

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 APR 10 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 15-0092
 Date: 4-29-15
 Amount Paid: \$195 4-29-15
 Refund: \$55 4-29-15

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

Owner's Name: Marcia A. & Wayne D. Holberg
 Address of Property: 1501 St. Croix Tr. N. Marine/MW/55047
 City/State/Zip: Crocuspin, WI / 54827
 Telephone: 651-433-5189
 Cell Phone: 612-750-3088

Contractor: Owner's
 Contractor Phone: _____
 Plumber: Ed Wobleski
 Plumber Phone: 715-373-5808

Authorized Agent: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, NE 1/4
 Legal Description: (Use Tax Statement) P1N: (23 digits) 04-610-2-50-06-03-1 01-000-3043
 Volume 1121
 Page(s) 615

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 3, Township 50 N, Range 6 W
 Town of: BELL

Recorded Document: (i.e. Property Ownership) _____

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Non-Shoreland

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
\$65,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" 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 type="checkbox"/> (New) 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>Board</u>	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 24 Height: 17'
 Proposed Construction: Length: 30 Width: 26 Height: 21'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	<input type="checkbox"/> with Loft	() X ()	()
	<input type="checkbox"/> with a Porch	() X ()	()
	<input type="checkbox"/> with (2 nd) Porch	() X ()	()
	<input type="checkbox"/> with a Deck	() X ()	()
	<input type="checkbox"/> with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>move existing bldg to new FWA (30 X 26)</u>	() X ()	780
	<input type="checkbox"/> Accessory Building (specify) _____	() X ()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	()
	<input type="checkbox"/> Special Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Other: (explain) _____	() X ()	()

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 times for the purpose of inspection.

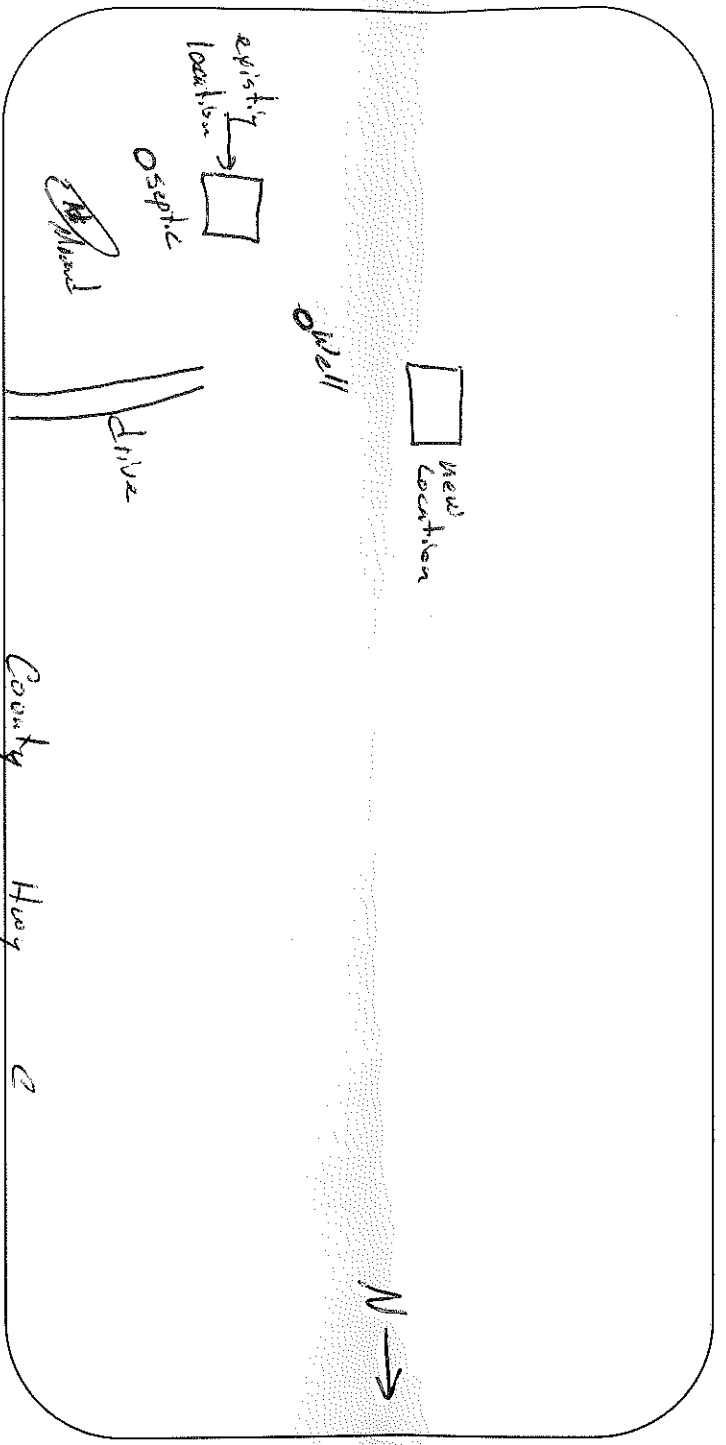
Owner(s): Marcia A. Holberg Wayne D. Holberg
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 4-7-2015

Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: _____

Address to send permit: 1501 St. Croix Tr. N. Marine MW 55047
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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%



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	350 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	375 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	290 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	84 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	375 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	250 Feet	Setback to Well	150 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: 467115 # of bedrooms: 2 Sanitary Date: 10-27-2004
 Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 150092 Permit Date: 4-29-15

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

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

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

Inspection Record: Site well staked

Date of Inspection: 4-17-15 Inspected by: J. W. B. B. - Murphy

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

OWNER STAKE CONTACT TOWN CONTACTED WDC INSPECTOR FOR ANY WDC REQUIREMENTS/PERMIT.

Signature of Inspector: _____ Date of Approval: 4-27-15

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

MIT - 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
 (Date Stamp Received)
 APR 27 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0093
 Date: 4-28-15
 Amount Paid: \$1957.08-15
 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: Max Metz Mailing Address: PO Box 575 City/State/Zip: Burlington, IL 60109 Telephone: 847-683-0710

Address of Property: Stage Rd. City/State/Zip: Bell, WI Contractor Phone: n/a Plumber: n/a Cell Phone: 847-308-0001

Contractor: n/a Agent Phone: n/a Agent Mailing Address (include City/State/Zip): n/a Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION SE 1/4, NE 1/4 Gov't Lot: Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 1102 Page(s) 432

Section S13, Township SO N, Range 06 W Town of: Roll Lot Size Acreage 38

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: feet

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion *include donated time & material: \$3000

Project: New Construction # of Stories and/or basement: 1-Story Use: Seasonal # of bedrooms: 1 What Type of Sewer/Sanitary System is on the property? Municipal/City Water: City Well

Addition/Alteration 1-Story + Loft Year Round 2 (New) Sanitary Specify Type:

Conversion 2-Story 3 Sanitary (Exists) Specify Type:

Relocate (existing bldg) Basement 3 Privy (Pit) or Vaulted (min 200 gallon)

Run a Business on Property Foundation None Portable (w/service contract)

Foundation None Compost Toilet

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) <u>Storage Shed</u>	<u>16 x 16</u>	<u>256</u>
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Municipal Use	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Deck	()	()
	with (2 nd) Deck with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () 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)	()	()

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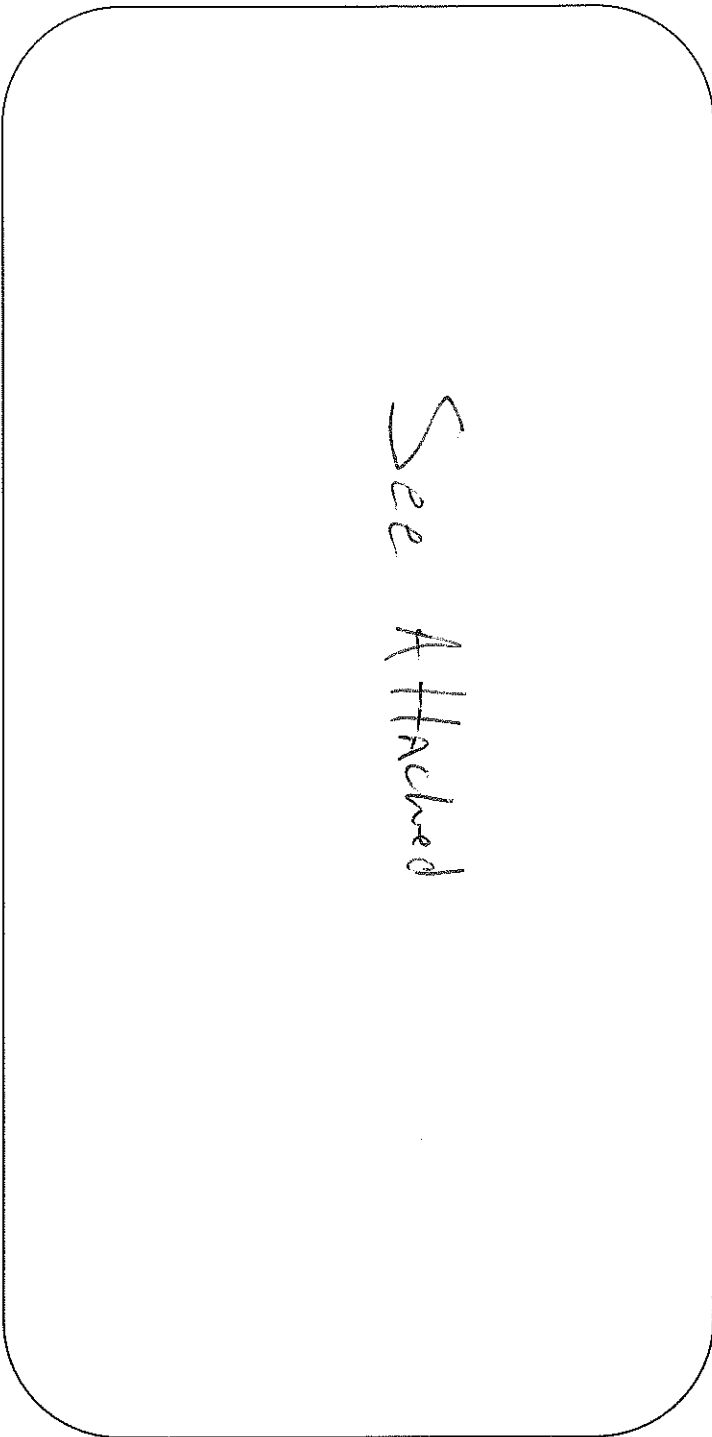
Owner(s): Max Metz Date 4/27/15
 (If there are multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)

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 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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)
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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	> 500 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	> 500 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	050 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	> 600 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	> 500 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	> 240 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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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)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>15-0093</u>		Permit Date: <u>4-28-15</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Inspected by: <u>DL</u>		Zoning District: ()		Lakes Classification (NA)	
Date of Inspection: <u>4-22-15</u>		Inspected by: <u>DL</u>		Date of Re-Inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)							
<p>BUILDING SHALL NOT BE USED FOR SLEEPING PURPOSES/HUMAN HABITATION OR HAVE CONSTRUCTION TO PRESERVE WATER. MAXIMUM FEE PAYING WILL BE IMPOSED IF THIS CONDITION IS NOT COMPLIED WITH. STRUCTURES WILL BE IMPOSED FOR SLEEPING PURPOSES REQUIRE UNIFORM DWELLING CODE PERMIT.</p>							
Signature of Inspector:				Date of Approval: <u>4-28-15</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

Sanitation.