

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Stamp (Received)
 12 2 2014
 Bayfield Co. Zoning Dept.

Permit #: 15-00097
 Date: 0-18-15
 Amount Paid: \$350 B/B-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: Andre Best & Kayla Yang - Best
 Address of Property: 19570 Mountain Ash Rd
 City/State/Zip: Cornucopia, WI 54844
 Mailing Address: 216 Lexington Plwy So. St. Paul, MN 55105
 City/State/Zip: St. Paul, MN 55105
 Contractor: Bart River Remodeling
 Contractor Phone: 715.562.0099
 Plumber: Nordines Plumbing
 Plumber Phone: 715.739.6255
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: n/a
 Agent Mailing Address (include City/State/Zip): n/a
 Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 1/4, 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page 1.634
 Lot(s) No. Block(s) No. Subdivision:
 Section 31, Township S1 N, Range 6 W Town of: Bell
 Lot Size 75,128 Acreage 1.8

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 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
\$ 75,000	<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 type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input checked="" 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: REMOVE Width: REMOVE Height: REMOVE
 Proposed Construction: Length: 40 Width: 28 Height: 22
 24 per plat plan (w/ side privy)

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	32 x 24	768
	Residence (i.e. cabin, hunting shack, etc.)	13 x 24	312
	with Loft	8 x 24	192
	with a Porch	2 x 24	48
	with (2nd) Porch	2 x 24	48
	with a Deck	8 x 24 = EXISTING	192
	with (2nd) Deck	2 x 24	48
	with Attached Garage		
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
	Special Use: (explain)		
	Conditional Use: (explain)		
	Other: (explain)		

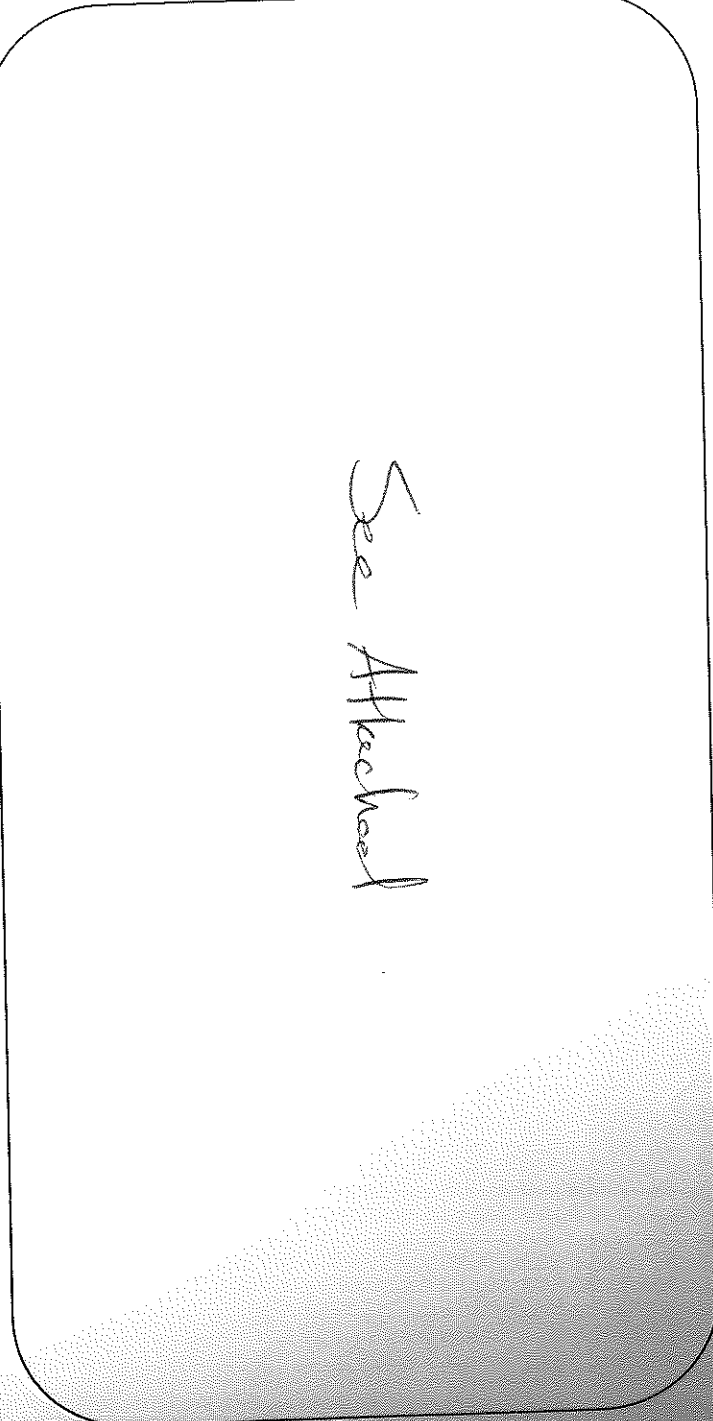
Rec'd for Issues: FEB 18 2015
 Secretarial Stamp
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the accuracy and accuracy of all information provided and that it will be subject to the Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County not having sufficient information. I (we) am (are) providing in or with this application (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.
 Owners: (If there are Multiple Owners listed on the Deed All Owners must sign or level(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: 12/11/14

Address to send permit: 216 Lexington Plwy So, St Paul MN 55105
 APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Box 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 Attached



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	275 Feet	Setback from the Lake (ordinary high-water mark)	160 Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	109 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	160 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	270 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	— Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	— 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.

APPLICANT: 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.

Permit Denied: (Date): _____ Reason for Denial: _____
 Sanitary Number: 15088 # of bedrooms: 2 Sanitary Date: 2-18-15

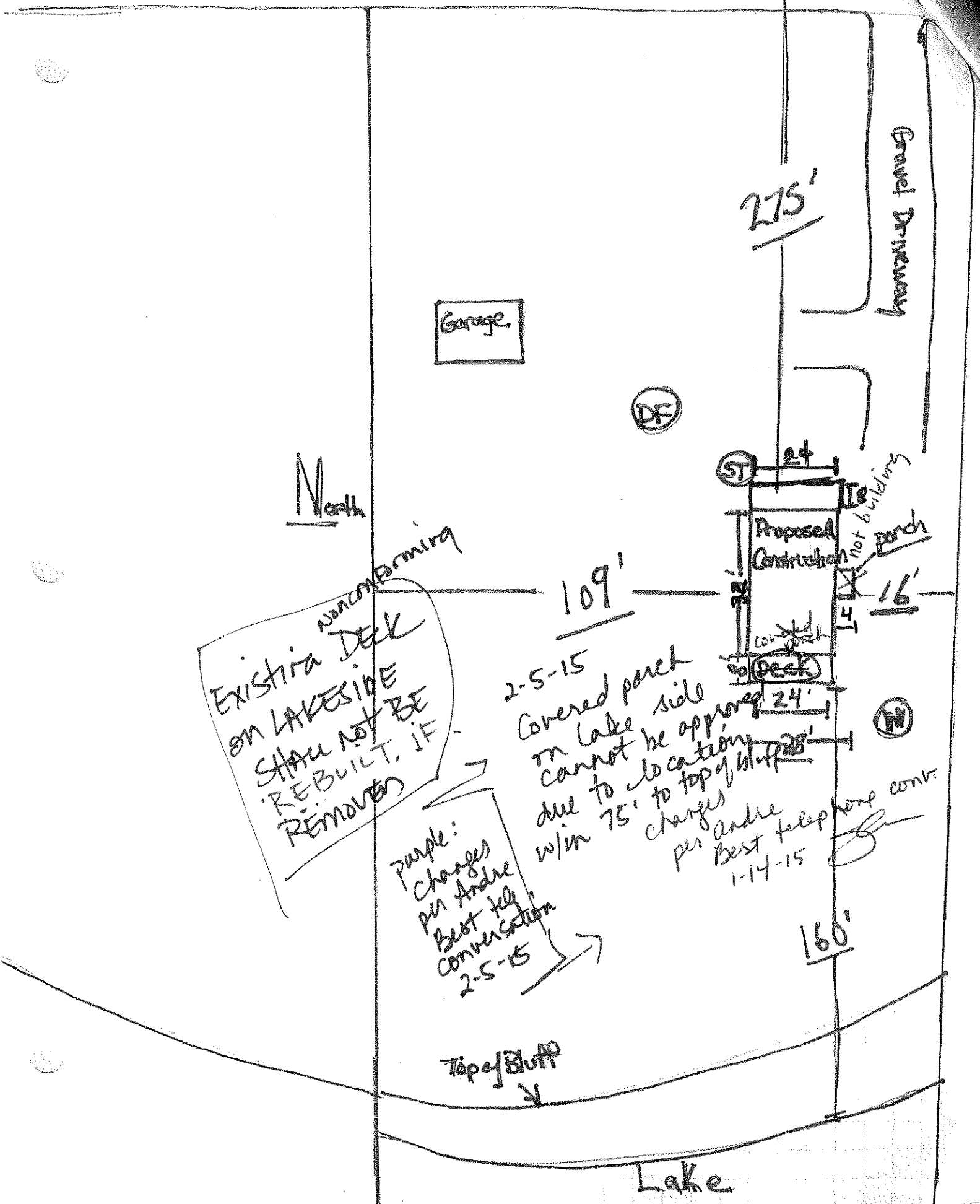
Permit #: 15-0007 Permit Date: 2-18-15
 Is Parcel a Sub-Standard Lot Yes (Dead or Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No No
 Is Structure Non-Conforming Yes No
 Granted by Variance (B.O.A.) Yes No
 Case #: _____
 Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No
 Previously Granted by Variance (B.O.A.) Yes No
 Case #: _____
 Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No
 Affidavit Required Yes No
 Affidavit Attached Yes No

Date of Inspection: 2-4-15 Inspected by: J. CROSTON, B.S.P.A. MURPHY
 Inspection Record: *check does not meet 75' setback to top of Bluff. owner advised if he wanted the check he would have to double the existing dead zoning District. Foundation = 75' from Bluff. If check removed then check should not be rebuilt. Foundation = 75' from Bluff.*
 Date of Re-Inspection: _____

Conditions/Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)
 IF LAKE/SIDE DECK IS REMOVED DUE TO CONSTRUCTION IT SHOULD BE REBUILT.
 OWNER MATHY ADVISED TO CUTTER NEW HOUSE + DIVERT STORMWATER AWAY FROM BLUFF. *OWNER MATHY ADVISED TO CUTTER NEW HOUSE + DIVERT STORMWATER AWAY FROM BLUFF. 30 FT SETBACK BY CUT VIEWS CORRIDOR*
 REMOVED NO MOWING SD FROM BLUFF. 30 FT SETBACK BY CUT VIEWS CORRIDOR
 Signatures of Inspector: _____ Date of Approval: 2-5-15

Hold For Sanitary Hold For TBD Hold For Affidavit Hold For Fees:
 SHERY STUBS W/ BACK PORCH'S HOUSE PARTIALLY ON THIS PROPERTY.

Mountain Ash Road



Garage

Gravel Driveway

275'

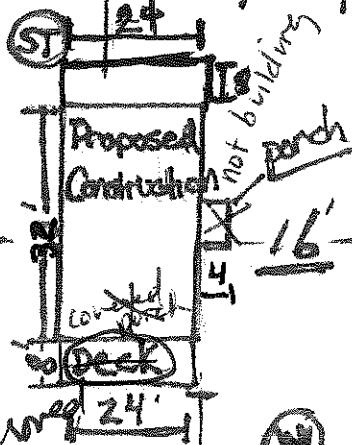
DF

North

Nonconforming

Existing Deck
ON LAKESIDE
SHALL NOT BE
REBUILT, IF
REMOVED

109'



2-5-15
Covered porch
on lake side
cannot be approved
due to location
w/in 75' to top of bluff
charges
per Andre
Best telephone conv.
1-14-15

purple:
charges
per Andre
Best telephone
conversation
2-5-15

160'

Top of Bluff

Lake