

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

ATTF
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

\$150

Bayfield Co. Zoning Dept.
 Date Stamp (Received)
 JAN 16 2014

Permit #:	14-0007	ENTERED
Date:	2-4-14	
Amount Paid:	\$150	1-16-14
Refund:		

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: Dawn Hornick
 Address of Property: Flying Eagle Resort
 11925 Basswood Dr.
 Contractor: Tom Rieder
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Dawn M. Hornick
 Agent Phone: 209-0639
 Agent Mailing Address (Include City/State/Zip): 1400 MacArthur Ave Ashland, WI 54806
 City/State/Zip: Ashland, WI 54806
 City/State/Zip: Ashland, WI 54806
 Plumber: Tom Rieder, WI 54847
 Plumber Phone: 715-209-0639
 Written Authorization Attached: Yes No

PROJECT LOCATION: NE 1/4, NW 1/4
 Less 2 parcels
 Section 13, Township 46 N, Range 08 W
 Town of: Tom Rieder

Legal Description: (Use Tax Statement) P1N: (23 digits) 04-016-2-46-08-13-201-000-10000
 Recorded Document: (i.e. Property Ownership) Volume 795 Pages 662

Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Lot Size: Acreage: 37.01

Shoreland Non-Shoreland

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

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

Distance Structure is from Shoreline: 400 feet
 Distance Structure is from Shoreline: 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
\$ 1000	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conall</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 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.) with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Deck	() X ()	()
	with (2 nd) Deck 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 (manufacture date)	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (Specify) <u>exterior deck, entryway</u>	() X ()	300 sq. ft.
	Accessory Building (Specify)	() X ()	()
	Accessory Building Addition/Alteration (Specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

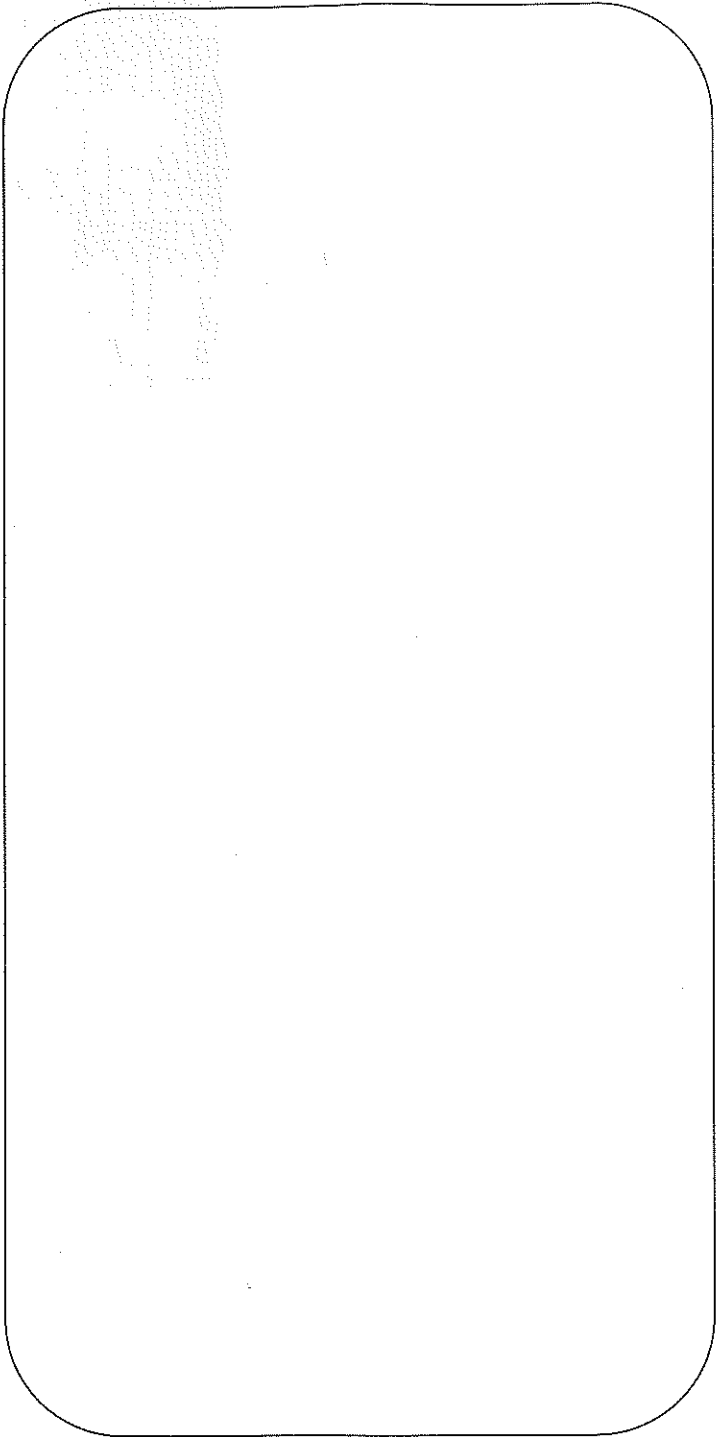
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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): Dawn M. Hornick
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Dawn M. Hornick
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 1400 MacArthur Ave. Ashland, WI 54806
 Date: 12-30-13
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Check 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	63'	Setback from the Lake (Ordinary high-water mark)	300+
Setback from the Established Right-of-Way	30'	Setback from the River, Stream, Creek	500+
Setback from the North Lot Line	150+	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	N/A	Setback from Wetland	250+
Setback from the West Lot Line	140'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	500+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	200'
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 14-0007 Permit Date: 2-4-14

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

Is Parcel in Common Ownership Yes (Fused/contiguous lots) _____ No

Is Structure Non-Conforming Yes _____ No

Granted by Variance (B.O.A.) Yes No Case #: _____ Previously Granted by Variance (B.O.A.) Yes No 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

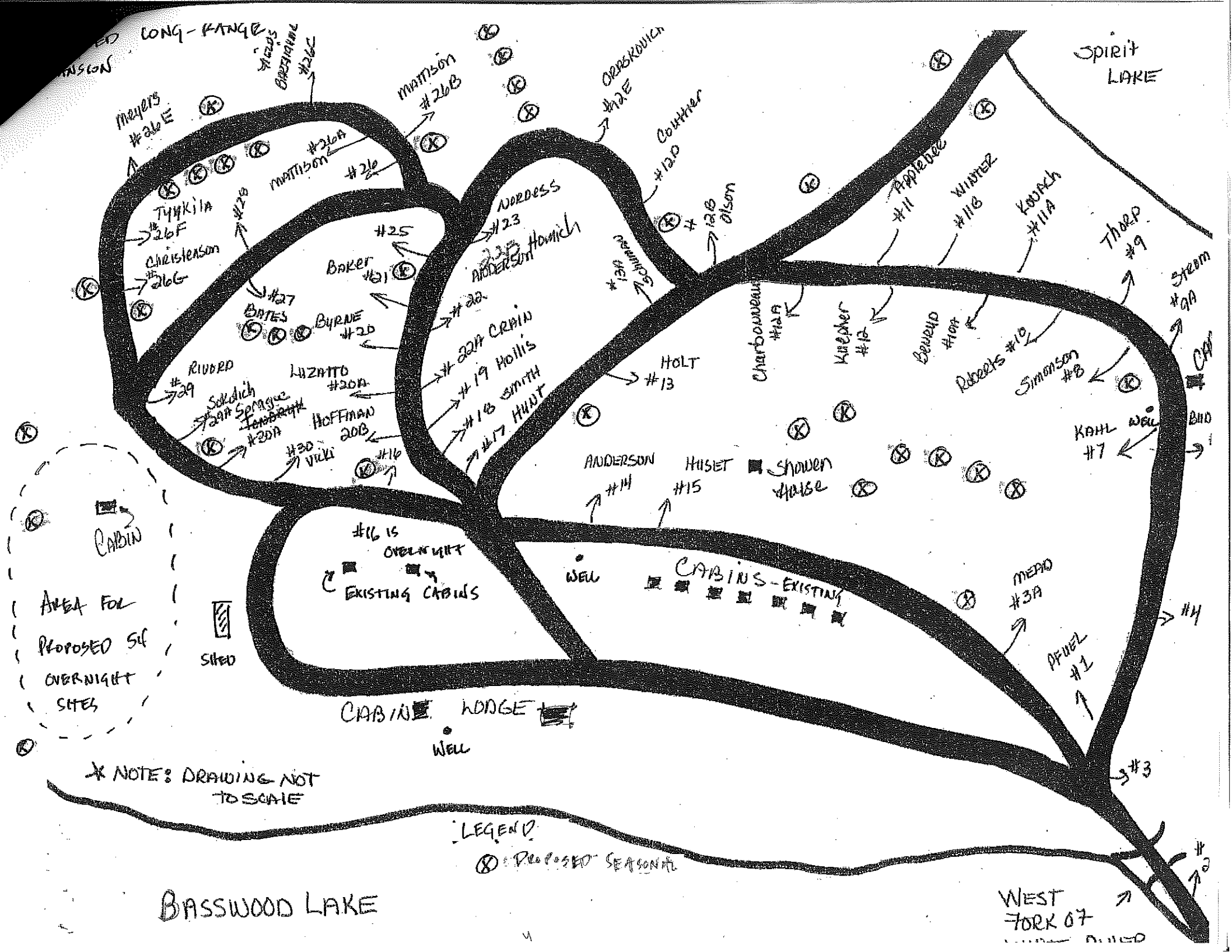
Inspector Record: Meets all requirements

Date of Inspection: 1-29-14 Inspected by: M. Fuchal

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

Signature of Inspector: Michael Grottel Date of Approval: 2-3-14

Held For Sanitary Held For TDA Held For Affidavit Held For Fees



LONG-RANGE
MATTISON

SPIRIT LAKE

MEYERS #26E

MATTISON #26B

ORSKOVICH #26E

TYMKA #26F
CHRISTEASON #26G

MATTISON #26A
MATTISON #26

COURTNER #120

RIVER #29

WORDESS #23
ANDERSON #23
HOWICH #23

BATES #27
BYRNE #20

LIZAITO #20A

#22
CABIN #22A
HOLLIS #19
SMITH #18
HULT #17

HOLT #13

AREA FOR PROPOSED SEASONAL OVERNIGHT SITES

#16 IS OVERNIGHT EXISTING CABINS

ANDERSON #14

HUSET #15

SHOWER HOUSE

KAHL #7

SHED

CABIN #16 WEDGE WELL

CABINS - EXISTING

MEDIA #3A

* NOTE: DRAWING NOT TO SCALE

LEGEND

⊗ PROPOSED SEASONAL

BASSWOOD LAKE

WEST FORK OF