

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
 AUG 31 2015
 Bayfield Co. Zoning Dept.

ENTERED permit # 15-0331
 Date: 9-9-15
 Amount Paid: \$75
 Refund: 9-9-15

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: Goetchen Geber Mailing Address: 70245 R Ave City/State/Zip: ASHLAND WI 54806 Telephone: 715-680-8000
 Address of Property: 70245 RAVER RD City/State/Zip: ASHLAND WI 54806 Cell Phone: 715-209-6268
 Contractor: SECF/HUSBAND Contractor Phone: 715-209-6269 Plumber: W1 Plumber Phone: 715-209-6268
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-209-6269 Agent Mailing Address (include City/State/Zip): ASHLAND WI 54806 Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) SEE ATTACHED PIN: (23 digits) 04-722 Recorded Document: (i.e. Property Ownership) Volume 642 Page(s) 245
S1/4, SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 36, Township 48 N, Range 6 W Town of: BARBARA Lot Size _____ Acreage 46

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

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

Value at Time of Completion <small>*Include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>10,500</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	<input checked="" type="checkbox"/> Sewer
	<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>CGAV</u>	<input type="checkbox"/> Well
	<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 type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<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 checked="" type="checkbox"/> <u>2 SLABS</u>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 30 Height: 10 WALK
 Proposed Construction: Length: _____ Width: 30 Height: 10 WALK

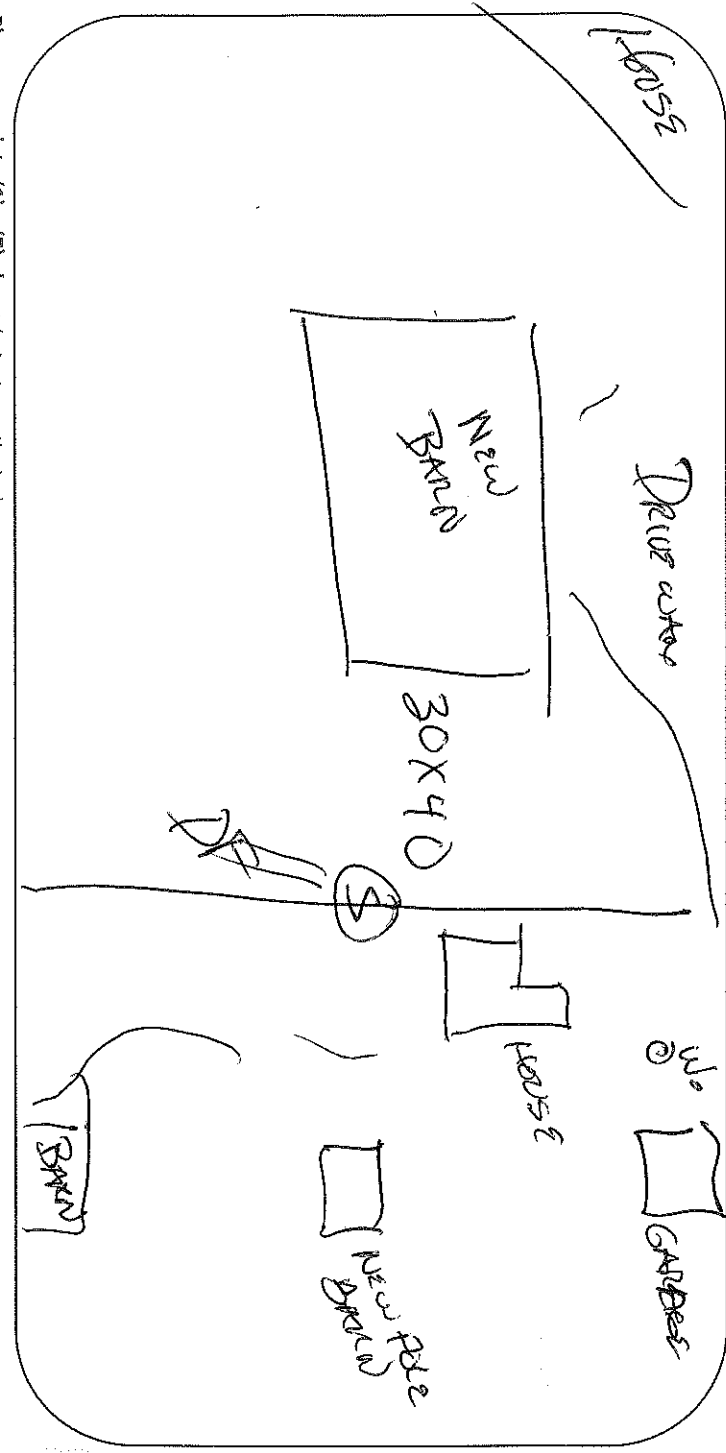
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u> </u>)	(<u> </u>)
	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
	with Loft	(<u> </u>)	(<u> </u>)
	with a Porch	(<u> </u>)	(<u> </u>)
	with (2 nd) Porch	(<u> </u>)	(<u> </u>)
	with a Deck	(<u> </u>)	(<u> </u>)
	with (2 nd) Deck	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	(<u> </u>)
	Mobile Home (manufactured date) _____	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	Accessory Building (specify) <u>PAVILION</u>	(<u>40x30</u>)	(<u>1200</u>)
	Accessory Building Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	Special Use: (explain) _____	(<u> </u>)	(<u> </u>)
	Conditional Use: (explain) _____	(<u> </u>)	(<u> </u>)
	Other: (explain) _____	(<u> </u>)	(<u> </u>)

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): [Signature] Date 8/31/15
 (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 70245 RAVER RD ASHLAND WI
 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	390 + Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	508.59 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	681 + Feet	Setback from Wetland	Feet
Setback from the West Lot Line	896 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	390 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	150-200 Feet	Setback to Well	150+200 Feet
Setback to Drain Field	150-200 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 #: 150331	Permit Date: 9-9-15					
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #:	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed			
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No				
Inspection Record: site cleared & staked		Date of Re-Inspection:				
Date of Inspection: 9-3-15		Inspected by: COOPER BRUCE MUEPFLY		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)						
not approved for human habitation for RESIDENTIAL USE ONLY.						
Signature of Inspector:		Date of Approval: 9-9-15				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		
		Hold For Fees: <input type="checkbox"/>		Hold For: <input type="checkbox"/>		

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
 Date stamp (Received)
 SEP 01 2015
 Bayfield Co. Zoning Dept.

ENTERED Permit #: 15-0334
 Date: 9-10-15
 Amount Paid: \$180
 Refund: 9-10-15

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: Ryan J. Pierce
 Address of Property: 70755 Pierce Rd
 City/State/Zip: Ashland WI 54806
 Telephone: 715-682-8353
 Cell Phone: 715-304-2287

Contractor: Arnie Mackey Construction
 Contractor Phone: 715-682-9128
 Plumber: _____
 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) 04-04-002-2-48-05-32-2 01-000-
 Gov't Lot: _____ Lot(s): _____ Vol & Page: _____ Tol(s) No: _____ Block(s) No: _____
 Section: 32, Township Bets. 14 N, Range 05 W
 Town of: PARLOR DALE
 Lot Size: _____ Acreage: 5.2+4.8

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? Yes---Continue → No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes---continue → No

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume: 1115 Page(s): 386
 Subdivision: _____

Value at Time of Completion * include donated time & material: \$4000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<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	<input 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: DE	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pvt) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" 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"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: 12ft. w/ walls
 Proposed Construction: Length: 56' Width: 32' Height: _____

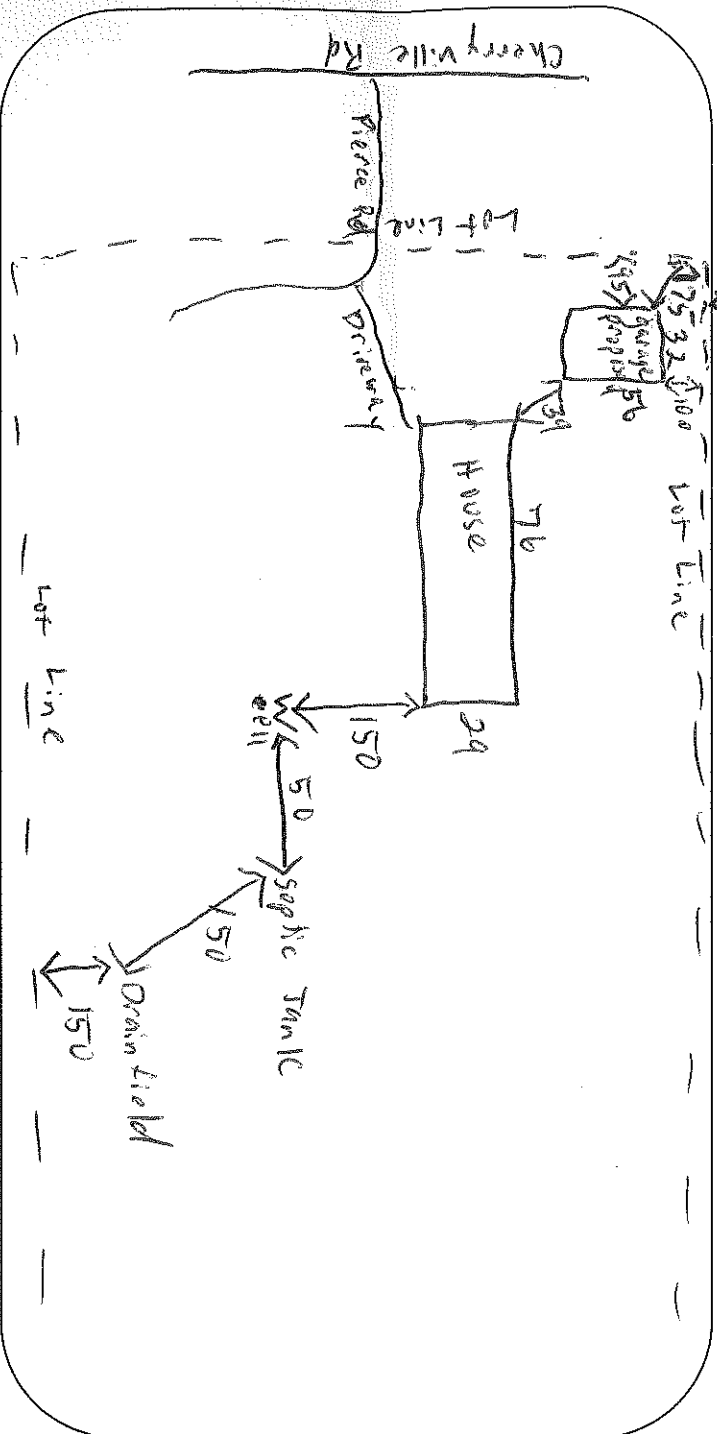
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunthouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____	(X) (X) (X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) Garage Accessory Building Addition/Alteration (specify) _____	(X) (X)	
<input type="checkbox"/> Rec'd for Issuance	Special User: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(X) (X) (X)	

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Owner(s): Ryan J. Pierce
 Date: 9/1/15
 Authorized Agent: _____ Date: _____
 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

Look 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	Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	95 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	300 Feet	Setback to Well	300 Feet
Setback to Drain Field	150 Feet		
Setback to Privy (Portable, Composting)	NA 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: not on record of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): 9/10/15 Reason for Denial: Permit Denied due to violation of property boundaries

Permit # 15-03327 & house on property 9/10/15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) No

Is Parcel in Common Ownership Yes No (Fused/Contiguous lots) 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 and left in

Inspection Report: cant find record of house or sanitary permits, called owner & he said house was built in mid 70's. Backside Spring = 1976. Doesnt explain sanitary but garage was built in 1975. Inspected by: [signature] by [signature] in future.

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

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Artificial Required Yes No

Artificial Attached Yes No

Signature of Inspector: [signature] Date of Approval: 9-10-15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: 9-10-15