

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6338

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date sealed/Received:
MAR 09 2015
 Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|---------|
| Permit #: | 16-0000 |
| Date: | 2-3-16 |
| Amount Paid: | \$975 |
| Refund: | 2-3-16 |

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: Lawrence & Janis P. by / Mailing Address: 1855 Windemere Ct Sun Prairie, WI 53590 Telephone: 651.500.1213

Address of Property: 44925 Bear Point Rd City/State/Zip: Cable, WI 53590 Cell Phone: 651.500.1213

Contractor: _____ 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 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-034-243-06-09-105-001-0400 Recorded Document: (i.e. Property Ownership) Volume 1134 Page(s) 824

_____ 1/4, _____ 1/4 Gov't Lot: _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 9, Township 43 N, Range 6 W Town of: Narokagon Lot Size _____ Acreage 1.96

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: 75 feet

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

Non-Shoreland

| 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>250,000</u> | <input checked="" 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 checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> (New) Sanitary | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>5400 gpd</u> | <input type="checkbox"/> |
| \$ <u>325,000</u> | <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> Basement | | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | <input type="checkbox"/> |
| <u>912</u> | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input 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"/> Compost Toilet | <input type="checkbox"/> |
| | <input type="checkbox"/> | <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: 64' Width: 75' Height: 30'

Proposed Construction: _____ Length: _____ Width: _____ Height: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|---------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (<u>64</u> x <u>75</u>) | <u>3550</u> |
| | <input checked="" 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"/> 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 type="checkbox"/> Municipal Use | <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 OF 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): Lawrence & Janis P. by / Date: 3/4/2015

(If there are Multiple Owners listed on the Deed Owners must sign 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)

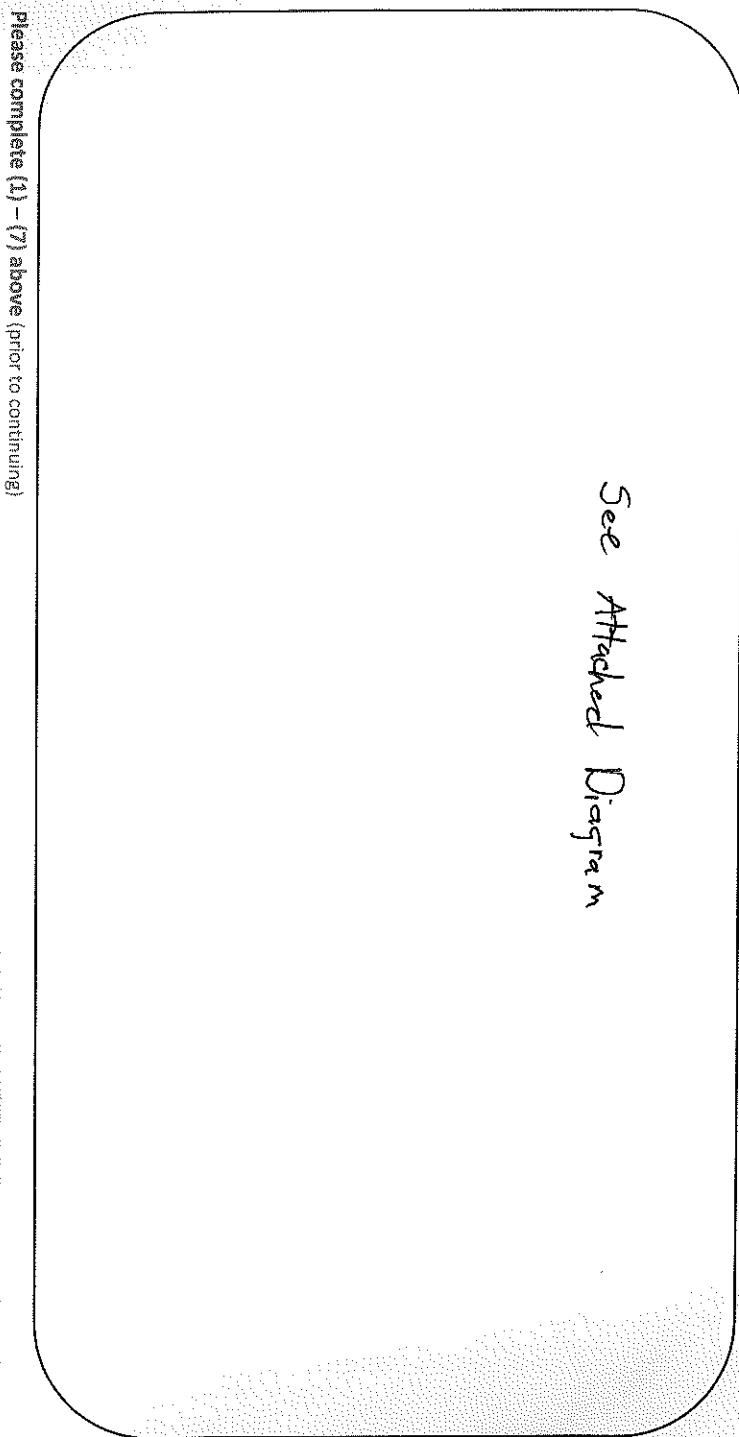
Address to send permit: See Above Attach

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

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(s) (*) River, (*) Stream/Creek, or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached Diagram



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 | 52 Feet | Setback from the Lake (ordinary high-water mark) | 75 Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 580 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 75 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 45 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 83 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 30 Feet | Setback to Well | Feet |
| Setback to Drain Field | 50 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: 08-1355 # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 16-00920 Permit Date: 2-3-16

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No

Is Structure Non-Conforming Yes No

Mitigation Required Yes No

Affidavit Attached Yes No

Affidavit Required Yes No

Granted by Variance (B.O.A.) Case #: Yes No

Previously Granted by Variance (B.O.A.) Case #: Yes No

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspection Record: *Coveraged structures on adjoining lots 41' + 63' = 104'*

Date of Inspection: 3-12-15 Inspected by: *M. Fisher*

Zoning District: *(R-1)*

Lakes Classification: *(1)*

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

Reduced using A5 per M Ordinance 652' from Center line

Signature of Inspector: *[Signature]*

Hold For Sanitary: *1000* Hold For TBA:

Hold For Affidavit:

Hold For Fees: *\$900*

[Signature]

Lawrence C. + Jansic S. Pribyl
 1855 Windemere Court
 Sun Prairie, WI 53590
 651-500-1213

Sewer Reconnect

Prev. San # 08-135S
 C&T # 100-15

44925 Bear Point Rd.
 In. 6.L. 1, S 9, T43N, R 6W
 Town of Namakagon
 Bayfield Co., WI
 04-034-2-43-06-09-1
 05-001-04000

Scale: 1" = 40'



▲ BM = 100' @ Top of Telephone
 Pedestal (2.4' Above Grd)

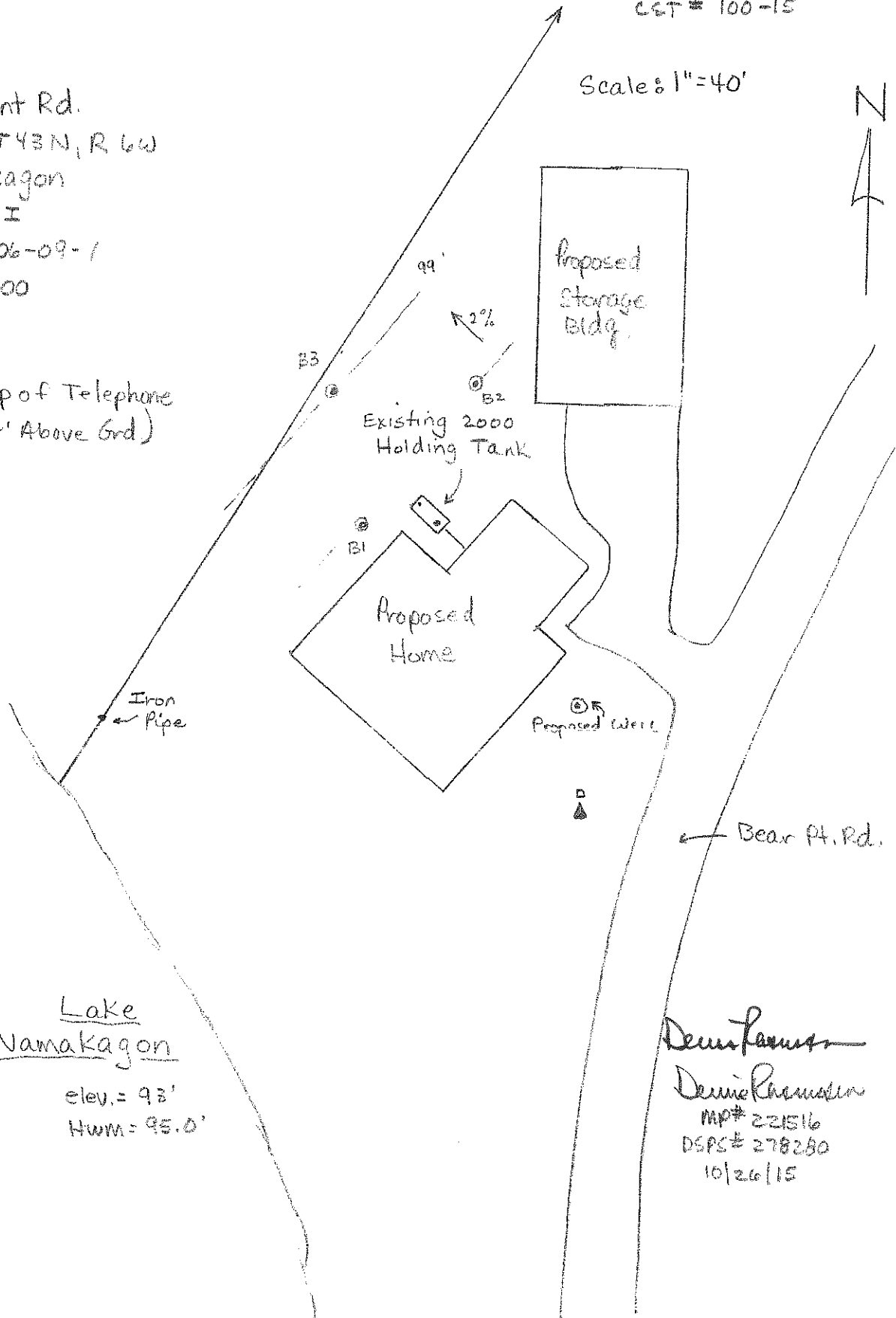
Elevations:

B1 = 99.5'
 B2 = 99.5'
 B3 = 99.0'

* System = 100.17'
 * Should an ATU
 system ever be
 installed *

Lake
Namakagon

elev. = 93'
 Hwm = 95.0'



Devin Parnis

Devin Parnis
 MP# 221516
 DSPS# 278280
 10/26/15

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

\$361

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Paid (received) NOV 09 2016
 Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|---------|
| Permit # | 16-0091 |
| Date: | 2-3-16 |
| Amount Paid: | \$361 |
| Refund: | 0-3-16 |

361.00

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: Dunlavy Michael & Krystal Mailing Address: 7794 Hill Rd City/State/Zip: 91888 Wis 54527 Telephone: 715.663.0100

Address of Property: 44465 County Rd D City/State/Zip: Cable wis 54821 Cell Phone: 715.663.0088

Contractor: Sheepfarm Construction Contractor Phone: 715.663.0088 Plumber: Michael Dunlavy Plumber Phone: 715.663.0088

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) Agent Phone: 715.663.0088 Michael Dunlavy Agent Mailing Address (include City/State/Zip): 715.663.0088 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Legal Description: (Use Tax Statement) 04-034-2-43-06-10-4 05-010-1663 PIN: (23 digits) 04-034-2-43-06-10-4 05-010-1663 Recorded Document: (i.e. Property Ownership) 1142 Page(s) 5e2

1/4, 1/4 Gov't Lot 10 Lot(s) 1277 CSM 152V Vol & Page 152V Lot(s) No. 1 Block(s) No. 1 Subdivision: 126ac Lot Size 126ac Acreage 126ac.

Section 10, Township 43 N, Range 06 W Town of: NUNAWAGON

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: 6 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: 6 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 |
|---|--|--|--|---------------------------------------|---|--|
| \$187,000 | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</u> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> No Basement | <input type="checkbox"/> Foundation | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |

Existing Structure: (if permit being applied for is relevant to it) Length: 42' Width: 21' Height: 27'

Proposed Construction: Length: _____ Width: _____ Height: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|--------------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | | (<u>X</u>) | |
| <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | (<u>21 X 42</u>) | <u>882</u> |
| <input type="checkbox"/> with Loft | | (<u>21 X 29</u>) | <u>609</u> |
| <input checked="" type="checkbox"/> Residential Use | with a Porch | (<u>X</u>) | |
| | with (2 nd) Porch | (<u>X</u>) | |
| | with a Deck | (<u>X</u>) | |
| | with (2 rd) Deck | (<u>X</u>) | |
| <input type="checkbox"/> Commercial Use | with Attached Garage | (<u>X</u>) | |
| | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (<u>X</u>) | |
| | Mobile Home (manufactured date) | (<u>X</u>) | |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) | (<u>X</u>) | |
| | Accessory Building (specify) | (<u>X</u>) | |
| | Accessory Building Addition/Alteration (specify) <u>entry way</u> | (<u>6 X 20</u>) | <u>120</u> |
| | Special Use: (explain) <u>detached garage</u> | (<u>20 X 24</u>) | <u>480</u> |
| | Conditional Use: (explain) | (<u>X</u>) | |
| | Other: (explain) | (<u>X</u>) | |

SECRETARIAL STAFF

REC'D FOR ISSUANCE FEB 03 2016

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) and (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 reliance 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): Michael Dunlavy Krystal Dunlavy Date 10/29/15
 (If there are Multiple Owners listed on the Deed 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)

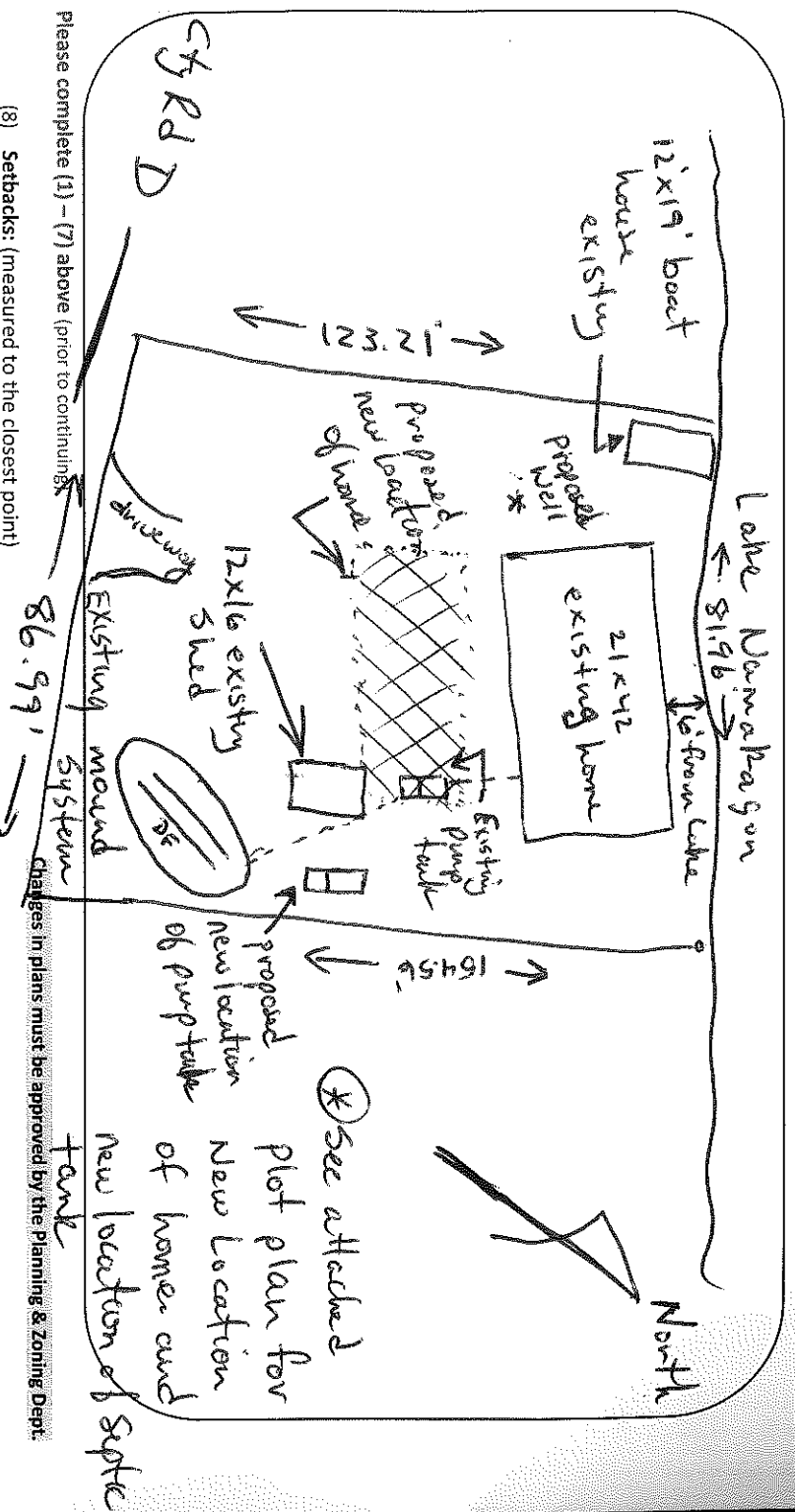
Address to send permit 7794 Hill Rd, Gladwin Wis 54527
 (If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

See 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 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)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 124 Feet | Setback from the Lake (ordinary high-water mark) | 36 Feet |
| Setback from the Established Right-of-Way | - Feet | Setback from the River, Stream, Creek | - Feet |
| Setback from the North Lot Line | 6 Feet | Setback from the Bank or Bluff | - Feet |
| Setback from the South Lot Line | 66 Feet | Setback from Wetland | - Feet |
| Setback from the West Lot Line | 20 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 14 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 21 Feet | Setback to Well | 13 Feet |
| Setback to Drain Field | 44 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)

Permit Denied (Date): _____ Sanitary Number: 15-1605 # of bedrooms: _____ Sanitary Date: 12-4-15

Permit #: 16-00091 Permit Date: 2-3-16

Reason for Denial: _____

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

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

Case #: _____

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

Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Inspected by: [Signature] Date of Re-Inspection: _____

Conditions of Town Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Show how must be properly restored.

ONLY residents allowed on property. Existing how must be properly restored.

Signature of Inspector: [Signature] Date of Approval: 12-4-15

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