

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

APPLICATION FOR PERMIT
BAFFIELD COUNTY
 RECEIVED
 OCT 24 2014
 Bayfield Co. Zoning Dept.

Permit #: **14-0450**
 Date: **12-9-14**
 Amount Paid: **\$1650**
 Refund: **10-27-14**

\$1650 + \$50 = \$1700

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: **Lake Owen Shores LLC** Mailing Address: **555 Main St. Site 500, Racine, WI** Telephone: **262 664-7620**

City/State/Zip: **Cable WI 54821** City/State/Zip: **53403**

Contractor: **Arnie Mackey Const. 715 682-9128** Plumber: **Andy Raswussen & Sons 798-3355** Plumber Phone: **798-3355**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Arnon McKinney 715 580-0211** Agent Phone: **Same as property** Agent Mailing Address (include City/State/Zip): **Witten Authority Attached**

PROJECT LOCATION: **1/4, 1/4** Gov't Lot: **7** Lot(s): **7** CSM: **7** Vol & Page: **7** Lot(s) No.: **7** Block(s) No.: **7** Subdivision: **7** Lot Size: **13.132** Acreage: **13.132**

Section **27**, Township **44** N, Range **7** W Town of: **Drummond**

Legal Description: (Use Tax Statement) **04-018-2-44-07-27-205-007-100080** P/N: (23 digits) **756** Page(s) **423**

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: **0** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage **→** If Yes---continue **→** Distance Structure Is from Shoreline: **0** 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
\$550,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story S.H.	<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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story L.H.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SOIL	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract) W/ITF	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) **lake house** Length: **84** Width: **16.5** Height: **24**

Proposed Construction: **sauna house deck** Length: **36** Width: **16** Height: **24**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(84 x 16.5)	1,386
	Residence (i.e. cabin, hunting shack, etc.)	(X x)	
	with Loft	(X x)	
	with a Porch	(X x)	
	with (2 nd) Porch	(12 x 16)	192
	with a Deck	(8 x 16)	128
	with (2 nd) Deck	(10 x 36)	360
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food storage)	(6 x 36)	216
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X x)	
	Addition/Alteration (specify)	(X x)	
	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)	

Rec'd for Issuance **DEC 09 2014**

Secretariat Staff

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): **X Arnon McKinney** Date: **10-23-14**

(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 **47775 S. Lake Owen Dr, Cable, WI 54821**

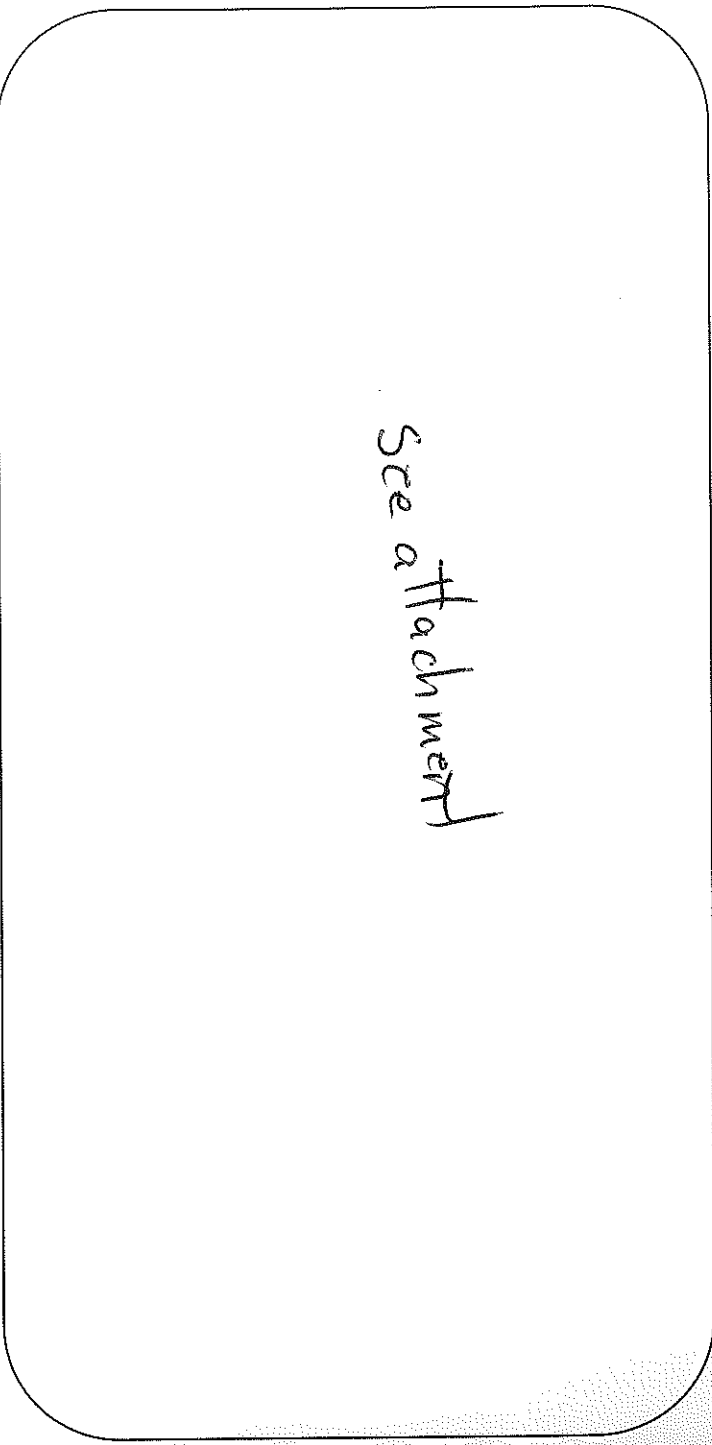
Attach **Copy of Tax Statement**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

01/27/2014
 01/27/2014
 Planning Dept

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	1,100 ± Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	1,100 ± 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	50 ± Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	27 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	10 ± Feet	Setback to Well	25 ± Feet
Setback to Drain Field	20 ± Feet		
Setback to Privy (Portable, Composting)	20 ± 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.

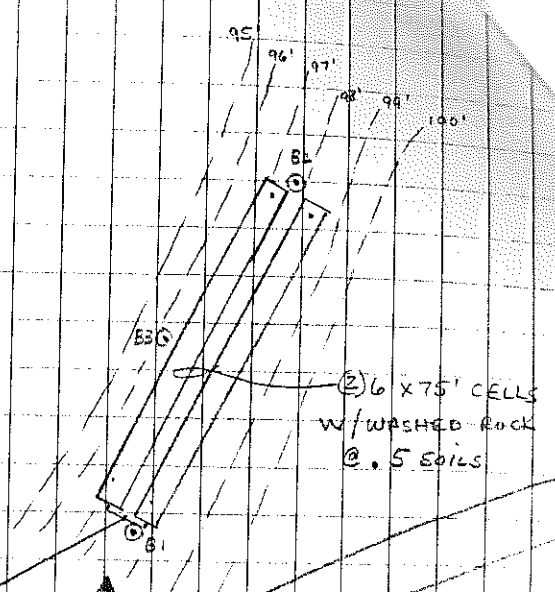
Issuance Information (County Use Only)		Sanitary Number: 389353	# of Bedrooms: 3	Sanitary Date: 1-3-01
Permit #: 14-01510	Permit Date: 12-9-14	Reason for Denial:		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel In Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<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 #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:	Structure's location has not changed			
Date of Inspection: 11-6-14	Inspected by: M. Fuchs	Zoning District (R-1)	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.)	No increase in structure's footprint. Mustive last management practices to prevent erosion or siltation of lake.			
Signature of Inspector: M. Fuchs	Date of Approval: 11-12-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Lake Owen Shores LLC
 555 Main St., Suite 500
 Racine, WI 53403
 (715) 798-3390

SW, NW, S27, T44N, R7W
 Town of Drummond
 Bayfield Co., WI
 Parcel # 04-018-2-44-07-27-2
 OS-2008-10000
 47775 S. LK. Owen Drive.

Scale: 1" = 40'

LAKE OWEN



▲ BR = 100' @ Nail in Base of 10" Dia.
 Red Oak Tree (N. Side of Tree)

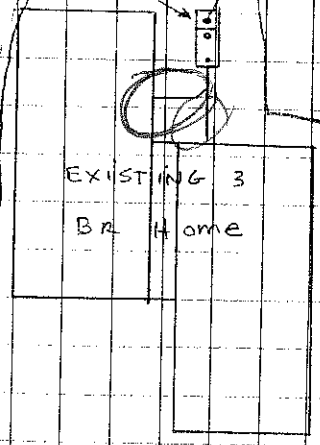
+235'-2"
 PVC
 Force
 Main

DRIVEWAY

Prev. San. # 389353
 Issued 10/3/01
 S. C. JOHNSON

*** Reconnect Permit ***

WIESER
 1000/650 LP
 COMB. TANK w/ A100
 Filter



• WELL

Elevations:

- B1 = 97.33'
- B2 = 97.27'
- B3 = 96.17'

SYSTEM = 94.0'

pump @ off = 67.6'

Permit
 MP# 221516
 10/24/14