

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)
 SEP 03 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-0349
Date:	9-23-14
Amount Paid:	1875 9-3-14
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: Pat + Rob McCarthy Mailing Address: 6338 Rogers Dr City/State/Zip: HILLS WI 53029 Telephone: 920-253-5355

Address of Property: 1950 Reese Rd City/State/Zip: Barnes WI 54873 Cell Phone: _____

Contractor: Montkner Construction Contractor Phone: (715) 765-2220 Plumber: None Plumber Phone: _____

Authorized Agent: (Person Sign Application on behalf of Owner(s))
Jeremy Briscell Agent Phone: 715-795-2220 Agent Mailing Address (include City/State/Zip): 52230 Mon Rd Barnes WI 54873 Written Authorization Attached: Yes No

PROJECT LOCATION: Section 1, Township 44 N, Range 9 W Legal Description: (Use Tax Statement) 04-004-3-44-06-01-102-000-10000 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) Volume 1091 Page(s) 383

Section 1, Township 44 N, Range 9 W Town of: Barnes Lot Size _____ Acreage 17.92

Shoreland Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue \rightarrow Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue \rightarrow Distance Structure is from Shoreline: _____ feet

Non-Shoreland

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
\$ <u>8,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> GARAGE	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for, is relevant to it) Length: 40' Width: 20' Height: 12'

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 nd) Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Rental/Lease Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() ()	()
	Accessory Building (specify) <u>POE BARN</u>	(<u>20'</u> x <u>40'</u>)	<u>800</u>
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

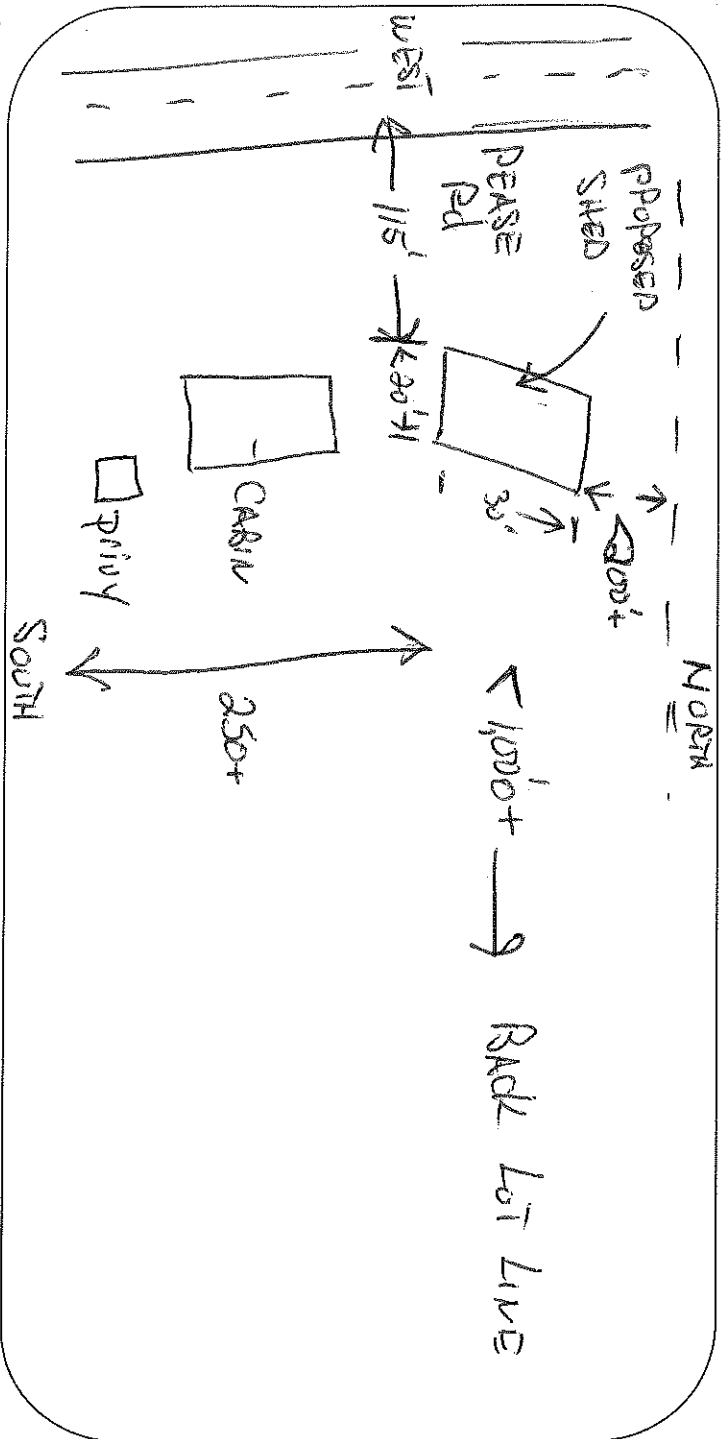
Authorized Agent: [Signature] Date 9/2/14
 (You are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 52230 Mon Rd Barnes WI 54873 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

AUTHORIZATION FROM EDITH PETERSEN
 APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	115' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	2800' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	2800' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	ROAD 115' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	2,100b Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	NONE Feet	Setback to Well	NONE Feet
Setback to Drain Field	NONE Feet		
Setback to Privy (Portable, Composting)	54' 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 Dwelling: 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 #: 14-0349	Permit Date: 9-23-14						
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" 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	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	Meets all setbacks.						
Date of Inspection: 9-16-14	Inspected by: Mr. Tuttle	Zoning District	(F-1)				
Conditions (Town, Committee or Board Conditions Attached?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lakes Classification	(NA)				
<i>May not be used for human habitation. No water under pressure in structure.</i>							
<i>No plumbing fixtures in structure.</i>							
Signature of Inspector: Michael Gural							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 9-17-14			

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:
AUG 27 2014
 Bayfield Co. Zoning Dept.



Permit #:	14-0869
Date:	9-09-14
Amount Paid:	\$175 & 8814
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: Rose Mary Ros Rev. Trust Mailing Address: 110 Bank St, Unit 402, Minneapolis, MN City/State/Zip: 55414 Telephone: 952 301-5150

Address of Property: 2320 Waukegan Rd City/State/Zip: Barnes WI 54873 Cell phone: _____

Contractor: Jim Sorenson Construction Contractor Phone: 715-580-0732 Plumber: Heather Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Jim Sorenson Agent Phone: 715-510-0432 Agent Mailing Address (include City/State/Zip): 53300 Sack Pine Ln Barnes Wisconsin Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 5 Lot(s): 1 CSM: 542 Vol & Page: 4, 84 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) 04-004-2-44-0920-05-08 Volume: 424 Page(s): 89

Section 20, Township 44 N, Range 9 W Town of Barnes Lot Size: _____ Acreage: 2.622

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: 26 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>\$6,000</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"/> <u>ESPAIR WORK</u>	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" 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>CONVERT 4" DI</u> <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 Structures: (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"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input type="checkbox"/>	Residential Use with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	() ()	()
<input type="checkbox"/>	Commercial Use Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
<input type="checkbox"/>	Municipal Use Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Accessory Building (specify) <u>Bathhouse repairs</u>	(<u>12</u> X <u>26</u>)	(<u>312</u>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/>	Special User: (explain)	() ()	()
<input type="checkbox"/>	Conditional User: (explain)	() ()	()
<input type="checkbox"/>	Other: (explain)	() ()	()

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.

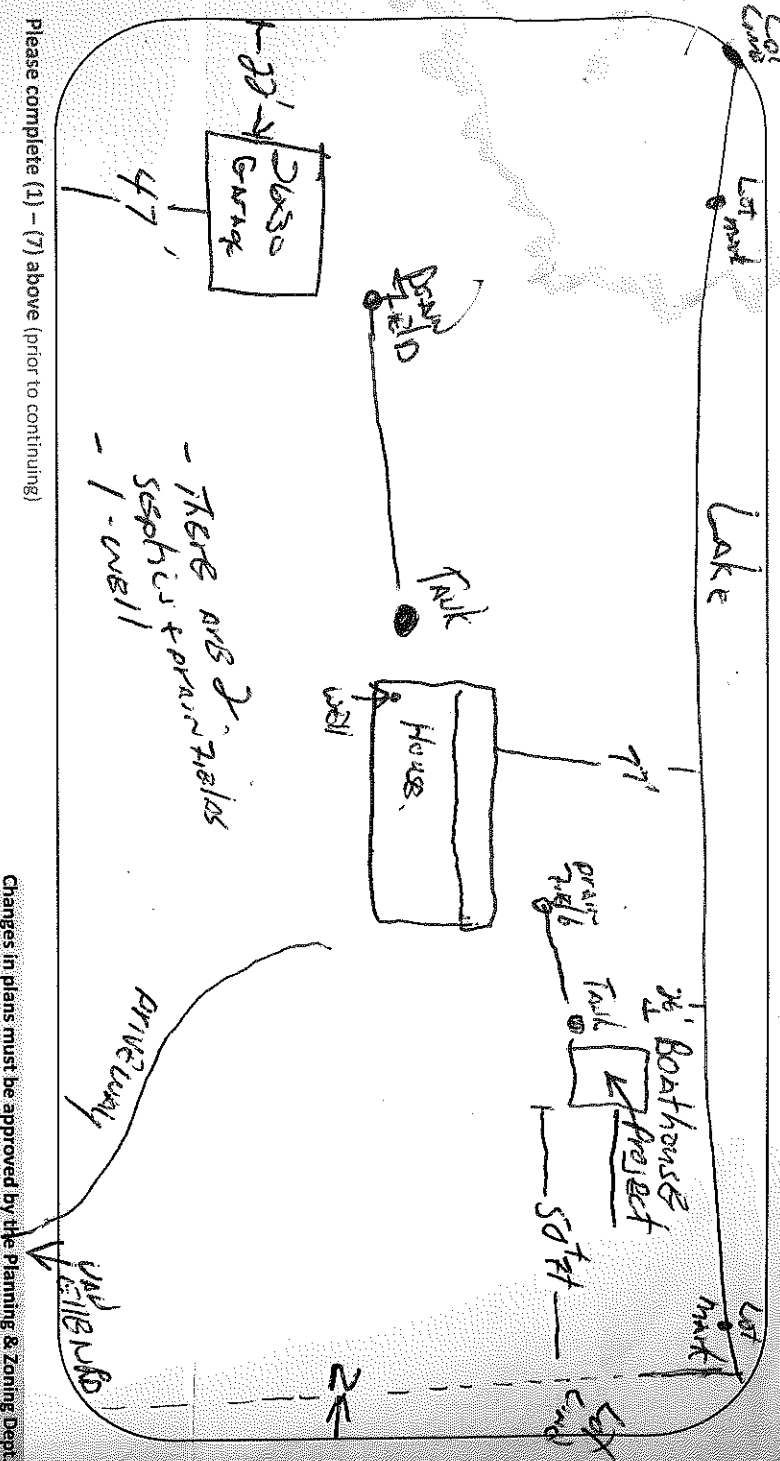
Owner(s): _____ Date: 8-16-14
 (If there are Multiple Owners then the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 8-16-14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 53300 Sack Pine Lane, Barnes, WI 54873 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)

(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	150'	Setback from the Lake (Ordinary high-water mark)	2'
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	100'	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	50-75'	Setback from Wetland	N/A
Setback from the West Lot Line	100'	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	26'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	20'	Setback to Well	N/A
Setback to Drain Field	20'		
Setback to Privy (Portable, Composting)		SHA Well/Well Amp Inside house	

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: 192286 # of bedrooms: 3 Sanitary Date: 8-18-93

Permit Denied (Date): Reason for Denial:

Permit #: 14-03107 Permit Date: 9-29-14

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

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

Is Structure Non-Conforming Yes No Yes No Yes No Yes No Yes No Yes No Yes No

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

Were Property Lines Represented by Owner Was Property Surveyed Yes No Yes No Yes No Yes No Yes No Yes No Yes No

Inspection Record: Non-conforming structure 26' from OHWM. Zoning District (R-1)

Date of Inspection: 9-2-14 Inspected by: M. Fuchs Date of Re-Inspection:

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

Mr. Weiss is structure footprint.

Signature of Inspector: Michael Fuchs Date of Approval: 1/14

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: 30