

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

ENTERED

Bayfield Co. Zoning Dept.  
 AUG 26 2014  
 Date Stamp Received

Permit #:	15-0494
Date:	11-5-15
Amount Paid:	\$175 827.14
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.

TYPE OF PERMIT REQUESTED →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: LESTER BROSSARD CO PENSION PLAN - P.O. BOX 160 City/State/Zip: RINGWOOD, IL 60073 Telephone: (815) 338-7825

Address of Property: SPARK PINE RD City/State/Zip: CORNWELL, WI 54827 Call Phone: (815) 404-1840

Contractor: GEORGE LAZORIK Contractor Phone: 715-742-3409 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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 2 Lot(s) 1 CSM 1043 V.S.P376 Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 27, Township 51 N, Range 06 W Town of: BELL Lot Size \_\_\_\_\_ Acreage 3.75

Distance Structure is from Shoreline: NO STRUCTURE Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet Are Wetlands Present?  Yes  No

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 →

Value at Time of Completion \* include donated time & material: \$ 11,000.

<input type="checkbox"/> New Construction	<input 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 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"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>_____</u>	<input type="checkbox"/> Privy (pri) or Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	Dimensions	Square Footage
<input checked="" 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 <sup>nd</sup> ) Porch						( X )	
<input type="checkbox"/>	with a Deck						( X )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck						( X )	
<input type="checkbox"/>	with Attached Garage						( X )	
<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"/>	Addition/Alteration (specify) _____						( X )	
<input type="checkbox"/>	Accessory Building (specify) _____						( X )	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____						( X )	
<input checked="" type="checkbox"/>	Special Use: (explain) <u>SHORELINE LAND DISTURBANCE</u>						( 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 provided 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) an (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above specified property at any reasonable time for the purpose of inspection.

Owner(s): Lester Brossard Date 8/26/2014  
 (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: \_\_\_\_\_ Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%

SEE DIAGRAM ATTACHED

PLOT PLAN RECD  
NDV 3, 2015  
IS THE PLOT PLAN FOR  
THIS APPLICATION

NEWM SWERING PLOT PLAN  
of DETERMINATION on file - delinquent =  
Have Aechal Ski

(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)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: 15-0434	Permit Date: 1-5-15				
Is Parcel a Sub-Standard lot	<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 Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No <input type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	Case #:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					
Date of inspection: 9-5-15	Inspected by: J. CROWNSHIRE	Zoning District: R-1	Lakes Classification: 3-Stream		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If No they need to be attached.)		Date of Re-Inspection: Lake Strip		
<p>No wetland determination approved with this application. Permit Best Management Practices shall be employed to prevent any sediment or siltation on newly exposed wetlands on property and setbacks on newly exposed wetlands.</p>					
Signature of Inspector:		Date of Approval:	10-8-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

# MAP OF SURVEY

PROPOSED ROAD AND BUILDING SITE LOCATION ON LOT 1 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1043, RECORDED IN VOLUME 6 OF CSM ON PAGES 374 AND 375 AND LOCATED IN GOVERNMENT LOT 2 OF SECTION 27, T. 51 N., R. 6 W., IN THE TOWN OF BELL, BAYFIELD COUNTY, WISCONSIN

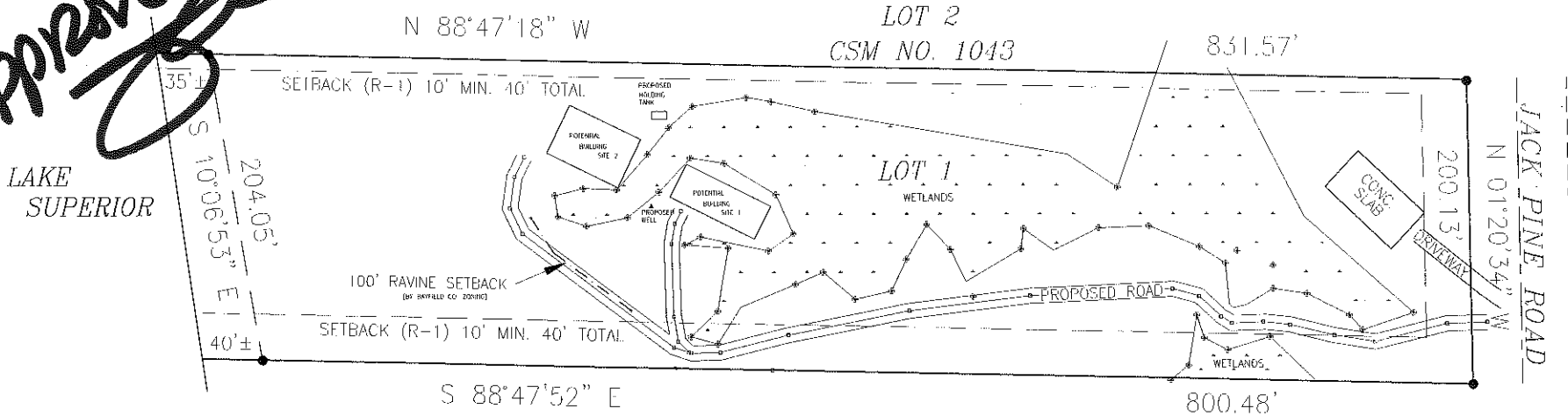
**REVISION  
REC'D WEEK  
OF 10 - 5 - 15  
APPROVED**

**SURVEYOR'S CERTIFICATE**

I, LARRY T. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:  
 THAT ON THE ORDER OF PATRICIA BROSSARD, I HAVE SURVEYED AND MAPPED A PROPOSED DRIVEWAY AND BUILDING SITES LOCATED ON LOT 1 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1043, RECORDED IN VOLUME 6 OF CSM ON PAGES 374 AND 375, AND LOCATED IN GOVERNMENT LOT 2 OF SECTION 27, T. 51 N., R. 6 W., IN THE TOWN OF BELL, BAYFIELD COUNTY, WISCONSIN.  
 THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND  
 THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

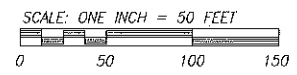
LARRY T. NELSON PLS #1276

BEARINGS ARE BASED ON THE SOUTH LINE OF LOT 1 ASSUMED AS S 88°47'52" E



FOR ADDITIONAL WETLAND INFORMATION, CONTACT:  
 ANN MICHALSKI  
 WETLANDS AND WATERWAYS, LLC.  
 5742 WARRIENET LANE  
 HAZELBURST, WI 54831  
 PH: 715-892-4211  
 ann@wetlandsandwater.com

NOTE  
 THE ROAD AND BUILDING SITE LOCATIONS ARE BASED ON MAPPED WETLAND BOUNDARIES. ADJUSTMENTS MAY BE REQUIRED TO AVOID DISTURBANCE OF WETLAND AREAS AND/OR TO MEET SETBACK REQUIREMENTS.



**LEGEND**  
 ● 3/4" DIA. REBAR FOUND IN PLACE.  
 ✦ WETLAND DELINEATION FLAG BY ANN MICHALSKI, WETLANDS & WATERWAYS, LLC  
 ◻ WOODEN LATH SET ON PROPOSED DRIVEWAY C/L

JOB NO.: N15/062  
 SCALE: ONE INCH = 50 FEET  
 AUGUST 20, 2015  
 DRAWN BY: TM G.  
 NR. 398 P. 115

FILE: N/1511RHW/5027  
 PSDATA/N15062 ACAD/N15062 BROSSARD LOT 1

CLIENT: BROSSARD, P.

**NELSON SURVEYING INCORPORATED**  
 SURVEYING YOUR NECK OF THE WOODS SINCE 1954

101 W. MAIN STREET  
 SUITE 100  
 ASHLAND, WISCONSIN 54806  
 (715) 682-2892  
 FAX: (715) 682-5100

MAP NO. 4508 ©