

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)  
 10 OCT 06 2014  
 Bayfield County Zoning Dept.

ENTERED Permit #

14-03885  
 Date: 10-13-14  
 Amount Paid: \$95 10-6-14  
 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: Mary L. Henriksen Mailing Address: P.O. Box 632 Bayfield WI 54814 Telephone: 715-779-0255

Address of Property: 87655 State Hwy 13 City/State/Zip: Bayfield WI 54814 Cell Phone:

Contractor: \_\_\_\_\_ 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: See Warranty Deed Legal Description: (Use Tax Statement) 1/4, 1/4 PIN: (23 digits) 04- Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section SO6, Township T50 N, Range R03 W Town of: Bayfield Lot Size 153x325 Acreage .07

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: \_\_\_\_\_ 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>15,000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft			<input type="checkbox"/> Sanitary (exists) Specify Type: _____	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 24 Height: 14

Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( <input type="checkbox"/> X <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"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage</u>	( <u>24</u> X <u>36</u> )	<u>864</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

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): Mary L. Henriksen 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: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

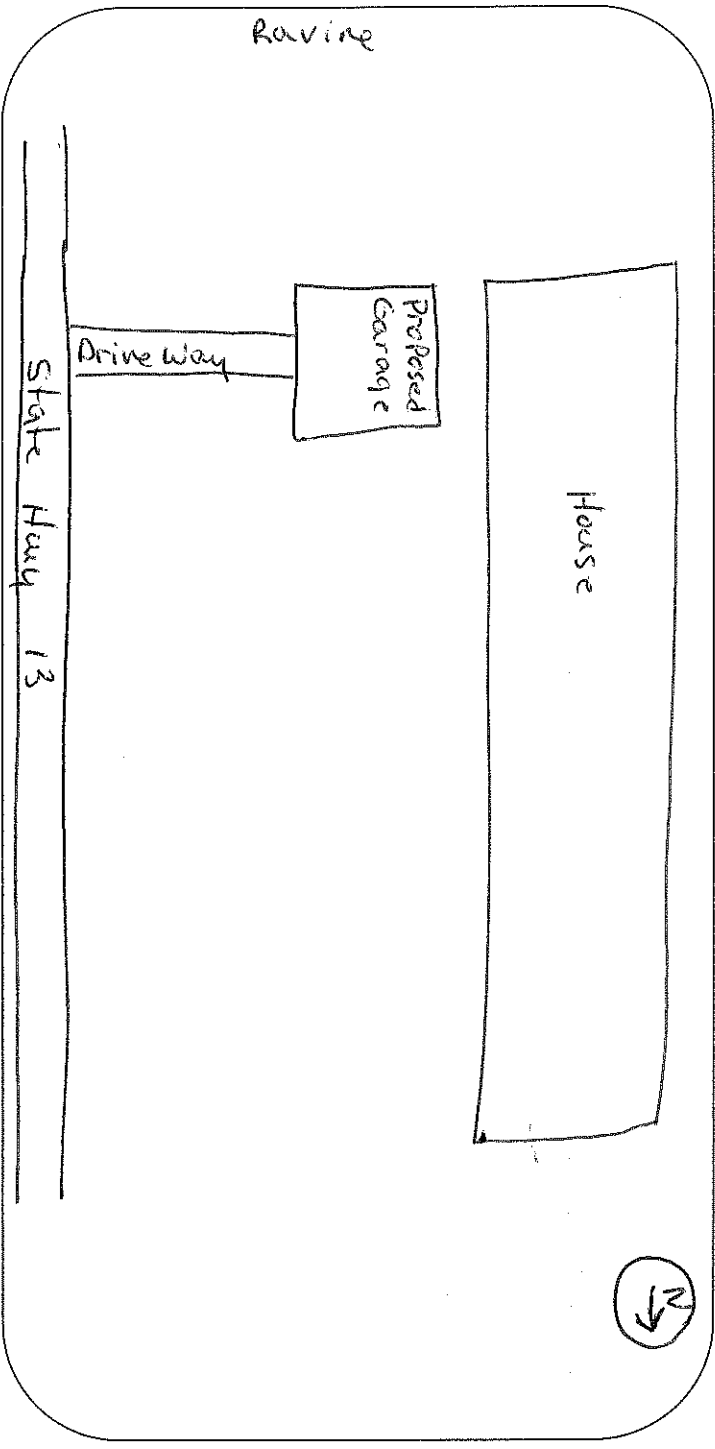
Address to send permit: 87655 State Hwy 13 Po Box 632 Bayfield, WI 54814 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement

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.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	160 Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	102 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	70 Feet	Setback from the Bank or Bluff	10 Feet
Setback from the South Lot Line	59 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	187 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	102 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	Municipal		
Permit #: <b>14-03885</b>	Permit Date: <b>10-13-14</b>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record (Fused/Contiguous Lots) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Case #:	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	Inspected by: <b>Shawn Murphy</b>	Date of Re-Inspection:	
Inspection Record: <b>RED CURF SANITARY + WATER</b>		Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Zoning District: <b>(BFB)</b>	Date of Approval: <b>10-16-14</b>
Date of Inspection: <b>10-9-14</b>				
Signature of Inspector: <i>[Signature]</i>				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				
<p><b>ACCESSORY SHED NOT BE USED FOR HUMAN HABITATION/SLEEPING QUARTERS.</b></p>				

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 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)  
 07 06 2014  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0380
Date:	10-13-14
Amount Paid:	\$95 10-6-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Mary L Hinrichsen Mailing Address: PO Box 632 Bayfield, WI 54814 City/State/Zip: Bayfield, WI 54814 Telephone: 715 719-0255

Address of Property: 87655 State Hwy 13 City/State/Zip: Bayfield, WI 54814 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: See Waftanby Deed Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot:  Lot(s):  CSM:  Vol & Page:  Lot(s) No.:  Block(s) No.:  Subdivision:  Recorded Document: (i.e. Property Ownership)  Volume:  Page(s):

Section S06, Township T502 N, Range R03 W Town of: Bayfield Lot Size: 153x325 Acreage: .07

Shoreland  Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage → Distance Structure is from Shoreline:  feet

If Yes---continue → If Yes---continue →

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>1500.00</u>	<input type="checkbox"/> New Construction <input checked="" 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"/> No Basement <input type="checkbox"/> Foundation	<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"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: <u></u> <input type="checkbox"/> Privy (Pri) 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 checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 60' Width: 28' Height: 14'

Proposed Construction: \* Length: 12' Width: 9' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X X )	
	with Loft	( X X )	
	with a Porch	( X X )	
	with (2 <sup>nd</sup> ) Deck	( X X )	
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( X 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 X )	
	Mobile Home (manufactured date)	( X X )	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Entryway</u>	( 9 X 12 )	108
	Accessory Building (specify)	( X X )	
	Accessory Building Addition/Alteration (specify)	( X X )	
	Special Use: (explain)	( X X )	
	Conditional Use: (explain)	( X X )	
	Other: (explain)	( X 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.

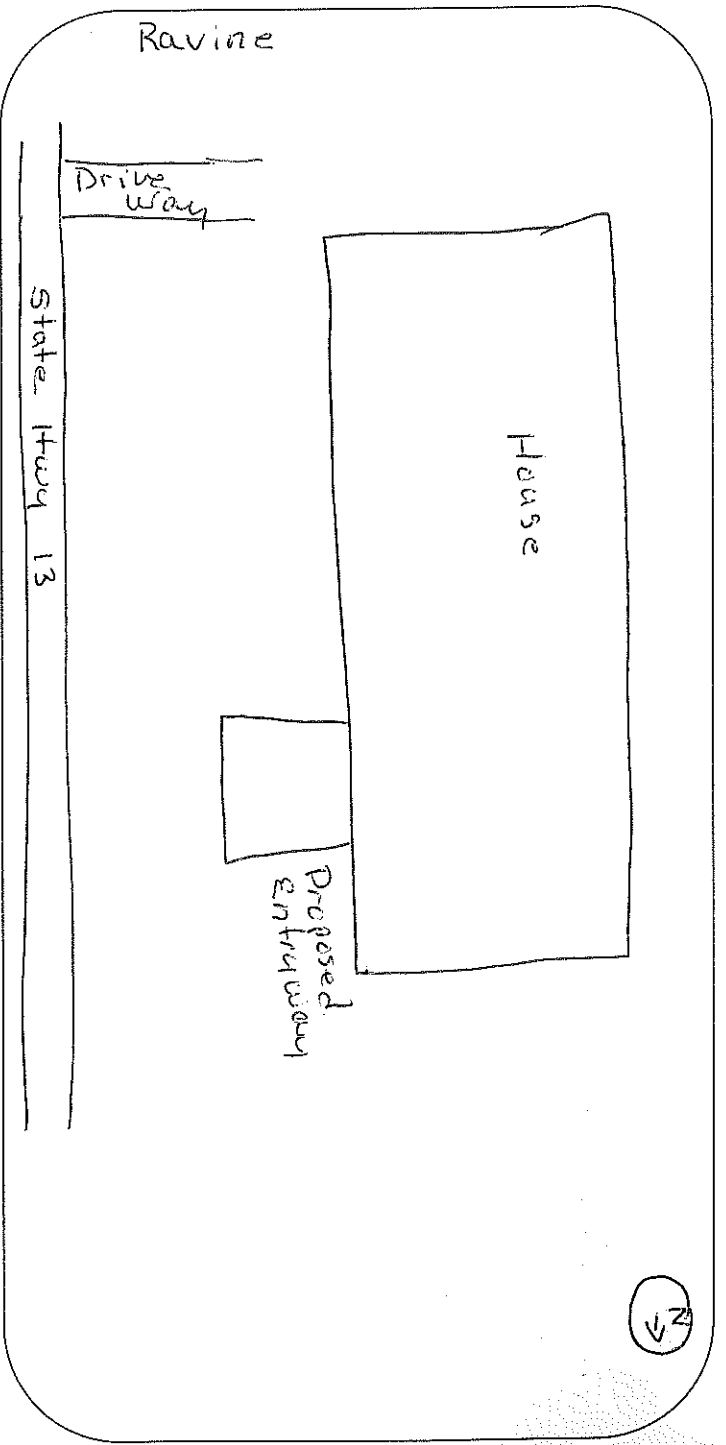
Owner(s): Mary L Hinrichsen Date:   
 (If there are Multiple Owners listed on the Deed All Owners must sign OR letter(s) of authorization must accompany this application)

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

Address to send permit 87655 State Hwy 13, PO Box 632 Attach  
Bayfield, WI 54814 Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Please  
232

- Please follow: 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	211 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	153 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	56 Feet	Setback from the Bank or Bluff	49 Feet
Setback from the South Lot Line	28 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	160 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	153 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:	Municipal	of bedrooms:	
Permit #: 14-0386	Permit Date: 10-13-14	RED CLIFF SANITARY		
Is Parcel a Sub-Standard Lot	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is Parcel in Common Ownership	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is Structure Non-Conforming
Granted by Variance (B.O.A.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.)	
Was Parcel Legally Created	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was Proposed Building Site Delineated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Were Property Lines Represented by Owner
Inspected by: 10-9-14	Inspector: [Signature]	Inspected by: [Signature]	Inspector: [Signature]	Date of Re-Inspection:
Conditions(s): Town, Committee or Board Conditions Attached?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ADDITIONAL SHOW MEET AS REQUIRED SETBACKS		
Signature of Inspector:	[Signature]	Hold For Sanitary:	Hold For BA:	Hold For Affidavit:
Hold For Sanitary:	<input type="checkbox"/>	Hold For BA:	<input type="checkbox"/>	Hold For Affidavit:
Date of Approval:	10-10-14			