

**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  
 SEP 24 2015  
 Bayfield Co. Zoning Dept.



Permit #:	15-0896
Date:	10-1-15
Amount Paid:	\$95
Refund:	10-1-15

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: Daniel J Murphy Jr Mailing Address: 1724 Colfax Ave S M.neapolis MN 55403 Telephone: \_\_\_\_\_  
 Address of Property: 6485 Forest Road 495 City/State/Zip: \_\_\_\_\_ Cell Phone: 612-836-3995  
 Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: WI 54872 Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Bruce Carnhen Agent Phone: 612-394-5361 Agent Mailing Address (include City/State/Zip): PO Box 682 Iron River WI 54847 Written Authorization Attached:  Yes  No  
 PROJECT LOCATION: 1/4 1/4 Legal Description: (Use Tax Statement) P1N: (23 digits) 04-028-2-47-32-1 01-000-10000 Recorded Document: (i.e. Property Ownership) Volume 1143 Page(s) 354-455  
 Section 32, Township 47 N, Range 07 W Town of: Keystone Lot Size \_\_\_\_\_ Acreage 40 acres

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: \_\_\_\_\_ feet  
 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	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>16,600</u>	<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 type="checkbox"/> Year Round <input checked="" type="checkbox"/> <u>Submerged</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> <u>None</u>

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: 32' Width: 28' Height: 16'

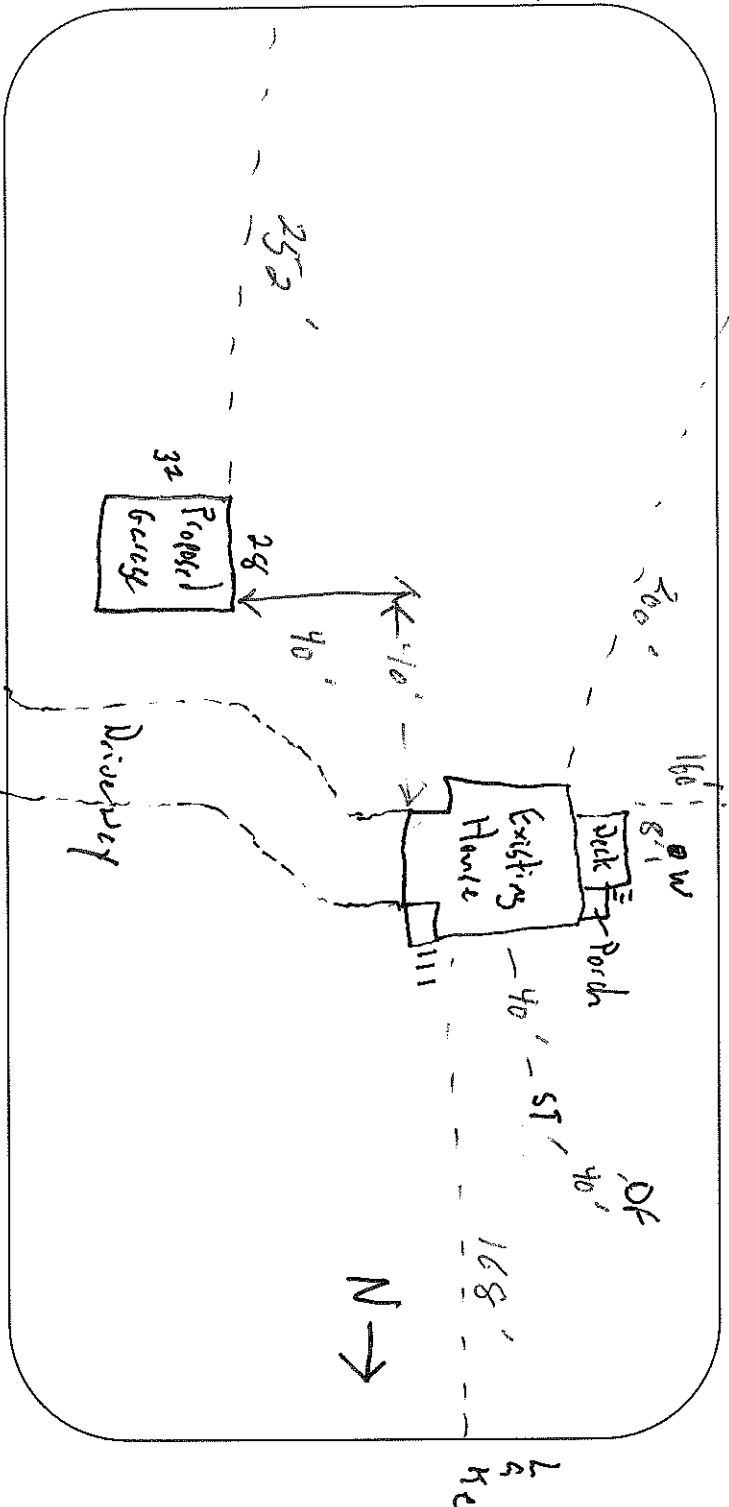
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) Mobile Home (manufactured date) _____	( ) ( )	( ) ( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____ Accessory Building (specify) <u>Detached garage</u> Accessory Building Addition/Alteration (specify) _____	( ) ( ) ( )	( ) ( ) ( ) <u>896</u>
Rec'd for Is:	Special Use: (explain) _____	( ) ( )	( ) ( )
OCT 01 2015	Conditional Use: (explain) _____	( ) ( )	( ) ( )
Secretarial Staff	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 \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Bruce Carnhen Date 9-24-15  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach \_\_\_\_\_  
 Address to send permit \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed

In the 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%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

FR425 ↓

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	71200 Feet	Setback from the Lake (ordinary high-water mark)	252 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1000 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7100 Feet	Setback to Well	100 Feet
Setback to Drain Field	7100 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0376	Permit Date: 10-1-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:	Case #:	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	re property owner on site to represent project. spoke to owner about grading & veg. buffer			
Date of Inspection: 9-29-15	Inspected by: J. Greenbone	Zoning District: (F-1)	Lakes Classification: 13. Fish	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.)				
Building shall not BE USED FOR HABITATION, OR SLEEPING PURPOSES. SHALL NOT BE CONSIDERED IN DOOR PLUMBING FIXTURES w/ connection to pressurized water unless approved connection.				
Signature of Inspector:	Date of Approval: 9-30-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	
is made by a master plumber.				

**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 SIGN  
 BAYFIELD COUNTY, WISCONSIN**

**ENTERED**

Date Stamp (Received)  
**RECEIVED**  
 SEP 28 2015

Permit #:	15-0392
Date:	10-6-15
Amount Paid:	\$50 10-6-15
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.  
 Bayfield Co. Zoning Dept.

Property Owner(s) Name: Diocese of Superior	Mailing Address: 106 N. 2nd Ave E	City/State/Zip: Ashland WI 54806	Phone: 715 682-7620
Sign Owner(s) Name: St Peter Church	Mailing Address: 106 N. 2nd Ave E	City/State/Zip: Ashland WI 54806	Phone: 715 682-7620
Address of Property: 65515 County Hwy F	City/State/Zip: Town of Keystone		
Contractor: self	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Fr. PAUL Pare', OFM	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION SE 1/4, NE 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-028 2-47-06-26 04-104-000-30000	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
Gov't Lot	Lot(s)	CSM	Vol & Page
		Lot(s) No.	Block(s) No.
Section 26, Township 47 N, Range 06 W		Town of: Keystone	
Lot Size		Acreage 3.5	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> 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 in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion <small>* include donated time &amp; material</small>	Project <small>(What are you applying for)</small>	Type	Length	Width	Height	Located in Town of Bayfield
\$ 700 <sup>00</sup>	<input checked="" type="checkbox"/> On-Premise	<input type="checkbox"/> New	7'	2 1/2'	5'	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/> Off-Premise	<input checked="" type="checkbox"/> Replacement				<input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

**FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES**

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Owner(s): Diocese of Superior  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s): St. Peter Church  
(If you are applying for an Off-premise sign, the property owners must also sign this form)

Authorized Agent: Fr. Paul Pare', OFM  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 106 N. 2nd Ave E. Ashland WI 54806

Date 09/24/15

Date 09/24/15

Date 09/24/15

Attach  
 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Rec'd for Issuance  
 OCT 05 2015  
 Secretarial Staff

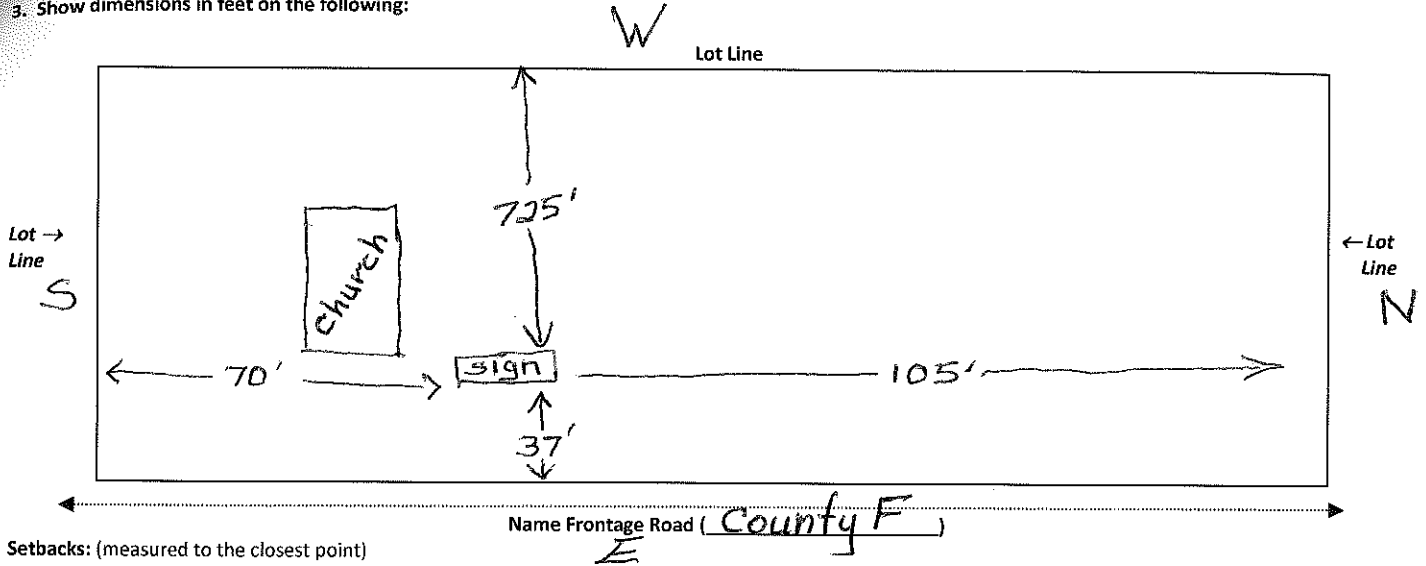
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 The local Town, Village, City, State or Federal agencies may also require permits.

Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the sign location

3. Show dimensions in feet on the following:

IMPORTANT  
Detailed Plot Plan is Necessary



Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	67' Feet	Setback from the North Lot Line	105 Feet
Setback from the Established Right-of-Way	37 Feet	Setback from the South Lot Line	70 Feet
Setback from Lake, River, Stream or Pond	n/a Feet	Setback from the West Lot Line	725 Feet
Setback from Other Sign(s)	n/a Feet	Setback from the East Lot Line	37 Feet

Sign Plan  
(Fill in Information Desired on Sign)

St. Peter  
Catholic Church  
+  
Our  
Lady of Lourdes  
Shrine

Issuance Information (County Use Only)		Permit Number: 150392	Permit Date: 10-6-15
Permit Denied (Date):		Reason for Denial:	
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 Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: OK		Zoning District ( Ag1 ) Lakes Classification ( ) Date of Re-Inspection:	
Date of Inspection: 10-1-15	Inspected by: [Signature]		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.)			
Signature of Inspector: [Signature]			Date of Approval: 10-5-15