

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

ATTF
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 AUG 27 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-02993
 Date: 8-27-14
 Amount Paid: \$75.00 Cash
 Return: 8/27/14 RDS

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.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Henry Lamkin
 Address of Property: 52585 OAK AVE
 City/State/Zip: Drummond, WI 54932
 Telephone: 715-139-0680
 Cell Phone: 715 269
 Contractor: Drummond, WI 54932
 Contractor Phone: _____
 Plumber: _____
 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: SE 1/4, NW 1/4
 Legal Description: (Use Tax Statement) Gov't Lot _____ Lot(s) 4 CSM 24 Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 33, Township 45 N, Range 7 W
 Town of: Drummond
 Lot Size _____ Acreage .87

PIN: (23 digits) 018245073320400005000
 Recorded Document: (i.e. Property Ownership) Volume 825 Page(s) 75C

Shoreland Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue -->
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue -->

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material \$ 2,500

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	Specify Type: _____	<input checked="" type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input 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 checked="" type="checkbox"/> None	<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"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 23 Width: 49 Height: 13
 Proposed Construction: Length: 12 Width: 24 Height: Deck

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() () ()	()
	Residence (i.e. cabin, hunting shack, etc.) with Loft	() () ()	()
	with a Porch	() () ()	()
	with (2 nd) Porch	() () ()	()
	with a Deck	() () ()	()
	with (2 nd) Deck	() () ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() () ()	()
	Bunkhouse w/ () sanitary, gr () sleeping quarters, gr () cooking & food prep facilities)	() () ()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() () ()	()
	Addition/Alteration (specify) Deck	(12x 24)	288
	Accessory Building (specify) _____	() () ()	()
	Accessory Building Addition/Alteration (specify) _____	() () ()	()
	Special Use: (explain) _____	() () ()	()
	Conditional Use: (explain) _____	() () ()	()
	Other: (explain) _____	() () ()	()

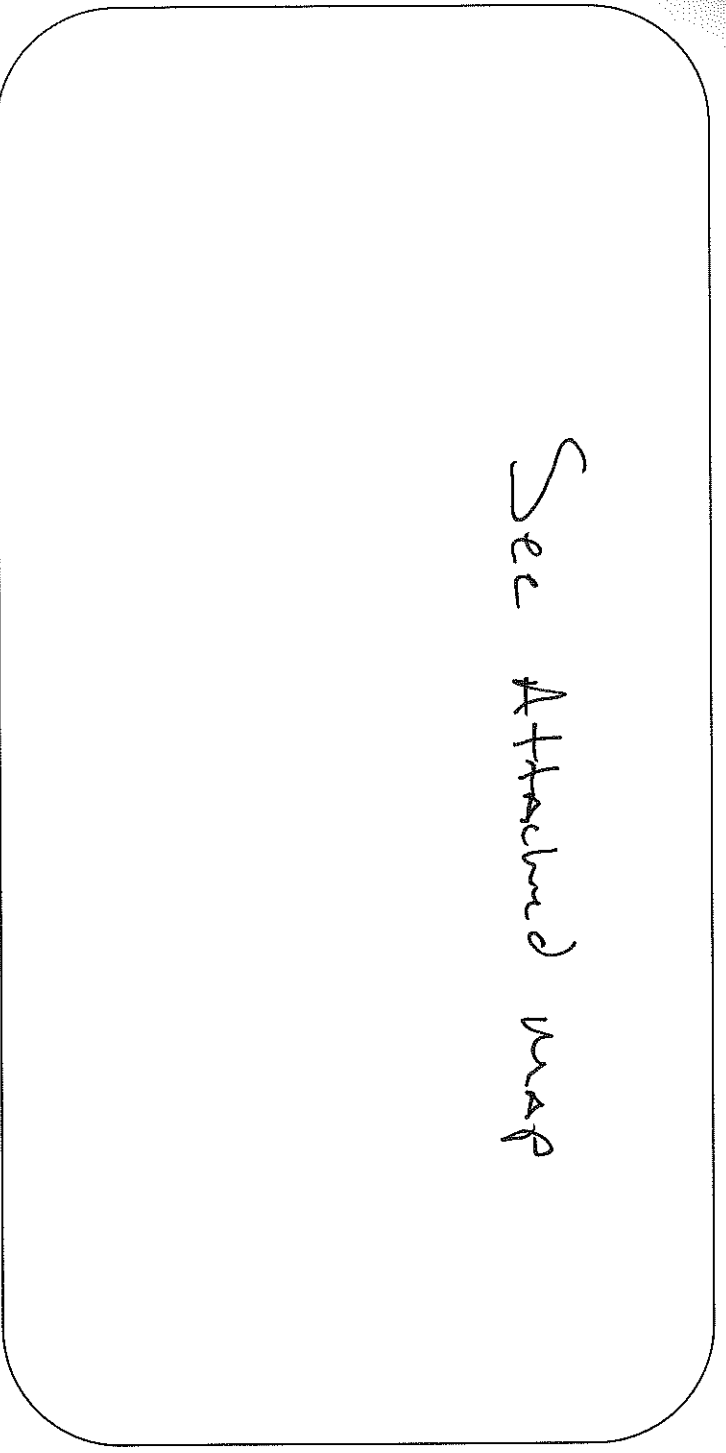
REC'D for ISSUANCE AUG 27 2014

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I, the undersigned, hereby acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that I (we) 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): Henry Lamkin Date 8/27/2014
 (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: _____
 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%



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	30 45 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	35 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	NA <input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA 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: _____ # of bedrooms: _____ Sanitary Date: _____
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 14-02993 Permit Date: 8-27-14

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Yes (Fused/Contiguous Lot(s)) No Yes No
 Is Structure Non-Conforming Yes No
 Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____
 Was Parcel Legally Created Yes No Yes No
 Was Proposed Building Site Delineated Yes No Yes No
 Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No
 Affidavit Required Yes No Affidavit Attached Yes No
 Affidavit Attached Yes No

Inspection Record:
Meets Setbacks OK to issue.
 Date of Inspection: 8/27/14 Inspected by: Robert Seligman
 Condition(s)/Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

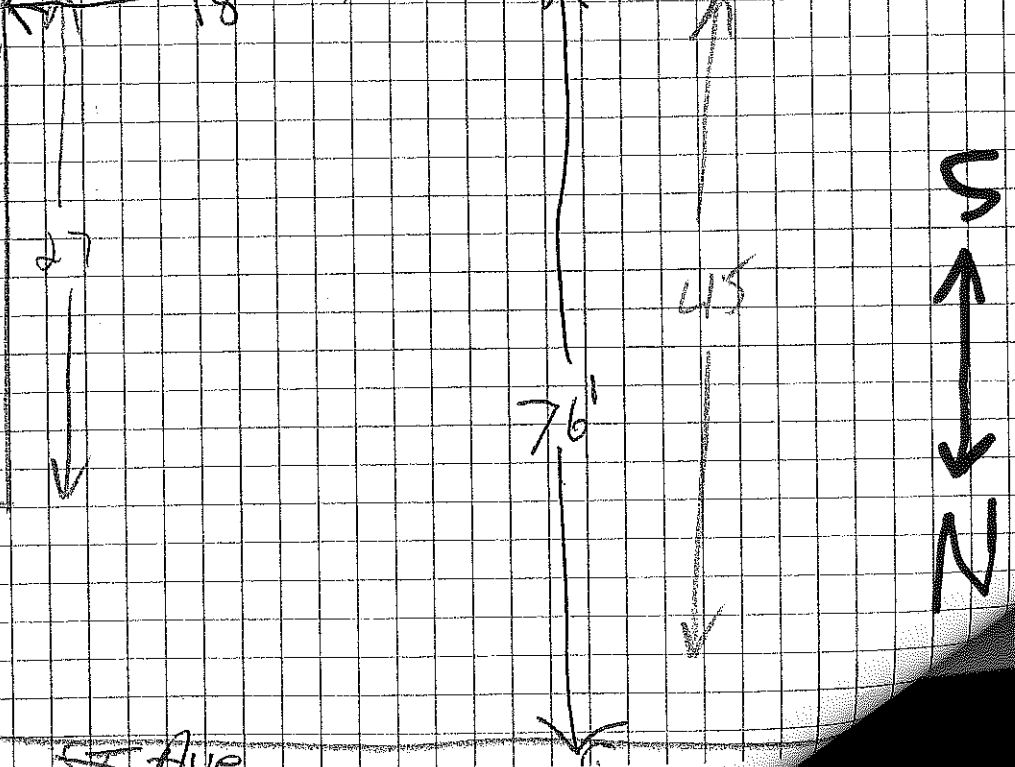
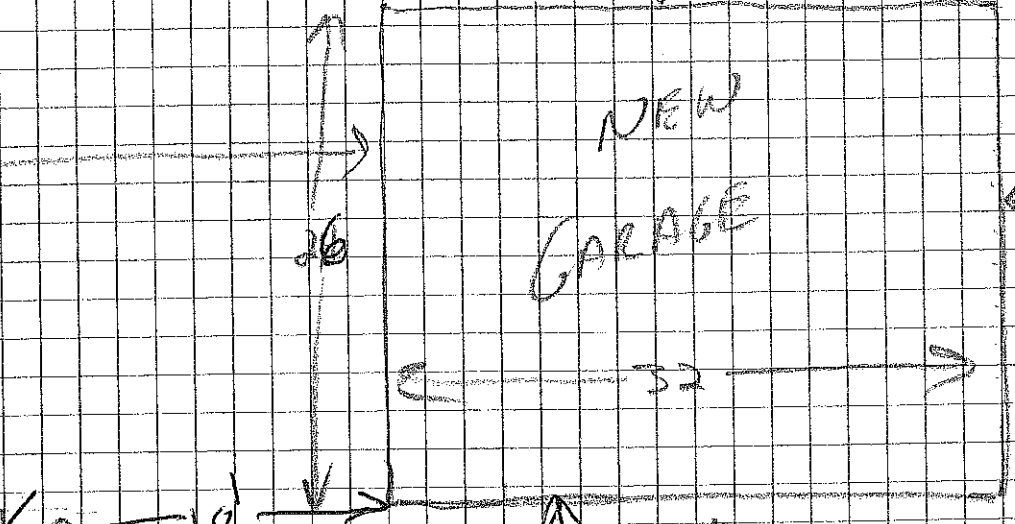
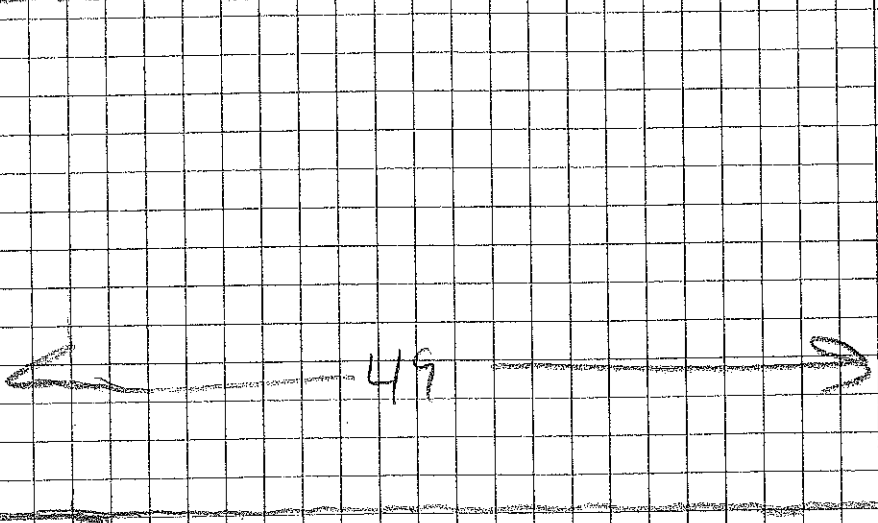
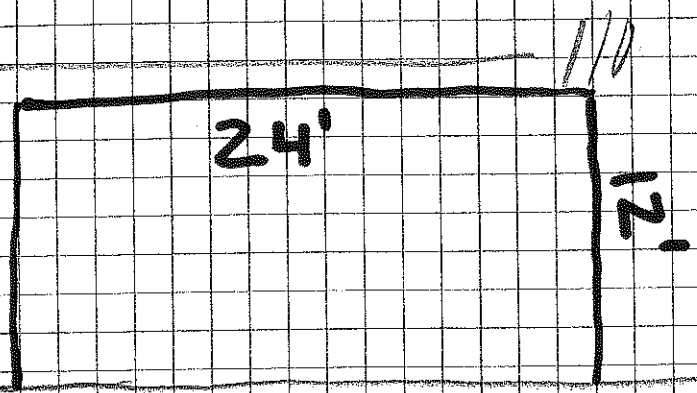
Signature of Inspector: 

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

Date of Approval: 8/27/14

ATF FEES WAIVED BY BOB

OLD 6



95'

18'

27

49

26

32

45

76'

S
↑
N

OLD 5

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 AUG 19 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-02303
Date:	8-29-14
Amount Paid:	\$ 75
Refund:	8-19-14

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.

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

Owner's Name: Albert A. & Margy S. Nelson Mailing Address: 13260 Tri Lakes Rd Drummond, WI 54832 Telephone: 715 748 3134

Address of Property: 13260 Tri Lakes Rd City/State/Zip: Drummond, WI 54832 Cell Phone: _____

Contractor: Self Contractor Phone: _____ 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: S2 1/4, 1/4 Gov't Lot: 2 Lot(s): 2 CSM: 251 Vol & Page: 3 28 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document (i.e. Property Ownership) Volume: 902 Page(s): 363

Section: 31, Township: T44 N, Range: 7 W Town of: Drummond Lot Size: _____ Acreage: 4.510

Shoreland Non-Shoreland

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

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

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>25,000</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Drum Field</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: 21' Width: 18' Height: 7'1/2 legs - 10' to Road

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input 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"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	() () () () () () () () () () () ()	() () () () () () () () () () () ()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) <u>Cold Storage Building</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() () () (<u>18' x 21'</u>) ()	() () () (<u>378</u>) ()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	() () ()	() () ()

Secretarial Staff: _____ FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (I/we) declare that the information 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.

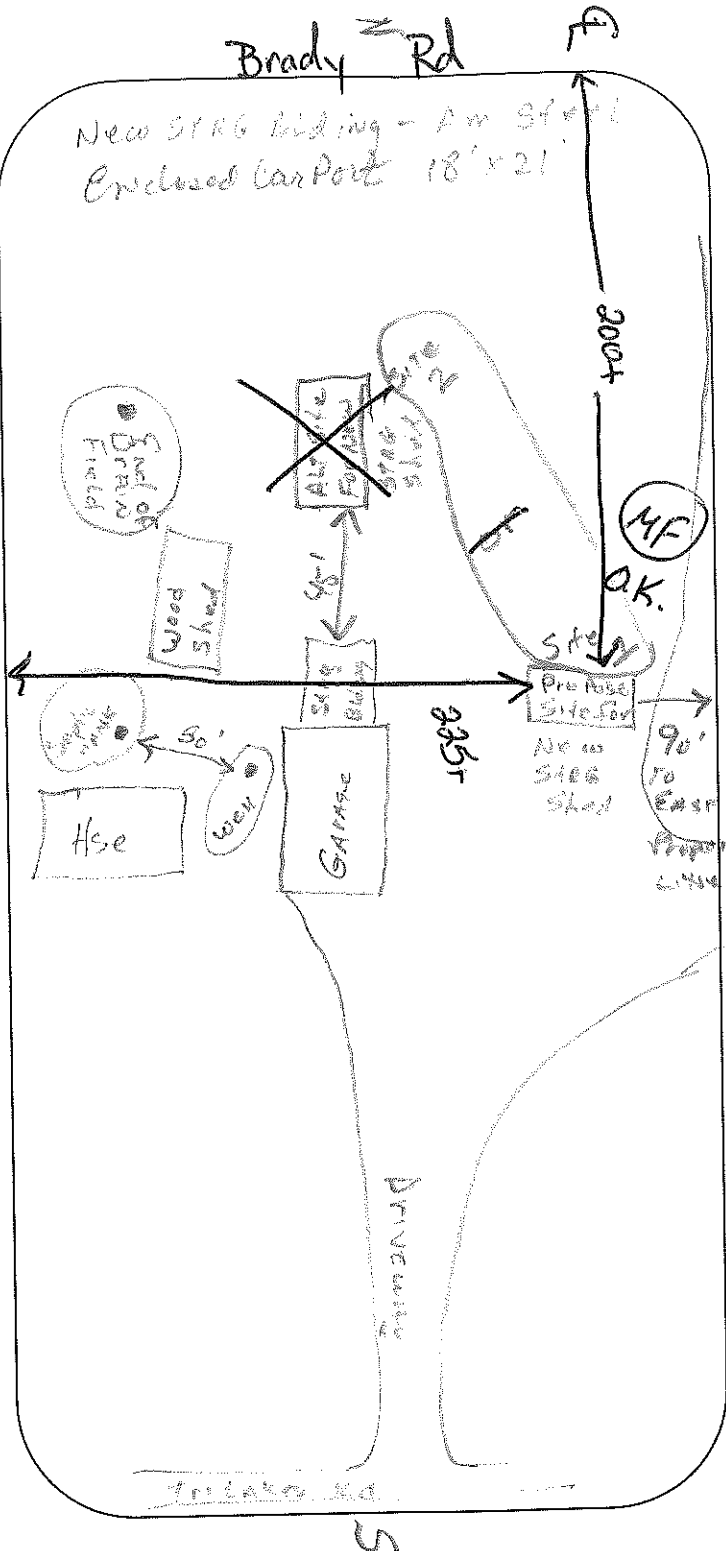
Owner(s): Albert A. Nelson Date: 8/15/14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit: 13260 Tri Lakes Rd, Drummond, WI, 54832 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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



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	340+	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	320+	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	300+	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	NA
Setback from the West Lot Line	225+	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	90+	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	110+	Setback to Well	70+
Setback to Drain Field	90+		
Setback to Privy (Portable, Composting)	NA		

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)

Permit Denied (Date): _____ Reason for Denial: _____ Sanitary Number: _____ # of Bedrooms: _____ Sanitary Date: _____

Permit #: 14-03303 Permit Date: 8-29-14

Is Parcel a Sub-Standard Lot Yes (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 #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Inspection Record:

Was Parcel Legally Sited Yes No

Were Property Lines Represented by Owner Yes No

Inspected by: Mr. Fustala

Date of Inspection: 8-28-14

Zoning District: (F-1)

Lakes Classification: (NA)

Date of Re-Inspection: _____

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

May not be used for human habitation. No water under pressure in structure.

No plumbing fixtures in structure.

Signature of Inspector: Michael Grottel Date of Approval: 8-29-14

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: