

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:
FEB 20 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 14-00027

Date: 3-17-14

Amount Paid: \$175

Refund: 2-00-14

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/asp)

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

Owner's Name: V.B. RUBEZ KOMBELEN Mailing Address: 1728 KENWOOD PKWY MPLS, Mn 55405 Telephone: 612-374-1999
 Address of Property: 47515 HAMON LAKES RD City/State/Zip: DRUMMOND, WI 54832 Cell Phone: ↙
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Tom Freels (715) Agent Phone: 798-3756 Agent Mailing Address (include City/State/Zip): P.O. Box 234, Cable WI 54831 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, _____ 1/4 Gov't Lot 1 Lot(s) 1 GSM 324 Vol & Page 3, 153 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 30, Township 44 N, Range 7 W Town of: Drummond Lot Size _____ Acreage 3.388

Distance Structure Is from Shoreline: _____ feet
 Distance Structure Is from Shoreline: 75 feet
 Is Property In Floodplain Zone? Yes No
 Are Wetlands Present? Yes No
 Recorded Document: (i.e. Property Ownership) Volume 497 Page(s) 133

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 type="checkbox"/> 1-Story <input checked="" 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u> <input type="checkbox"/> Privy (Priv) 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) Proposed Construction:	Length: _____ Width: _____	Length: _____ Width: _____	Height: _____ Height: _____	Dimensions _____	Square Footage _____	

Proposed Use **Residential Use**
 Commercial Use
 Municipal Use

Proposed Structure

<input checked="" 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"/> with (2 nd) Deck	_____	_____
<input type="checkbox"/> with Attached Garage	_____	_____
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	_____	_____
<input type="checkbox"/> Mobile Home (manufactured date)	_____	_____
<input type="checkbox"/> Addition/Alteration (specify) _____	_____	_____
<input type="checkbox"/> Accessory Building (specify) _____	_____	_____
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	_____	_____

Rec'd for ISSUANCE MAR 17 2014

Special Use: (explain) Short-term Rental
 Conditional Use: (explain) _____
 Other: (explain) _____

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): Tom Freels
 (if there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

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

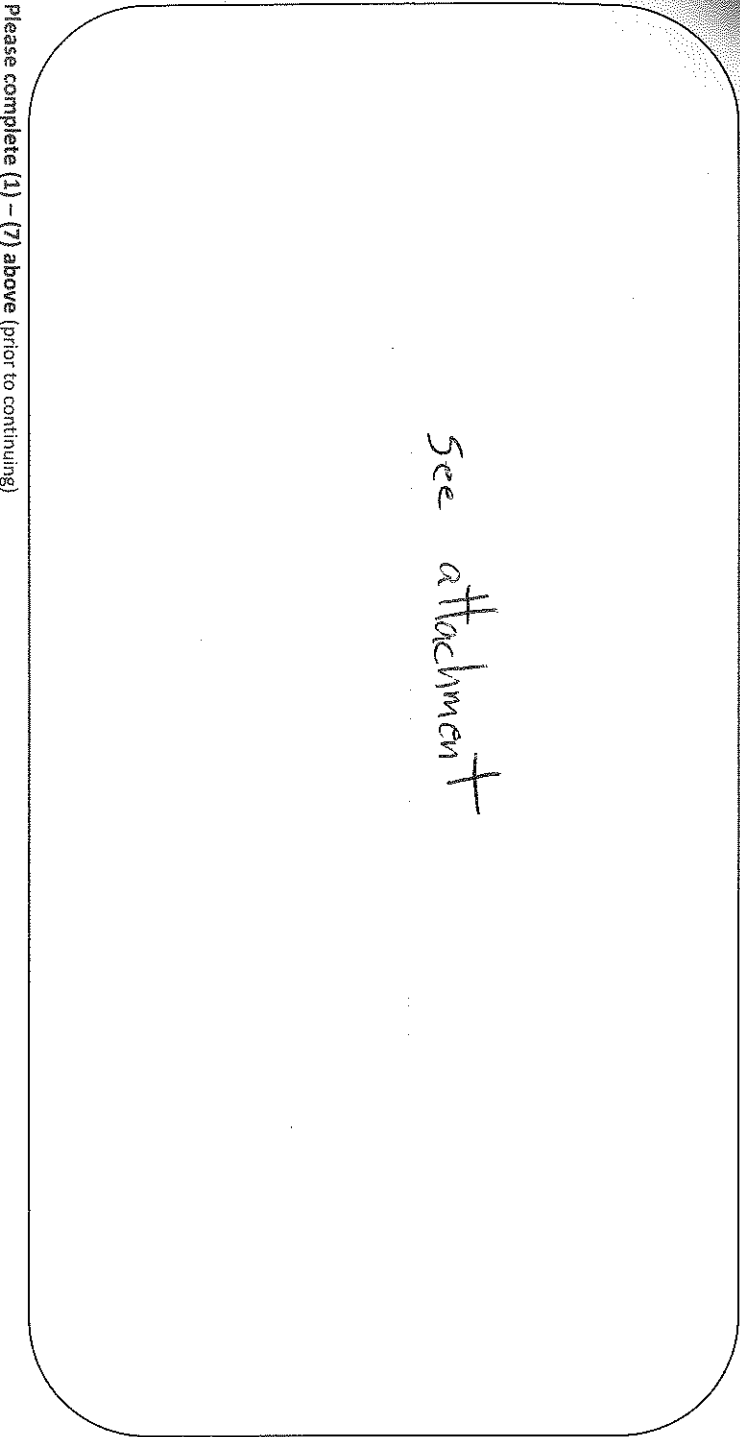
* Address to send permit same as above
 (If you recently purchased the property send your Recorded Deed Attach _____)

Date 2/17/14
 Date 2/17/14

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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

See attachments



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	150' Feet	Setback from the Lake (ordinary high-water mark)	75' Feet
Setback from the Established Right-of-Way <i>61 easement Rd</i>	733' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	150' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	50' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line <i>Lake</i>	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	400' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	20' Feet
Setback to Drain Field	40' 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 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: <i>10456</i>	# of bedrooms: <i>3</i>	Sanitary Date: <i>8-30-79</i>			
Permit Denied (Date):		Reason for Denial:					
Permit #: <i>14-00897</i>	Permit Date: <i>3-17-14</i>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <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 Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> Yes <input 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
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	<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 Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	<i>(R-1)</i>
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA				Lakes Classification	<i>(2)</i>
Inspection Record:		Date of Inspection: <i>2-27-14</i>		Inspected by: <i>M. Fustek</i>	Date of Re-Inspection:		
Structure is existing:							
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If No they need to be attached.)					
Signature of Inspector: <i>see TBA</i>	<i>Michael Fustek</i>	Date of Approval: <i>2-28-14</i>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

...rd County, WI

...ellen Aerial Map



South
thence