

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 Submitted (Received)
 OCT 24 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-04236
 Date: 11/13/14
 Amount Paid: \$304 1027-14
 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: Martini & Phyllis Olson Mailing Address: 423 Luck Ln City/State/Zip: West Salem WI 54669 Telephone: 608 786 2350

Address of Property: 5245 Callowida Rd Barnes City/State/Zip: Barnes WI 54873 Call Phone: 608 799 0814

Contractor: Hill Construction, LLC Contractor Phone: 715 558 2964 Plumber: Tavis Butz-Field Plumber Phone: 715 492 7021

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 004-2-44-09-02-3 Agent Mailing Address (include City/State/Zip): 004-03000 Written Authorization Attached No Yes No

PROJECT LOCATION: 1/4, 1/4 NW/4 4 Gov't Lot 4 Lot(s) 4 CSM Vol & Pass Lot(s) No. 05 Block(s) No. 743 Subdivision: 004-03000 Recorded Document (i.e. Property Ownership) Volume 743 Page(s) 120

Section 02, Township 44 N, Range 09 W Town of: Barnes Lot Size 4.489 Acreage

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

Distance Structure is from Shoreline: 90 feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 90 feet 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>18,000</u>	<input type="checkbox"/> New Construction <input checked="" 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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input 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: <u>Box</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: 16 Width: 18 Height: 16

Proposed Construction: Length: 16 Width: 18 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>16</u> x <u>18</u>)	<u>288</u>
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	(<u>10</u> x <u>12</u>)	<u>120</u>
<input type="checkbox"/> Municipal Use	with Loft	(<u>4</u> x <u>8</u>)	<u>32</u>
<input type="checkbox"/> Commercial Use	with a Porch	(<u>16</u> x <u>18</u>)	<u>288</u>
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	(<u>10</u> x <u>12</u>)	<u>120</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<u>16</u> x <u>18</u>)	<u>288</u>
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(<u>10</u> x <u>12</u>)	<u>120</u>
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) <u>keyer, closet, bathroom, window, deck</u>	(<u>16</u> x <u>18</u>)	<u>288</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>covered entryway</u>	(<u>10</u> x <u>12</u>)	<u>120</u>
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	(<u>4</u> x <u>8</u>)	<u>32</u>
Rec'd for Issuance	Special Use: (explain)	(<u>16</u> x <u>18</u>)	<u>288</u>
NOV 13 2014	Conditional Use: (explain)	(<u>10</u> x <u>12</u>)	<u>120</u>
Secretarial Staff	Other: (explain)	(<u>4</u> x <u>8</u>)	<u>32</u>

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): Martini, Phyllis Olson Phyllis Olson
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 9-1-14

Authorized Agent: Sara (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 9-1-14

Address to send permit Sara as above Attach

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 attachment / other sheet

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	350 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	350 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	50 Feet
Setback to Drain Field	100 Feet		
Setback to Privy (Portable, Composting)	100 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).

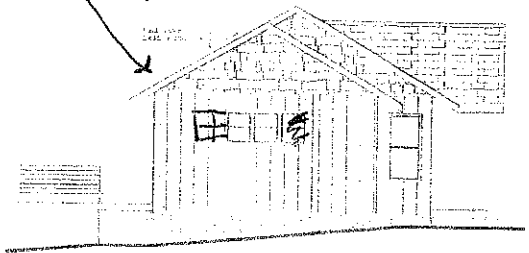
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings, ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

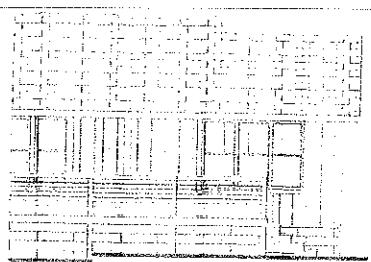
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 207753	# of bedrooms: 2	Sanitary Date: 11-3-93
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0136	Permit Date: 11-13-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No <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	<input checked="" type="checkbox"/> No <input 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 #:	Were Property Lines Represented by Owner Was Property Surveyed	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: Meets all setbacks.	Inspected by: M. Furbak	Zoning District (R-3)	Lakes Classification (2)	
Date of Inspection: 11-4-14	Inspected by: M. Furbak	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: Michael Furbak	Date of Approval: 11-5-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

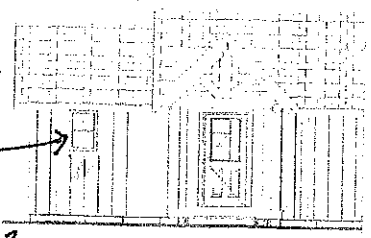
correct on the floor plan
but not here ->



LEFT SIDE ELEVATION
17'4" x 11'-0"



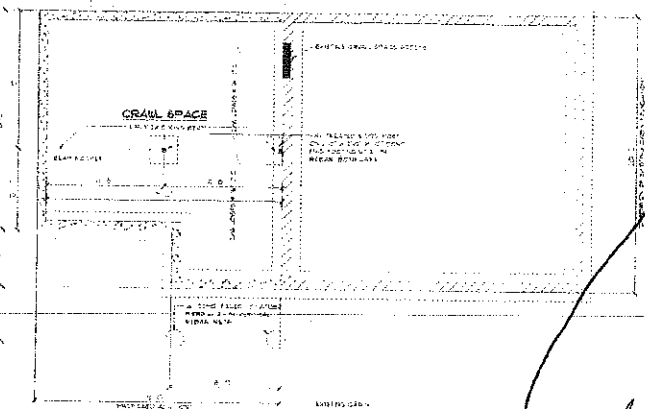
REAR (LAKE) ELEVATION
17'4" x 11'-0"



FRONT ELEVATION
17'4" x 11'-0"

a bigger window please
move lake window to the existing cabin?

Re-use under-sink hot water heater
Dedicated outlet under sink

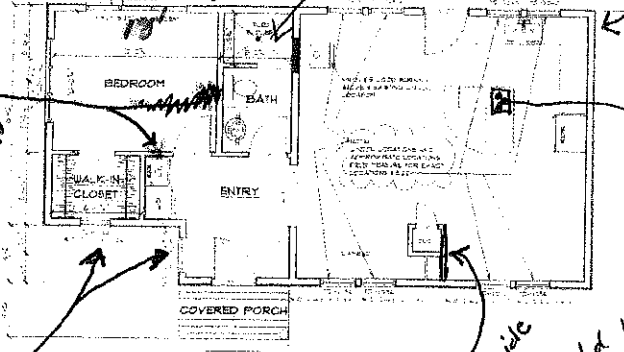


FOUNDATION PLAN
17'4" x 11'-0"

softer angle

Re-use sink in shed

shower base rely -
dedicated outlet for toaster oven



FLOOR PLAN
17'4" x 11'-0"

electric cooktop
at least 30 amp

side This should be a wall I can put my group's buffet against

How about
~~ITDH 2648~~ ITDH 3048
for both windows
Ro 4-0/4
~~2-6 1/2~~ 2-6 1/2

JOB NUMBER	14 - 38
DESIGN PHASE	
13 AUGUST 2014	
1 SEPTEMBER 2014	
Arrow	
ADDITON & REMODELING FOR	MARTY & PHYLLIS OLSON
	CALLAGHAN ROAD - BARNES WISCONSIN
13 AUGUST	
1 SEPTEMBER	
4-38	
10'	

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

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Submitted (Required) **OCT 24 2014**
 Bayfield Co. Zoning Dept.

\$31,000 - \$105
 ENTERED
 Permit #: **14-0188**
 Date: **11-14-14**
 Amount Paid: **\$105** 10-27-14
 Refund:

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

Owner's Name: **Martin St Phyllis Olson** Mailing Address: **423 Lak Lane West Salem WI** Telephone: **608 786-2350**
 Address of Property: **3245 Callo-wild Rd** City/State/Zip: **Barnes, WI 54873** Cell Phone: **608 799-0814**
 Contractor: **Hill Construction, LLC** Contractor Phone: **715-558-2964** Plumber: **Travis Botherfield** Plumber Phone: **715-452-7021**
 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: **1/4, 1/4** Gov't Lot **4** Lot(s) **4** CSM **4** Vol. & Page **4** Lot(s) No. **4** Block(s) No. **4** Subdivision: _____
 Section **2**, Township **44** N, Range **9** W Town of: **Barnes** Lot Size **4.489** Acreage **4.489**

Legal Description: (Use Tax Statement) **04-004-1-44-09-02-3 05-004-0300** PIN: (23 digits)
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume **743** Page(s) **120**

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
\$35,000	<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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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: **34** Width: **24** Height: **16**
 Proposed Construction: Length: _____ Width: _____ Height: _____

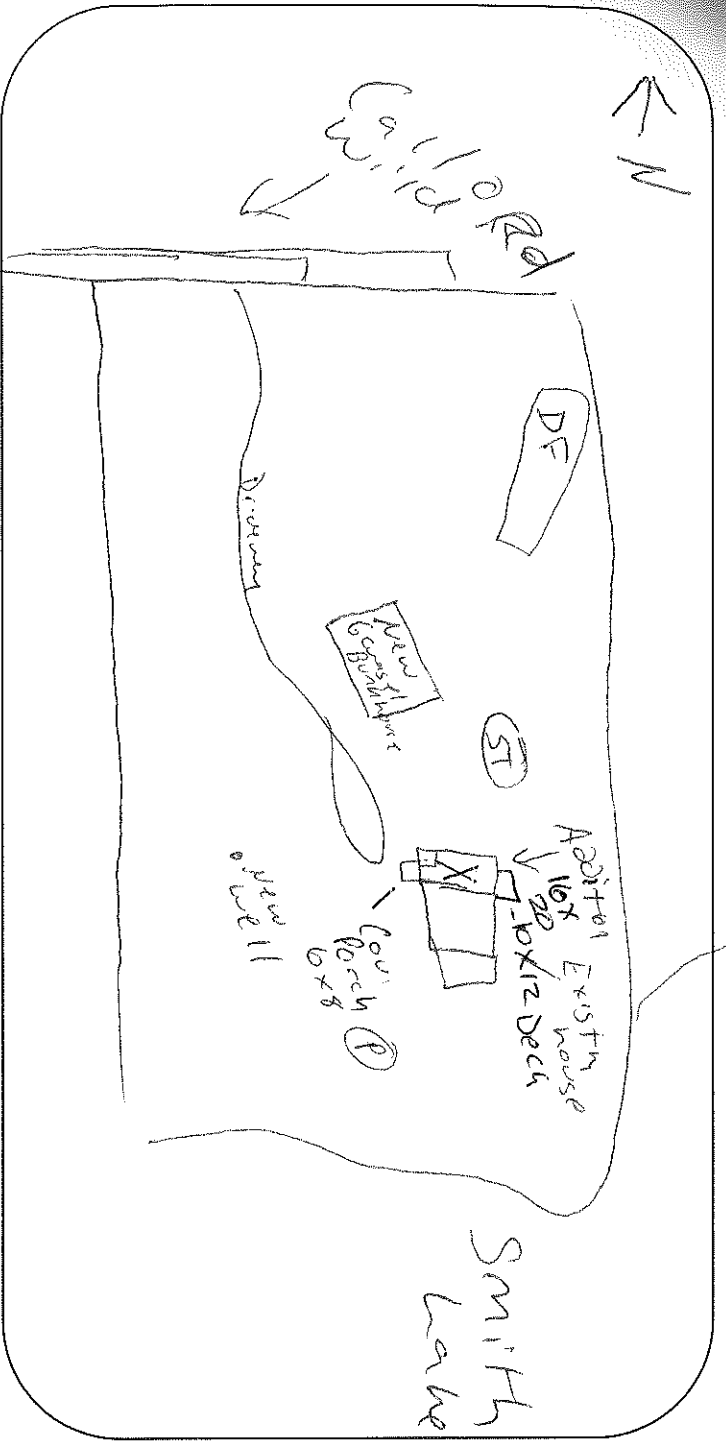
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> Municipal Use	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Deck	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date) _____	() X ()	
	Addition/Alteration (specify) _____	() X ()	
	Accessory Building (specify) garage/bunkhouse	(32 X 24)	528
	Accessory Building Addition/Alteration (specify) _____	(4 X 7)	28
	Special Use: (explain) _____	(12 X 24)	288
	Conditional Use: (explain) _____	() X ()	
	Other: (explain) _____	() X ()	

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) **Martin Olson** **Phyllis Olson** Date **9-2-14**
 Authorized Agent: _____ Date _____
 Address to send permit **same as above** Attach _____
 Copy of Tax Statement _____
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Tax ID # **1234**

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	300 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	270 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	50 Feet
Setback to Drain Field	100 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: 14-1095 # of bedrooms: 2 Sanitary Date: 11-7-14

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 14-0138 Permit Date: 11-14-14

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes (Fused/contiguous Lots) No
 Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: Metall setbacks.

Date of Inspection: 11-4-14 Inspected by: Mr. Furbak

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached)
No ~~plumbing~~ kitchen facilities in structure. No appliances.
Enclosed dwelling space may not exceed 500 sq ft.

Signature of Inspector: Michele Furbak Date of Approval: 11-5-14

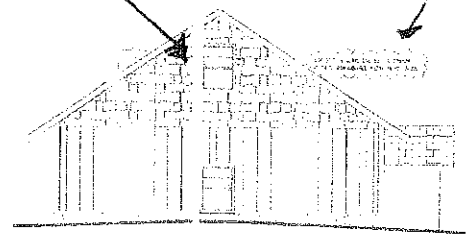
Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

© October 2013
NEEDS SANITARY FOR BATHROOM?

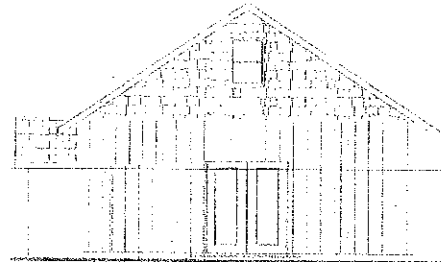
We wanted the garage/bunkhouse to have 9' walls

no upper window on this side
re-use on lake side

CONTINUED SINGLE ENTRY ROOF JOIST SYSTEM
 1. PROVIDE INSULATION IN ROOF JOIST SPACE
 2. PROVIDE VENTILATION IN ROOF JOIST SPACE
 3. PROVIDE INSULATION IN WALL JOIST SPACE
 4. PROVIDE VENTILATION IN WALL JOIST SPACE
 5. PROVIDE INSULATION IN FLOOR JOIST SPACE
 6. PROVIDE VENTILATION IN FLOOR JOIST SPACE
 7. PROVIDE INSULATION IN CEILING JOIST SPACE
 8. PROVIDE VENTILATION IN CEILING JOIST SPACE
 9. PROVIDE INSULATION IN ATTIC JOIST SPACE
 10. PROVIDE VENTILATION IN ATTIC JOIST SPACE



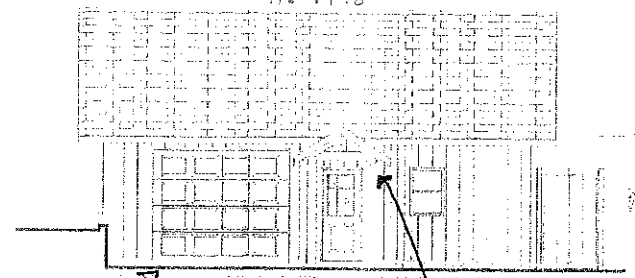
LEFT SIDE ELEVATION
1/4" = 1'-0"



RIGHT SIDE (LAKE) ELEVATION
1/4" = 1'-0"



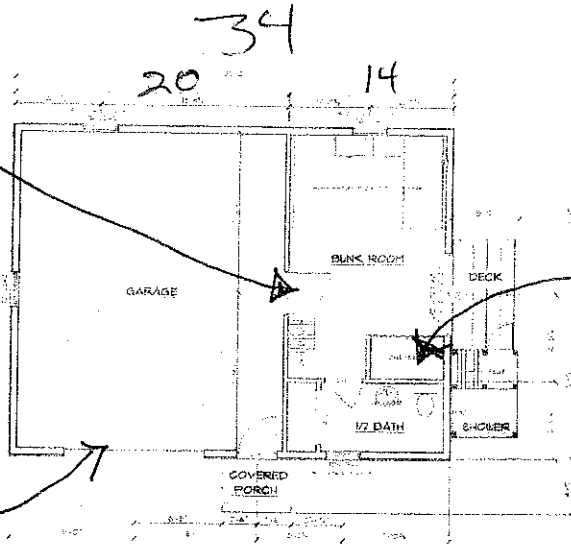
REAR ELEVATION
1/4" = 1'-0"



FRONT ELEVATION
1/4" = 1'-0"

CROSS SECTION
1/4" = 1'-0"

WALL SECTION
3/8" = 1'-0"



FLOOR PLAN
1/4" = 1'-0"

I think Jeremy suggested to have the door open the other way -
 could this garage door be moved a little to the left?

where does water heater go?
 Do we figure that out later?

Bunk house 14' x 24'

to left?



JOB NUMBER:
14 - 37

DESIGNER:
MARTY & PHYLLIS OLSON

Arrow

NEW GARAGE FOR
MARTY & PHYLLIS OLSON
CALLED OLD BUNK HOUSE

DATE:
4-31