

APPLICANT: 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)
MAY 23 2014
 Bayfield Co. Zoning Dept



Permit #:	14-0114
Date:	6-10-14
Amount Paid:	600.00
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: **JOHN J. MUNDALL** Mailing Address: **12942 W.C. RD. 00 HAYWARD, WI 54843** Telephone: _____

Address of Property: **89459 BARK POINT RD HERBSTER, WISCONSIN 54844** City/State/Zip: _____ Call Phone: _____

Contractor: **JIM STEFFENSON** Contractor Phone: **715-209-1852** Plumber: **CADY RUMBULT / WASHBURN** Plumber Phone: **715-373-2378**

Authorized Agent: (Permitting Application on behalf of Owner(s)) **Jim Steffenson** Agent Phone: **715-209-1852** Agent Mailing Address (include City/State/Zip): **89459 BARK POINT RD Bayfield, WI 54814** Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) _____ PIN: (23 digits) **04-014-2-51-07-26-105-003-0900** Recorded Document: (i.e. Property Ownership) _____

1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: _____

Section _____, Township _____ N, Range _____ W Town of: **Clover** Lot Size _____ Acreage _____

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Is Property/Land within 1000 feet of Lake, Pond or Flowage Non-Shoreland

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

Distance Structure is from Shoreline: _____ feet 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
\$ 200,000.00	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing build) <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 checked="" 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: _____ <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: 16	Width: 24	Height: 12/ft		
	Proposed Construction:	Length: 90	Width: 32	Height: 28/ft		

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(32 X 60) (12 X 16) (12 X 20) (12 X 10) (26 X 30)	1920 192 240 120 780
<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"/> Mobile Home (manufactured date)		() ()	() ()
<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)		() ()	() ()

Rec'd for Issuance
JUN 10 2014

Secretarial Staff
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (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): _____ Date: _____
 (if there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)

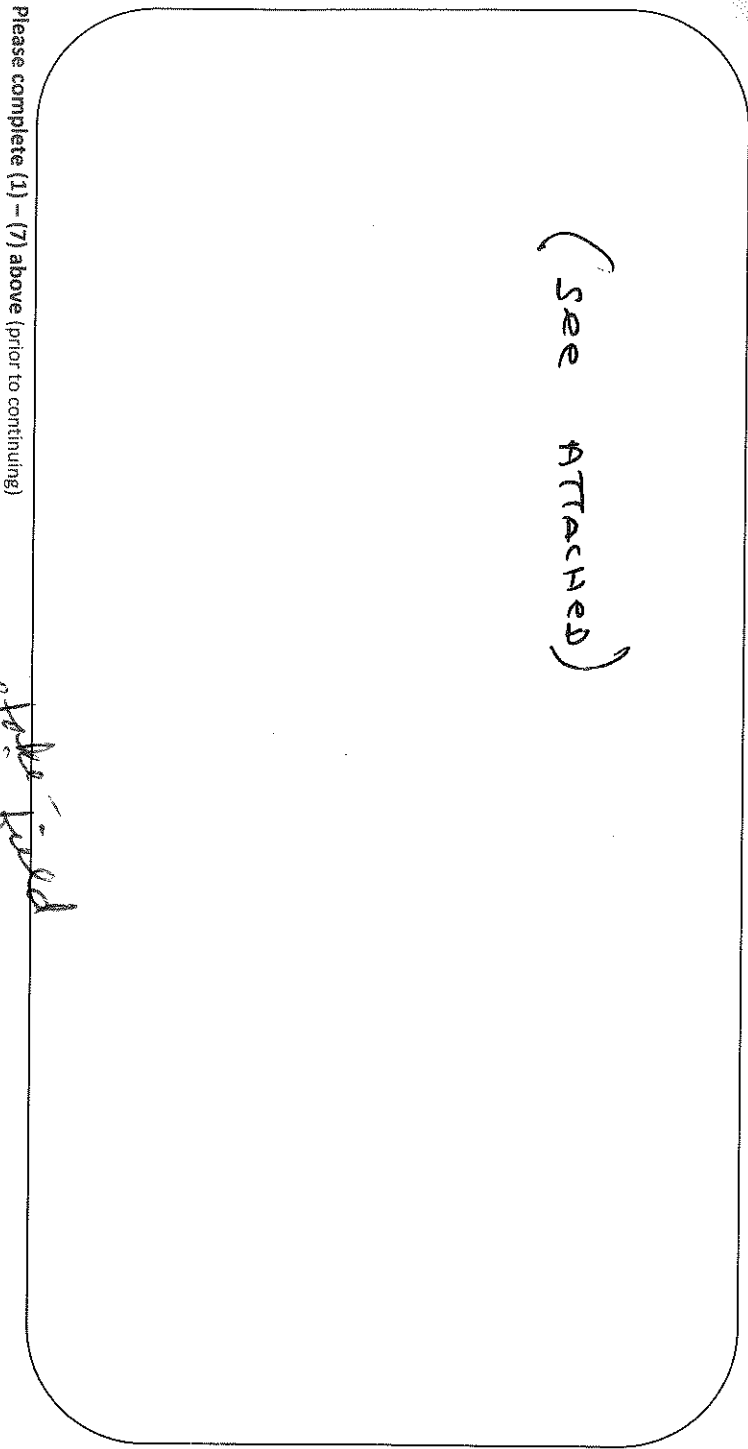
Authorized Agent: **Jim Steffenson** Date: **5/23/14**
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **33460 STAR ROUTE ROAD Bayfield, WI 54814** Attach Copy of Tax Statement
 (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%

(SEE ATTACHED)



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	Meas. Required	Description	Measurement
Setback from the Centerline of Platted Road	63-33	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	30	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	4-30	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	41-198	Setback from Wetland	Feet
Setback from the West Lot Line		Setback from 20% Slope Area	Feet
Setback from the East Lot Line		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		Setback to Well	Feet
Setback to Drain Field			Feet
Setback to Privy (Portable, Composting)			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.

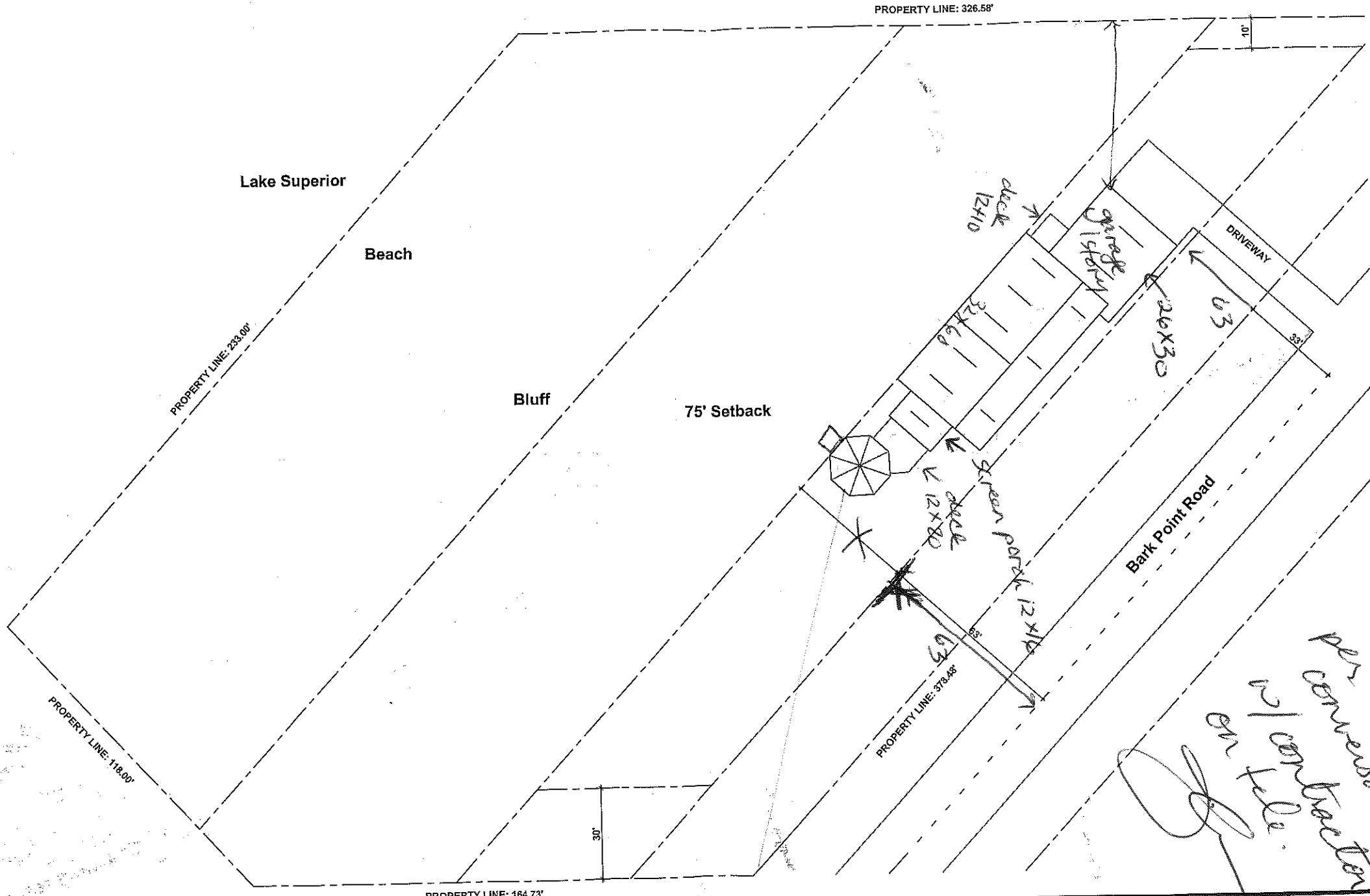
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

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: 14-205	# of bedrooms: 3	Sanitary Date: 6-6-14
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-014	Permit Date: 6-10-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation 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
Granted by Variance (B.O.A.)	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: RENOVATION OF DRIVEWAY NEEDS TOWN APPROVAL IF NOT ALREADY OBTAINED	Inspected by: J. SCARROVER, MURPHY	Zoning District: (R) RB	Date of Re-Inspection:
Date of Inspection: 5-28-14			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) House - including all decks, eaves, steps, downspouts, shed, etc. at least 75 FT from top of bluff (current extension of existing structure) + at least 63 FT from the center line of town road. Renovations of downspouts, gutters, etc. at least 75 FT from center line of town road. VET PERMIT MAY BE REQUIRED - OWNER RESPONSIBILITY TO MUST BE MET.			
Signature of Inspector:		Date of Approval: 6-10-14	
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

OWNER HAS ADVISED IN A JUNE 2010 LETTER THAT THE HIGH EROSION POTENTIAL OF THE PROPERTY'S BLUFF CAUSED FOR AN UNCREASSED SETBACK OF 60'. OWNER CHOSE TO ADD TO EXISTING STRUCTURE + BE 75'. COUNTY IS NOT RESPONSIBLE FOR CATASTROPHIC BLUFF FAILURE CAUSED BY OWNER DEVELOPMENT DECISION



*For info on deck
per conversation
w/ contractor
on file.*

Lake Home
89459 Bark Point Road
Herbster, Wisconsin 54844

penmanDESIGN
13444N Hollywood Lane
Hayward, Wisconsin 54843
phone: 715.634.1078
email: tpenman@hotmail.com

CONTRACTOR:
Steffenson Carpentry
715.209.1852
James Wargin Construction
715.373.5162

REVISIONS:

SCALE: 1/16"=1'-0"
DATE: 18APR2014



SITE PLAN

C