

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
 OCT 15 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0418
 Date: 10-20-15
 Amount Paid: \$125
 Return: 10-20-15

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: ARLEN K SWOLEG Mailing Address: PO BOX 322 CAMMARRA, WI Telephone: 54927

Address of Property: 8440 BSL PINE TRAIL City/State/Zip: CAMMARRA WI 54827 Cell Phone: 920 277 6241

Contractor: OWNER Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-00-2-50-06-02-10-24-09000 Recorded Document: (i.e. Property Ownership) Volume Page(s)

Govt Lot 9 Lot(s) 9 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: PERCH LAKE WOODS

Section R2, Township SE, N. Range 6 W W Town of: BSL Lot Size Acreage 3.44

Shoreland Non-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 →

Distance Structure is from Shoreline: feet

Distance Structure is from Shoreline: 100 feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$35,000</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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>WWP</u> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> 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: 30' Width: 16' Height: 25'

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 with Attached Garage	(<u>30</u> x <u>16</u>) (<u>12</u> x <u>16</u>) (<u>8</u> x <u>16</u>) (<u></u> x <u></u>) (<u></u> x <u></u>) (<u></u> x <u></u>) (<u></u> x <u></u>)	<u>480</u> <u>160</u> <u>128</u> <u></u> <u></u> <u></u> <u></u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <u>gr</u> <input type="checkbox"/> sleeping quarters, <u>gr</u> <input type="checkbox"/> cooking & food prep facilities)	(<u></u> x <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u></u> Addition/Alteration (specify) <u></u> Accessory Building (specify) <u></u> Accessory Building Addition/Alteration (specify) <u></u>	(<u></u> x <u></u>) (<u></u> x <u></u>) (<u></u> x <u></u>) (<u></u> x <u></u>)	<u></u> <u></u> <u></u> <u></u>
Rec'd for Issuance <input type="checkbox"/>	Special Use: (explain) <u></u>	(<u></u> x <u></u>)	<u></u>
<u>OCT 20 2015</u>	Conditional Use: (explain) <u></u>	(<u></u> x <u></u>)	<u></u>
	Other: (explain) <u></u>	(<u></u> x <u></u>)	<u></u>

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

Signature of Applicant: Arden K Swoleg Date: 10/15/15

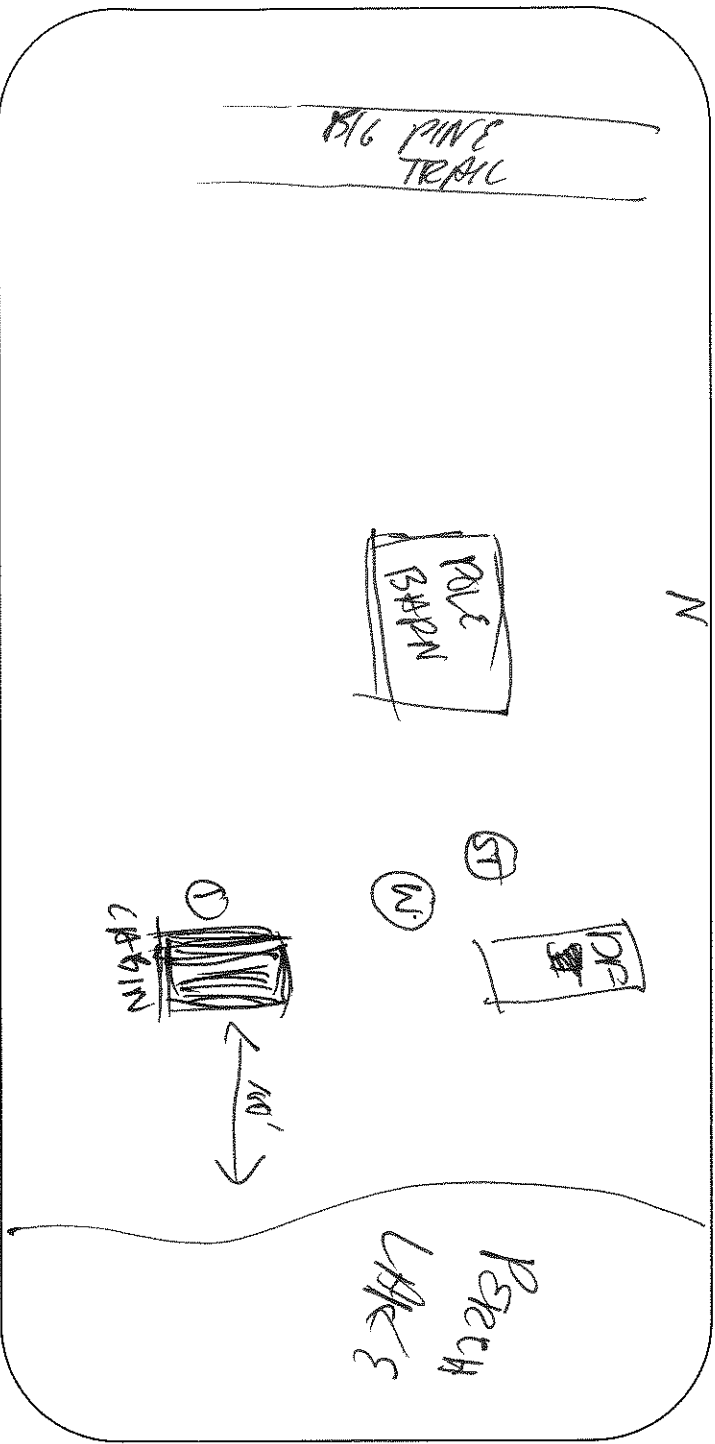
Signature of Owner(s): Arden K Swoleg Date: 10/15/15

Authorized Agent: Date:

Address to send permit: Attach Copy of Tax Statement 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)

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	340 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	340 Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	100 Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	100 Feet	Elevation of Floodplain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Setback to Well	40 Feet
Setback to Septic Tank or Holding Tank	75 Feet		
Setback to Drain Field	55 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 *3 BR moved = only 2 br w/ bath*

Issuance Information (County Use Only)

Sanitary Number: 15-975 # of bedrooms: 3 Sanitary Date: 8-11-15 *bldgs*

Reason for Denial: one more bedroom

Permit #: 15-0418 Permit Date: 10-20-15

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Deed of Record) No

Is Structure Non-Conforming Yes (Fused/Contiguous Lot(s)) No

Granted by Variance (B.O.A.) Yes No

Case #: _____

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspected by: Town of Base Wapiti Date of Re-Inspection: _____

Date of Inspection: 10-19-15

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

necessary w/c permit shall be obtained.

Signature of Inspector: _____ Date of Approval: 10-20-15

Hold For Sanitary: Hold For TR: Hold For Affidavit: Hold For Fees:

The living quarters in the pole barn in the backhous - this structure is the principal residence

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

Date Stamp (Received)



Permit #:	15-0415
Date:	10-20-15
Amount Paid:	\$ 75
Refund:	10-20-15

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: Michael and Ellen Ebert Mailing Address: 434 Whitfield St Guilford, CT 06437 Telephone: _____
 Address of Property: 24355 Hwy 13 City/State/zip: Cornucopia, WI 54827 Cell Phone: _____
 Contractor: Steve Denker Contractor Phone: 715-209-5606 Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Steve Denker Agent Phone: 11 Agent Mailing Address (include City/State/Zip): 88420 Superior Cornucopia Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04-010-2-51-06-36-201-000-5000 Recorded Document: (i.e. Property Ownership) Volume 1025 Page(s) 401
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 36, Township 51 N, Range 6 W Town of: Bell Lot Size _____ Acreage 10.7

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 *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>10,000</u>	<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"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u> <input type="checkbox"/> Privy (prt) 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: See drawing Width: _____ Height: _____
 Proposed Construction: Length: 19x1 Width: 11x7 Height: 10

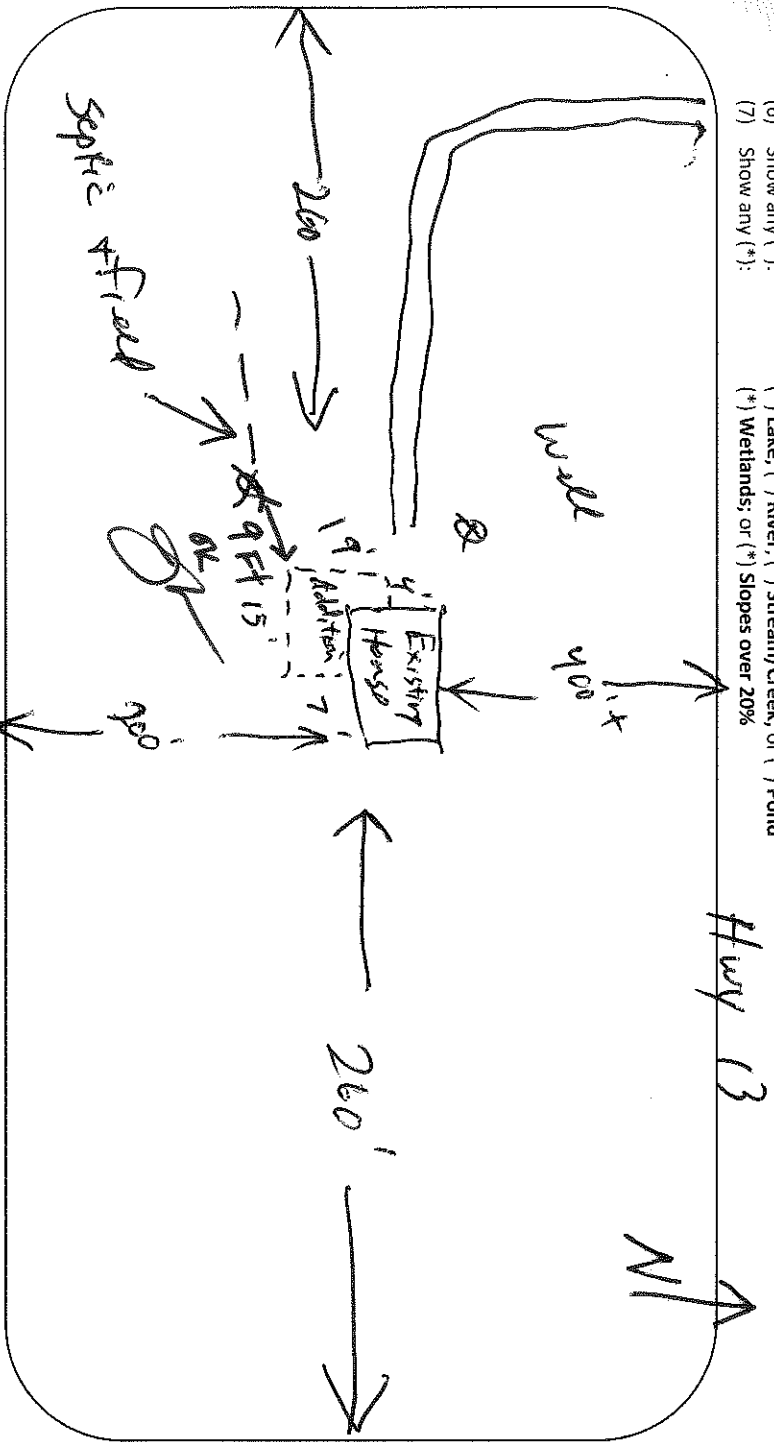
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>enlarge existing Room</u>	() X ()	<u>143</u>
	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

Secretarial Staff
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) hereby certify that the information provided on this application 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 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: Steve Denker Date 10-15-15
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach
 Address to send permit 88420 Superior Ave. Cornucopia, WI 54827 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
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Please complete (1) - (7) above (prior to continuing)

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Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	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	400 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	260 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	260 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	40 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

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- (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 #: 15-0415		Permit Date: 10-20-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Inspector: Contractor on site during inspection to represent project	Inspected by: Carson Bove. Murphy	Zoning District: (R-1)	Lakes Classification: N/A	Date of Re-Inspection:
Condition(s) own, Committee or Board Conditions Attached? Inspection Date: 10.19.15	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			
Trustee position & building shall be located no closer than 5 FT to septic tank.				
Signature of Inspector:	Date of Approval: 10.20.15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	