

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
 RECEIVED
 DEC 12 2014
 Bayfield Co. Zoning Dept.

ENTERED Permit #: 15-0008
 Date: 12-9-15
 Amount Paid: \$175.00
 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 & Hampton W. Luef Mailing Address: 4212 Cheven Acres, Minnetonka, MN 55340 Telephone: 715-974-3161

Address of Property: 89605 Bank Pt Rd City/State/Zip: Humboldt WI 54844 Contractor Phone: _____ Plumber: _____ Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Randy M. Lund, PE Agent Phone: 715-209-0367 Agent Mailing Address (include City/State/Zip): PO Box 243 Washburn WI 54891

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot: 3 Lot(s): 1 GSN: 930 Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section: 26, Township: 51 N, Range: 7 W Town of: Clever Lot Size: 3.02 ac Acreage: 3.02

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

Non-Shoreland: Is Property/Land within 1000 feet of Lake, Pond or Flowage? If yes—continue Distance Structure is from Shoreline: 105 feet

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>25,000</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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>#. T.</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

EXISTING STRUCTURE: (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"/> Residential Use	Principal Structure (first structure on property)	() () () () () () () ()	() () () () () () () ()
	Residence (i.e. cabin, hunting shack, etc.)	() () () () () () () ()	() () () () () () () ()
	with Loft	() () () () () () () ()	() () () () () () () ()
	with a Porch	() () () () () () () ()	() () () () () () () ()
	with (2nd) Deck	() () () () () () () ()	() () () () () () () ()
	with (2nd) Deck with Attached Garage	() () () () () () () ()	() () () () () () () ()
<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)	() () () () () () () ()	() () () () () () () ()
	Mobile Home (manufactured date)	() () () () () () () ()	() () () () () () () ()
	Addition/Alteration (specify)	() () () () () () () ()	() () () () () () () ()
	Accessory Building (specify)	() () () () () () () ()	() () () () () () () ()
	Accessory Building Addition/Alteration (specify)	() () () () () () () ()	() () () () () () () ()
<input type="checkbox"/> Municipal Use			
	Rec'd for Issuance		
	<input checked="" type="checkbox"/> Special Use (explain) <u>SHORELAND VARIANCE #</u>	() () () () () () () ()	() () () () () () () ()
	<input type="checkbox"/> Conditional Use: (explain)	() () () () () () () ()	() () () () () () () ()
	Other: (explain)	() () () () () () () ()	() () () () () () () ()

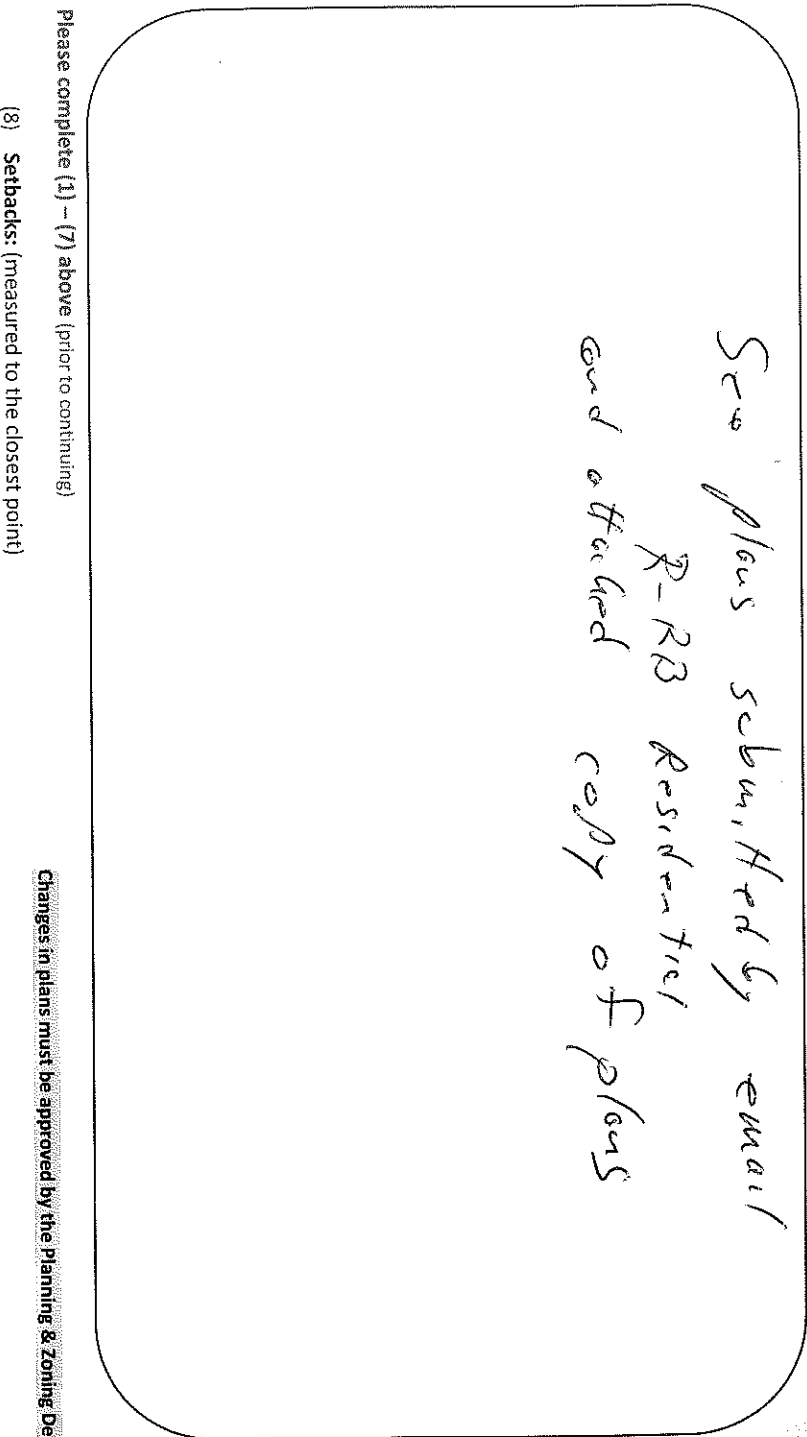
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I/we acknowledge that 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: 12/10/14
 (if there are Multiple Owners listed on the Design All Owners must sign or letters of authorization must accompany this application)
 Authorized Agent: Randy M. Lund Date: 12/10/14
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: Randy M. Lund Engineering PO Box 243 Washburn WI 54891 if you recently purchased the property, send your title

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%

See plans submitted by email
P-RR Residential
and attached copy of plans



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	250 Feet	Setback from the Lake (ordinary high-water mark)	705 Feet
Setback from the Established Right-of-Way	220 Feet	Setback from the River, Stream, Creek	85 Feet
Setback from the North Lot Line	70 Feet	Setback from the Bank or Bluff	85 Feet
Setback from the South Lot Line	130 Feet	Setback from Wetland	700 Feet
Setback from the West Lot Line	85 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	220 Feet	Elevation of Floodplain	605 Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	15 Feet
Setback to Drain Field	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 #: 15-00089	Permit Date: 2-9-15			
Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delimited <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: 1-21-15 INSPECTION STAFFED TO SCOPE WETLANDS. REINSPECTED BY NDR (CORE) ON 2-3-15 + SIGNATURE PERMIT ISSUED FOR DISTURBANCES IN WETLANDS BY NDR 2-1-15.	Date of Inspection: 1-21-15	Inspected by: Corey B. Murphy	Zoning District: (R-RR)	Lakes Classification: Superior
Conditions/Town, Complete or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Re-Inspection: 2-3-15		
SEE CONDITIONS DETAILED IN 2-6-15 LETTER (6 PAGES). BOTH USAK + NDR PERMIT ISSUED PRIOR TO ISSUANCE OF THIS PERMIT. PLANS SUBMITTED BY ENGINEER, ISSUANCE OF THIS PERMIT DOES NOT IN ANY WAY GUARANTEE THE SUCCESS OF THIS PROJECT.				
Signature of Inspector: [Signature]	Date of Approval: 2-9-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



Stock No. 26273

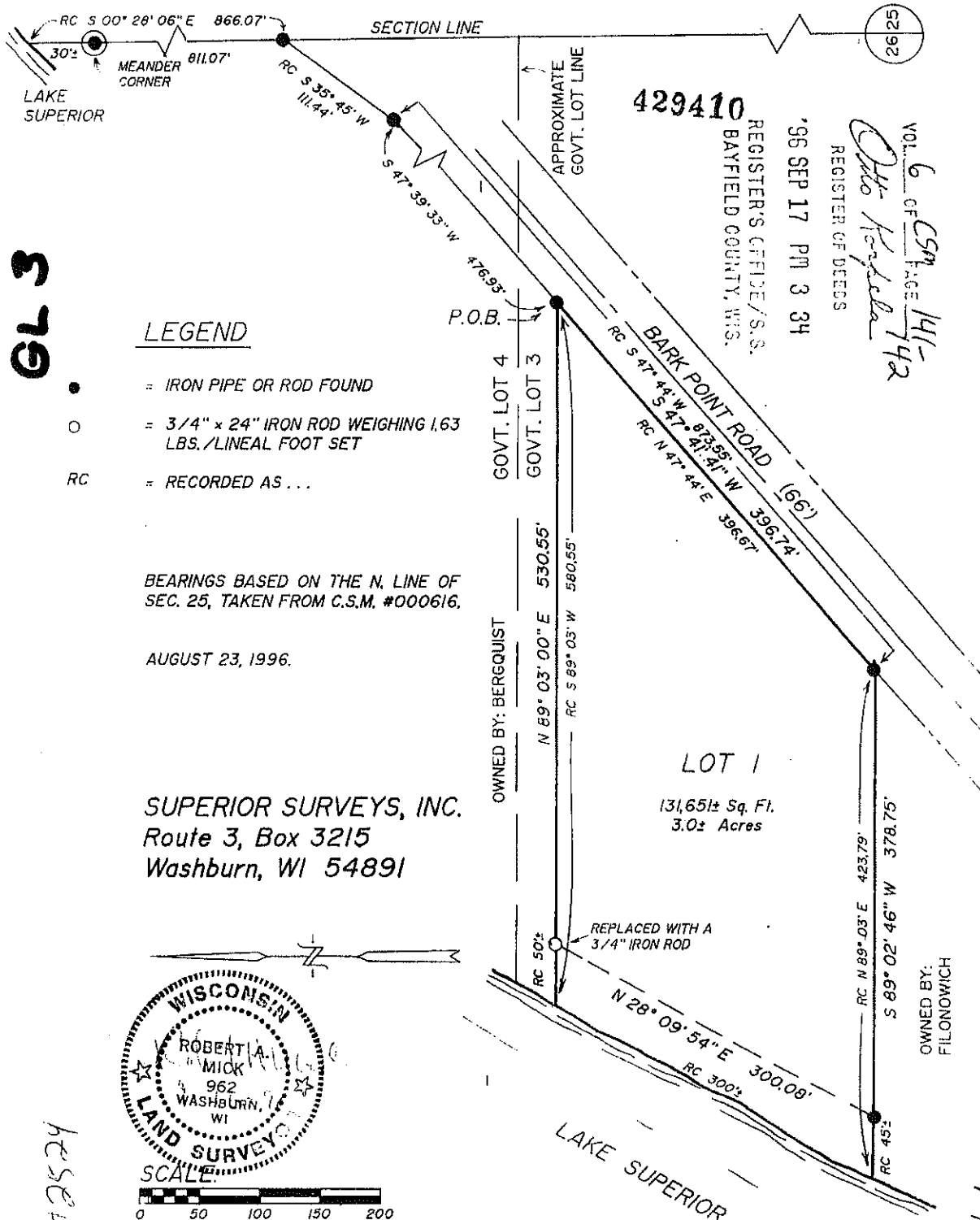
26-51-7

GL 3

SHEET 1 OF 2

BAYFIELD COUNTY CERTIFIED SURVEY MAP # 000930

LOCATED IN GOVT. LOT 3 SECTION 26, T. 51 N., R. 7 W., CLOVER TOWNSHIP, BAYFIELD COUNTY, WISCONSIN.



LEGEND

- = IRON PIPE OR ROD FOUND
- = 3/4" x 24" IRON ROD WEIGHING 1.63 LBS./LINEAL FOOT SET
- RC = RECORDED AS ...

BEARINGS BASED ON THE N. LINE OF SEC. 25, TAKEN FROM C.S.M. #000616.

AUGUST 23, 1996.

SUPERIOR SURVEYS, INC.
 Route 3, Box 3215
 Washburn, WI 54891

WISCONSIN
 ROBERT A. MICK
 962 WASHBURN, WI
 LAND SURVEYOR
 SCALE

429410
 REGISTER'S OFFICE/S.S.
 BAYFIELD COUNTY, WIS.
 '96 SEP 17 PM 3 34

VOL. 6 OF CSM
 PAGE 141-142
 Otto Korpela
 REGISTER OF DEEDS

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