

SUBMITT - 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
 APR 02 2015
 Bayfield Co. Zoning Dept.

EMERGED
 Permit #: 15-00888
 Date: 4-23-15
 Amount Paid: \$175 4-23-15
 Refund: \$175 4-23-15

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Brad & Julie Huber Mailing Address: 55443 Telephone: 763 370-0973

Address of Property: 51135 Birch Lake Rd City/State/Zip: Barnes, WI 54873 Cell Phone: 763 370-0973

Contractor: Tim Johnson 715 Contractor Phone: 580-0432 Plumber: Plumber

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 580-0432 Agent Mailing Address (include City/State/Zip): Plumber

PROJECT LOCATION: S 300' of N 711 1/4 of 8 1/2 W of Town Rd PIN: (23 digits) 04-064-2-44-09-04-3 05-008-1000 Recorded Document: (i.e. Property Ownership) 842 Page(s) 539

Section 4, Township 44 N, Range 9 W Town of: Barnes Lot Size 3.479 Acreage

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: 5 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: 5 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
\$ 10,000	<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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Con</u> <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: _____ 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 (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify)	() ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain)	() ()	()

REC'D for Issuance APR 23 2015
 Secretarial 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): Brad Huber Date: 4-2-15
 (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: 9225 Queens Garden N, Brooklyn Park, MN 55443 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Indicate your Property (regardless of what you are applying for)

- Proposed Construction
- 1) Show Location of (*): North (N) on Plot Plan
 - 2) Show Location of (*): (**) Driveway and (**) Frontage Road (Name Frontage Road)
 - 3) Show: 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 any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
 - 6) Show any (*): (**) Wetlands; or (**) Slopes over 20%
 - 7) Show any (*):

See attachment

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	450+ Feet	Setback from the Lake (ordinary high-water mark)	5' Feet
Setback from the Established Right-of-Way	450+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	130+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	130+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	180+ Feet	Setback to Well	170+ Feet
Setback to Drain Field	190+ Feet		
Setback to Privy (Portable, Composting)	190+ 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.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____
 Reason for Denial: _____

Permit #: 15-0088 Permit Date: 4-23-15

Is Parcel a Sub-Standard Lot: Yes No
 Is Parcel in Common Ownership: Yes (Fused/contiguous lots) No
 Is Structure Non-Conforming: Yes 5' from other M No

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

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

Were Property Lines Represented by Owner Was Property Surveyed: Yes No

Were Property Lines Represented by Owner Was Property Surveyed: Yes No

Inspection Record: Non-conforming.

Date of Inspection: 4-2-15 Inspected by: M. Fuchs Zoning District: (R-1)
 Lakes Classification: (1)

Condition(s): Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached.)
No increase in structures footprint.

Signature of Inspector: Michael P Fuchs Date of Approval: 4-2-15

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

4-21-15



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5135 BIRCH LAKE RD

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5135 BIRCH LAKE RD

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5135 BIRCH LAKE RD

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Barnes

0041000000001

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50m

200ft