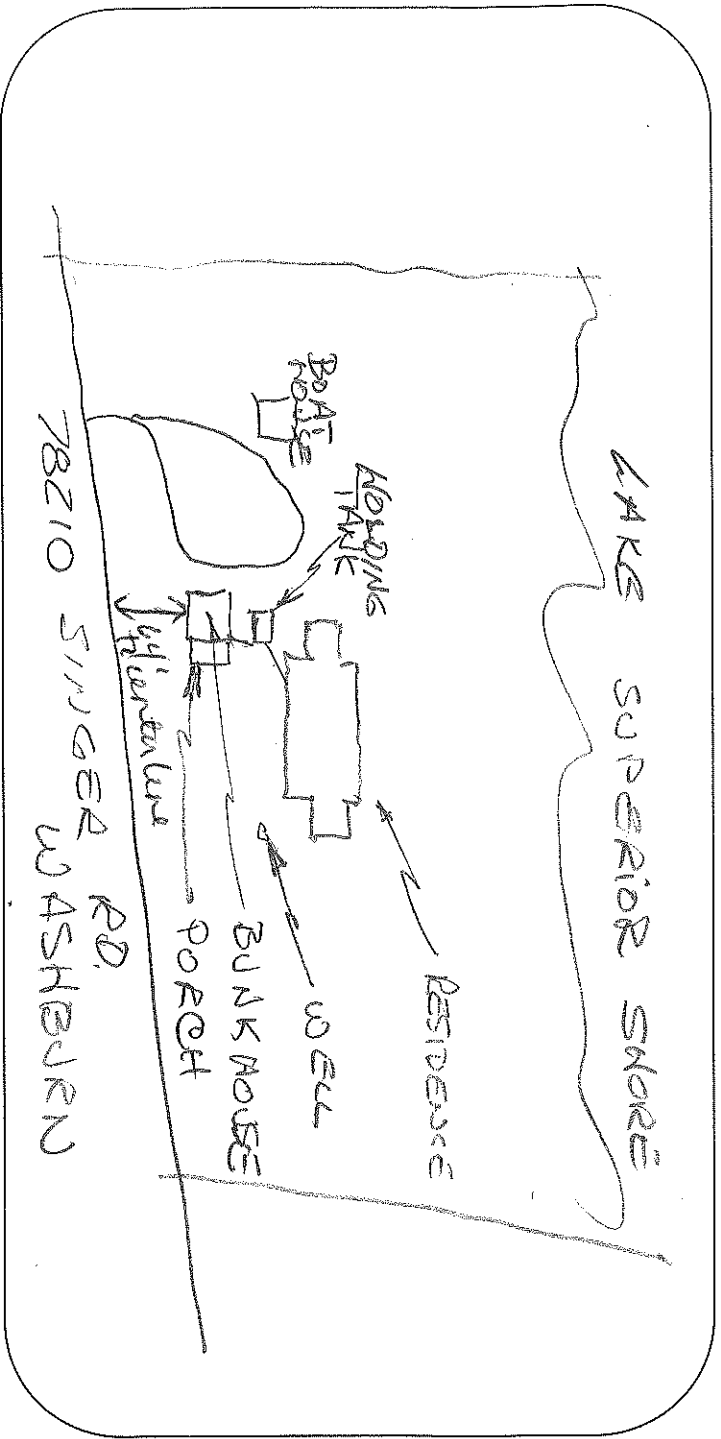
Owners(s): Ronald Hutchinson Date 11-6-13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 650 S. LINCOLN ST. AUGUSTA, WI 49012 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE (If you recently purchased the property send your Recorded Deed)

(Use 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)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	60' ^{old}	Setback from the Lake (ordinary high-water mark)	250 Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	200 Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	40 Feet	Setback from Wetland	
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line		Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	100 Feet
Setback to Drain Field			
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 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: 07-1865	# of bedrooms: 4	Sanitary Date: 10-2-07
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0016	Permit Date: 06-14		
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
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: ATF PERMIT FOR STAIRS & ROOF OVERHANG ON BUNKHOUSE		Zoning District: 1-RES	
Date of Inspection: 2-14-14	Inspected by: J. KUMAR, MURPHY	Lakes Classification: I-Superior	Date of Re-Inspection:
Conditional(s) Own, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		
<p>PERMIT SHALL NOT BE ENCLOSED WITHOUT NECESSARY ENCLOSURES. PERMIT(S) ENCLOSED WILL EXCEED SAME FOR THE CURRENTLY APPROVED FOR A BUNKHOUSE</p>			
Signature of Inspector:		Date of Approval: 2-5-14	
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 Department
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

ATF

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp: (Retrieved)
 JAN 30 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0017
Date:	2-6-14
Amount Paid:	\$1851.80-14
Refund:	\$75, 2-6-14

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/999) **DRK/ABE**

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER USE

Owner's Name: Ronald & Grace Hutchinson Mailing Address: 6505 Wisconsin City/State/Zip: Augusta, WI 49012 Telephone: 269-731-9660

Address of Property: 78210 Sincer Rd. City/State/Zip: Waubesa, WI 54891 Cell Phone: _____

Contractor: ADRIEN CADY Contractor Phone: 373-2378 Plumber: ADRIEN CADY Plumber Phone: 373-2378

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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot #1 Lot(s) CSM Vol & Page V-959 P271-270 Lot(s) No. 05000 Block(s) No. Subdivision: Recorded Document (i.e. Property Ownership) Volume 959 Page(s) 271-270

Section 22, Township 49 N, Range 04 W Town of: BAYVIEWS Lot Size _____ Acreage 2.54

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: 150 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
\$	<input 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"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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) Specify Type: <u>TRUCK</u> <input type="checkbox"/> Privy (Pvt) or Vented (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
<u>2500</u>	<u>ADRIEN CADY</u>					

Existing Structure: (if permit being applied for is relevant to it) Length: 20' Width: 24' Height: 12'

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

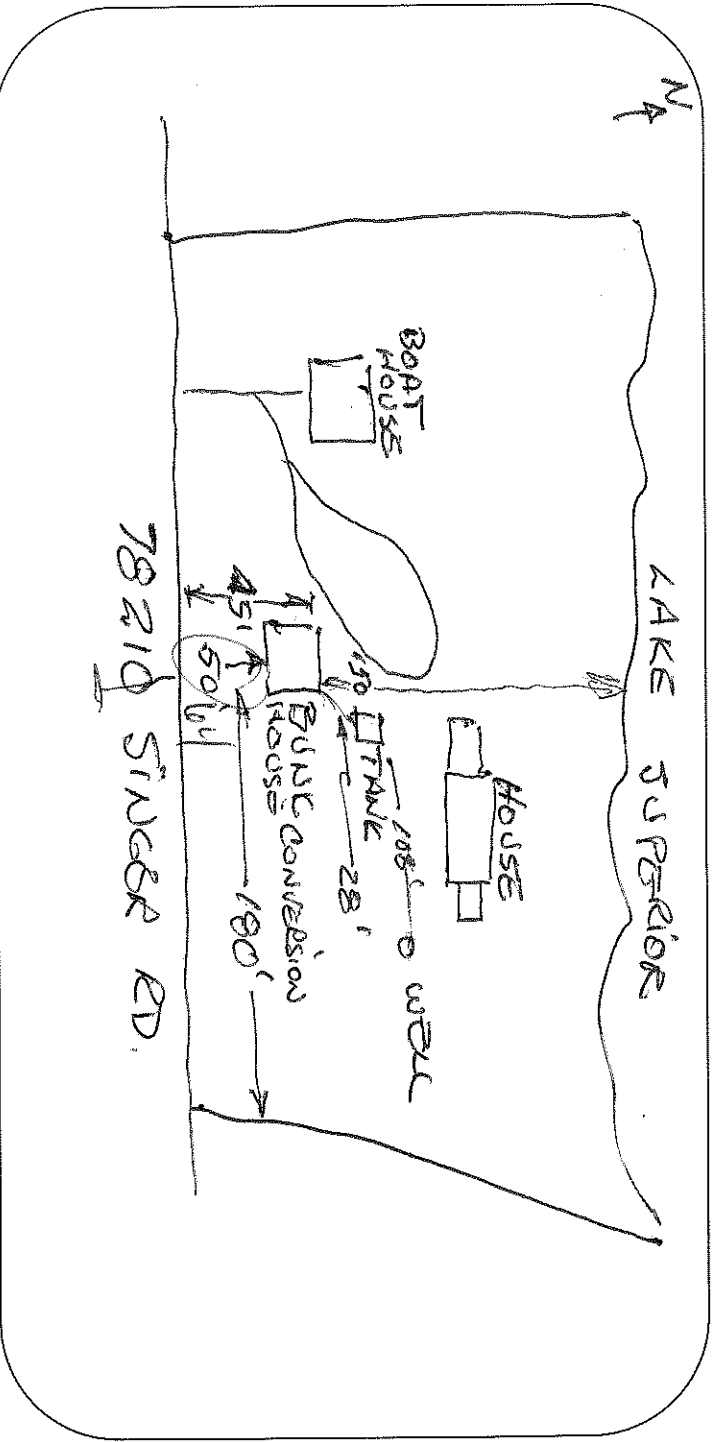
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> with Loft	with a Porch	() ()	()
<input type="checkbox"/> with a Deck	with (2 nd) Porch	() ()	()
<input type="checkbox"/> with (2 nd) Deck	with Attached Garage	() ()	()
<input checked="" type="checkbox"/> Bunkhouse w/ <input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	Mobile Home (manufactured date)	(<u>20'x 24'</u>)	<u>480</u>
<input type="checkbox"/> Addition/Alteration (specify)		() ()	()
<input type="checkbox"/> Accessory Building (specify)		() ()	()
<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) 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): Ronald R. & Grace Hutchinson Ronald R. Hutchinson Grace S. Hutchinson Date 1-27-14
 (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) Attach Copy of Tax Statement
 Address to send permit 6505 Wisconsin St. Augusta, WI 49012 If you recently purchased the property send your Recorded Deed

- 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)

(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	50 Feet	Setback from the Lake (Ordinary high-water mark)	150 Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	200 Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	75 Feet	Setback from Wetland	
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	180 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	28 Feet	Setback to Well	108 Feet
Setback to Drain Field			
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)	Sanitary Number: 07-1865	# of Bedrooms: 4 total	Sanitary Date: 10-2-07
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0017	Permit Date: 0-6-14		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: NOC INSPECTOR NOTIFIED OF CHANGE OF USE. CHANGE IN USE FOUND WHILE ON INSPECTION FOR STRAWBERRY LANE.		Zoning District: 1-P-RAS Lakes Classification: 1-1 Springs	Date of Re-Inspection: 04/14/14
Date of Inspection: 9-25-13 Inspected by:		Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)	Date of Approval: 2-3-14
Signature of Inspector:	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

NECESSARY FOR PERMIT INSPECTIONS SHALL BE OBTAINED. NO ADDITIONAL DAILY WASTEWATER FLOW UPGRADE (INCREASE CAPACITY) IN HOWEVER MANY PLOTS SHALL NOT BE ENCLOSED.