

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEES 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) SEP 12 2014
 Bayfield Co. Zoning Dept.



Permit #:	140345
Date:	9-18-14
Amount Paid:	81.00
Refund:	9-12-14

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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Timothy J & Cynthia R. Warren Mailing Address: 33700 Frostman Rd. City/State/Zip: Washburn, WI 54891 Telephone: 715-373-5304

Address of Property: 33700 Frostman Rd. City/State/Zip: Washburn, WI 54891 Cell Phone: 915-292-3323

Contractor: Cleary Building Corp Contractor Phone: 715-358-2516 Plumber: N/A Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-358-2516 Agent Mailing Address (include City/State/Zip): N/A Written Authorization Attached Yes No

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

Section 21, Township 49 N, Range 4 W Town of: Bayview Lot Size: _____ Acreage: 8.73

Legal Description: (Use Tax Statement) SW 1/4, NE 1/4 PIN: (23 digits) 04-008-2-49-04-21-103-000-4000 Recorded Document: (i.e. Property Ownership) Volume 357 Page(s) 270

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue Distance Structure is from Shoreline: 105 / 102 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: _____ feet Are Wetlands Present? Yes No

Non-Shoreland

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>\$21,000.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <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 type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>MODIFIED</u> <input type="checkbox"/> Privy (Priv) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <u>None</u>

Existing Structure: (if permit being applied for is relevant to it) Length: 45' Width: 30' Height: 14'4" Eave Ht

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

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" Porch with (2" Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date)	(X) (X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) Accessory Building (specify) <u>pole shed</u> Accessory Building Addition/Alteration (specify)	(X) (30' X 45') (X)	<u>1350</u>
	Special User: (explain)	(X)	
	Conditional User: (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.

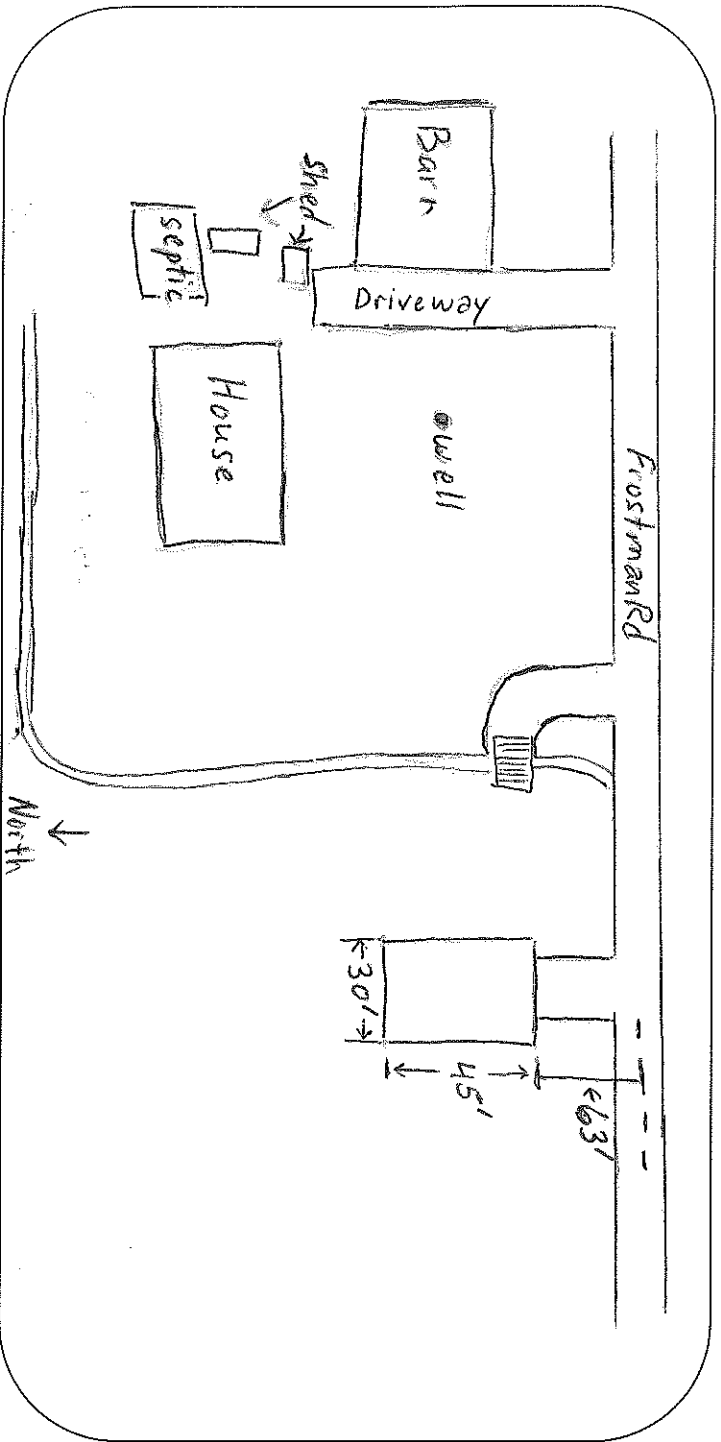
Owner(s): Timothy J Warren Cynthia Warren Date 9-18-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 Timothy J Warren 33700 Frostman Rd Washburn WI 54891 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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)

Changes in plans must be approved by the Planning & Zoning Dept.
 measure 63.5 ft center of front road.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	6.3 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	280 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	550 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	400 Feet	Setback to Well	300 Feet
Setback to Drain Field	400 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>14-13945</u>		Permit Date: <u>9-18-14</u>			
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	Is Structure Non-Conforming	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: <u>J. KRIVORUCHA, MURPHY</u>			
Inspection Record: <u>PROPERTY OWNER PRESENT FOR INSPECTION + REPAIRS TO PROPERTY LINES</u>		Lakes Classification: <u>13-CR2</u>			
Date of Inspection: <u>9-18-14</u>		Date of Re-Inspection:			
Conditions: <u>Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)</u>		Date of Approval: <u>9-18-14</u>			
<p>Building shall be located minimum 63' from center of Frostman road on 30' of front R.O.W., whichever is greater. 100 ft setback to creek required. Building NOT approved for habitation or water plumbing fixtures. Building subject to existing plans in approved by county.</p>					
Signature of Inspector:		Date of Approval: <u>9-18-14</u>			
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:
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 Washburn, WI 54891
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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



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

Permit #:	14-03416
Date:	9-18-14
Amount Paid:	\$75 9-16-14
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.

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

Owner's Name: Kimberly Suske
Address of Property: 77615 Washington Ave
City/State/Zip: Washburn, WI 54891
Telephone: 715-373-5931
Cell Phone: 414-303-4263

Contractor: None
Authorized Agent: None
Agent Phone: None
Agent Mailing Address: None
Plumber: None
Plumber Phone: None

PROJECT LOCATION: 1/4, 1/4
Legal Description: (Use Tax Statement)
 Section 29, Township 49 N, Range 04 W
 Town of: Bayfield
 Subdivision: AA Bigelow Road
 Recorded Document: (i.e. Property Ownership) Volume 1067 Page(s) 69

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? Yes No
Distance Structure is from Shoreline: 200 feet
Distance Structure is from Shoreline: feet
Is Property in Floodplain Zone? Yes No
Are Wetlands Present? Yes No

Value at Time of Completion: \$10,000
Project: New Construction Addition/Alteration Conversion Relocate (existing bldg) Run a Business on Property
Use: 1-Story Seasonal Year Round
of Stories and/or basement: 1
of bedrooms: 3
What Type of Sewer/Sanitary System is on the property? Municipal/City (New) Sanitary Sanitary (Exists) Specify Type: holding tank Privy (Pit) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it) Length: 30' Width: 20' Height: 15'
Proposed Construction: Length: Width: Height:

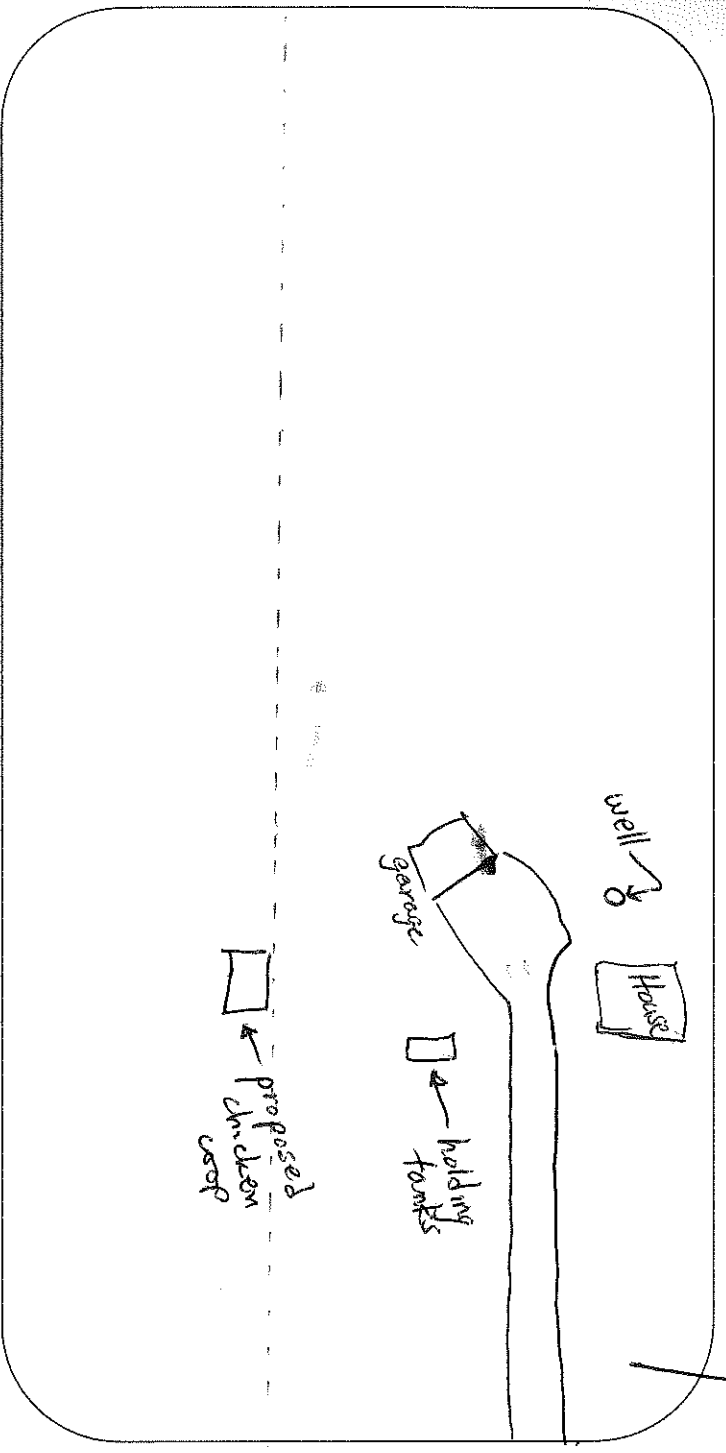
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(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 (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) <u>chicken coop</u>	(30 x 20)	600
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

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Owner(s): Kimberly S Suske
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____
Date: 9-16-14
Attach _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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	175.216 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	200 Feet
Setback from the North Lot Line	197 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	208 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	437 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	216 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	66 Feet	Setback to Well	147 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 #: 14-0346 Permit Date: 9-18-14

Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input 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 Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(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
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	Case #: _____			Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: _____
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" 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: <u>owner present to represent building site.</u>							
Date of Inspection: <u>9-18-14</u>	Inspected by: <u>Cassidy Murphy</u>			Zoning District: <u>(A-1)</u>			
Condition(s): <u>Town Committee or Board Conditions Attached? Yes No - If No they need to be attached.</u>				Lakes Classification: <u>3 - stream</u>			
<u>Building not approved for human habitation. OK</u>							
Signature of Inspector: _____				Date of Approval: <u>9-18-14</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				