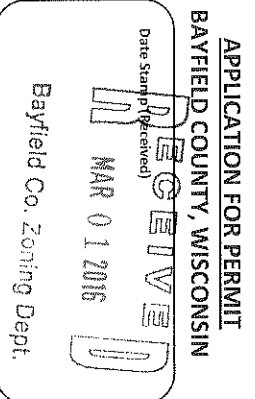


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

\$7500 + \$1000



Permit #:	16-0028
Date:	3-2-16
Amount Paid:	\$175
Refund:	3-2-16

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: TERRY Lundberg Mailing Address: P.O. Box 312 City/State/Zip: Poplar, WI, 54864 Telephone: 218-720-2937

Address of Property: 4735 Oako Willow Rd City/State/Zip: Poplar, WI, 54864 Cell Phone: 218-343-6545

Contractor: KEVIN Cosgrove Contractor Phone: 715-378-2247 Plumber: DAVE Stone - BEKANN Plumber Phone: 715-376-2278

Authorized Agent: (Person Signing Application on behalf of Owner(s)) KEVIN Cosgrove Agent Phone: '' Agent Mailing Address (include City/State/Zip): 9708 E. SCENIC DR. WIE 54873 Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: Part 2 Lot(s): 2 CSM: Vol & Page Lot(s) No.: 106 Block(s) No.: 106 Subdivision: 441

Section 3, Township 44 N. Range 9 W Town of: BARNES Lot Size: 29.36 Acreage: 29.36

Legal Description: (Use Tax Statement) 1/4, 1/4 Part 2 PIN: (23 digits) 04-004-2-44-09-03-405-002 Recorded Document: (i.e. Property Ownership) 106 / 441 Pages: 441

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 115 feet Distance Structure is from Shoreline: 115 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: 115 feet

Non-Shoreland If Yes---continue → Distance Structure is from Shoreline: 115 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
\$3500	<input checked="" 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 checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>          </u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u>          </u>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: <u>          </u>	<input type="checkbox"/> <u>          </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> Privy (Pri) or <u>          </u> Vaulted (min 200 gallon)	<input type="checkbox"/> <u>          </u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> <u>          </u>
	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> <u>          </u>
	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> None	<input type="checkbox"/> <u>          </u>

Existing Structure: (if permit being applied for is relevant to it) Length: 12' Width: 6' Height: 11'

Proposed Construction: Add floor Length: 12' Width: 6' Height: 11'

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 <sup>nd</sup> ) Porch	( <u>          </u> )	( <u>          </u> )
	with a Deck	( <u>          </u> )	( <u>          </u> )
	with (2 <sup>nd</sup> ) Deck	( <u>          </u> )	( <u>          </u> )
	with Attached Garage	( <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> )	( <u>          </u> )
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Bathrooms</u>	( <u>6 X 12</u> )	( <u>72</u> )
	Accessory Building (specify) <u>          </u>	( <u>          </u> )	( <u>          </u> )
	Accessory Building Addition/Alteration (specify) <u>          </u>	( <u>          </u> )	( <u>          </u> )
	Special Use: (explain) <u>          </u>	( <u>          </u> )	( <u>          </u> )
	Conditional Use: (explain) <u>          </u>	( <u>          </u> )	( <u>          </u> )
	Other: (explain) <u>          </u>	( <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):            Date: 3-1-16

(If there are Multiple Owners listed on the deed All Owners must sign OR letter(s) of authorization must accompany this application)

Authorized Agent: Kevin Cosgrove Date: 3-1-16

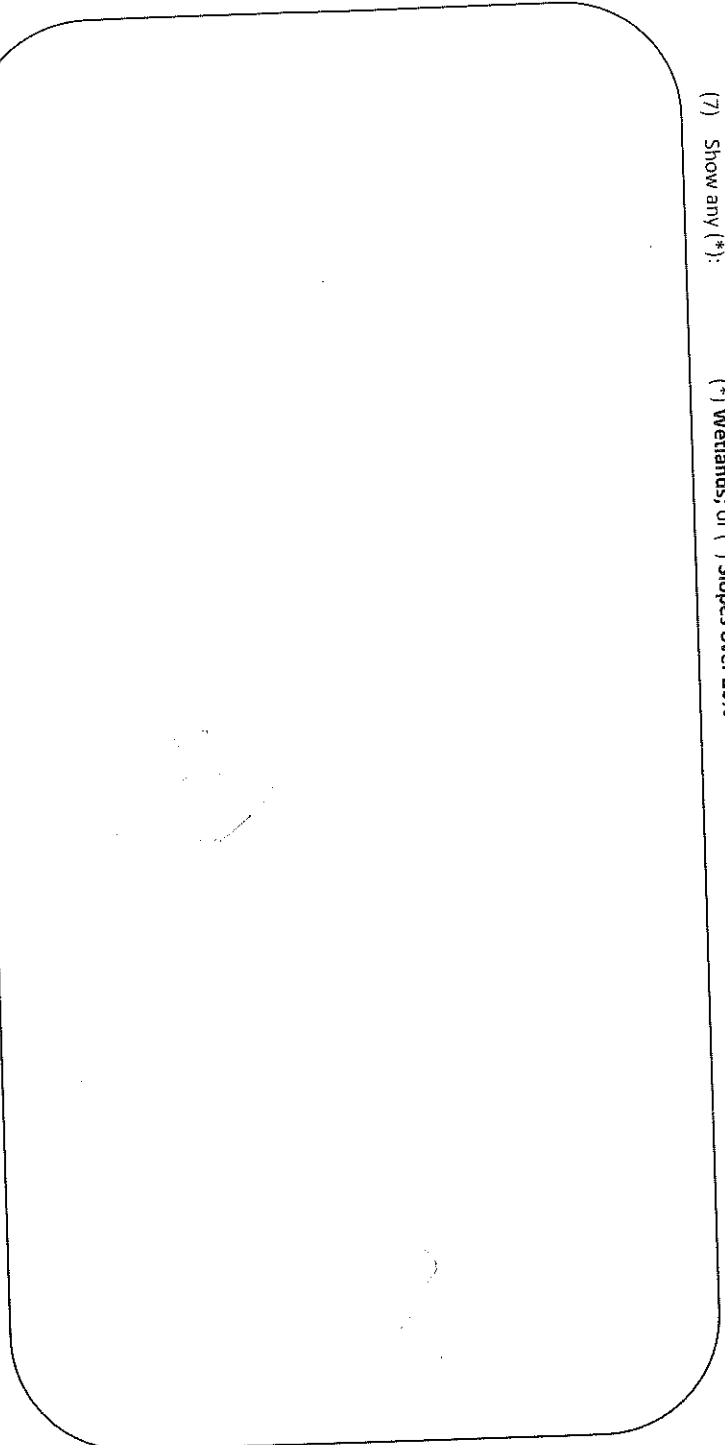
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 9708 E. SCENIC DR. Solon Springs WI 54873 Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

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) 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	1100 Feet	Setback from the Lake (ordinary high-water mark)	100 + Feet
Setback from the Established Right-of-Way	1100 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	550 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	50 Feet
Setback to Drain Field	60 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 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 thirty (30) feet but less than fifty (50) 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: 15-445 # of bedrooms: 3 Sanitary Date: 5/10/15  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: 16-0028 Permit Date: 3-2-16

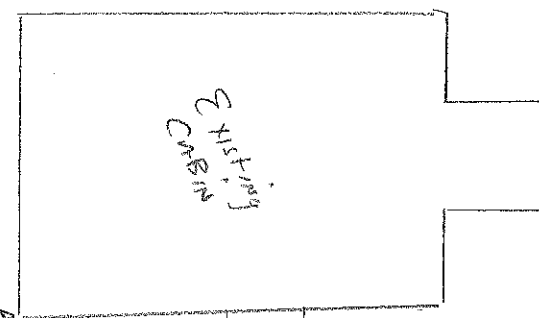
Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  No  
 Is Parcel in Common Ownership  Yes (fused/Contiguous Lots)  No  
 Is Structure Non-Conforming  Yes  No  
 Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.)  Yes  No  
 Was Parcel Legally Created  Yes  No  
 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: AKW Date of Re-Inspection: \_\_\_\_\_  
 Date of Inspection: 3-1-16  
 Conditions: Town, Committee or Board Conditions Attached?  Yes  No (if No they need to be attached)

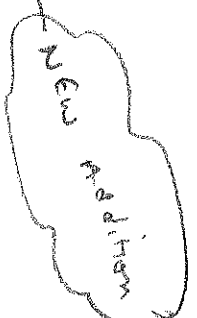
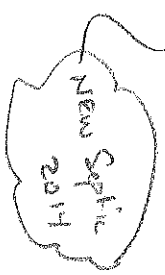
Signature of Inspector: Joe Parks Date of Approval: 3/1/16  
 Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:   
 Note: Need WDC if Applicable.

Upper E. Clarks

NEW WELL

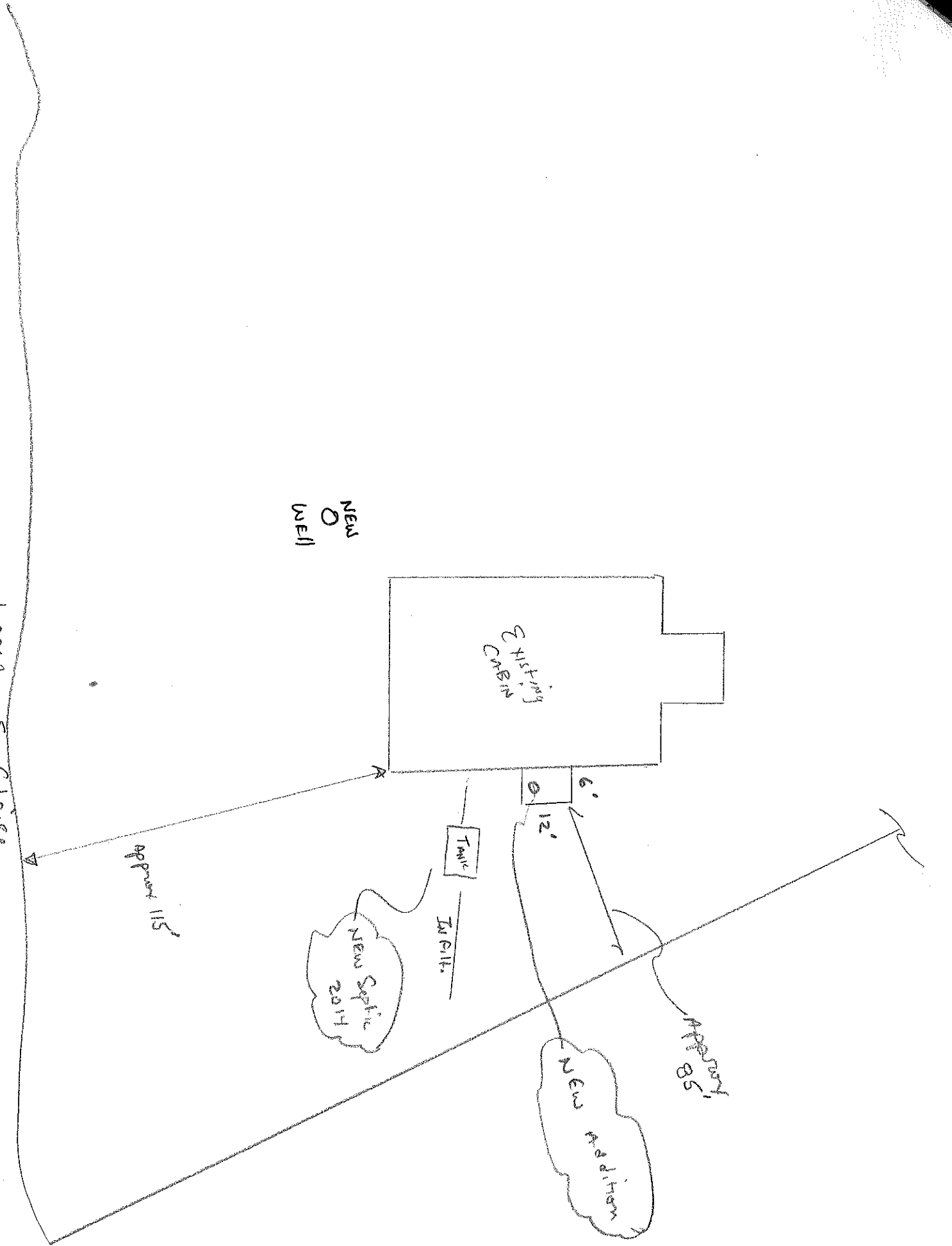


In Filtr.



Approx 115'

Approx 85'



STATEMENT: 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  
 BAYFIELD COUNTY ZONING DEPT.  
 FEB 24 2016  
 ENTERED

Permit #:	16-0030
Date:	3-2-16
Amount Paid:	\$795
Refund:	\$7-16

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: FRANK & LINDA GOEKAKE  
 Address of Property: 5945 JAMES RD  
 Contractor: Jimmy Johnson  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))

Mailing Address: 22777 COUNTY RD I SOMERSET WI  
 City/State/Zip: BARNOES WI 54805  
 Contractor Phone: 715-580-0432  
 Agent Phone:  
 Plumber:  
 Agent Mailing Address (include City/State/Zip):  
 PINE (23 digits) 04-004-2-44-09-02-404  
 Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Pages \_\_\_\_\_

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 3 CSM 11 p/18 Lot(s) No. Block(s) No. Subdivision:  
 Section 2, Township 44 N, Range 9 W, Town of BARNOES, Lot Size \_\_\_\_\_, Acreage 18.56

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: \_\_\_\_\_ 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
\$ 265,000	<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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: ST <input type="checkbox"/> Privy (Pit) 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"/> RWell

Existing Structure: (if permit being applied for is relevant to it)  
 Proposed Construction:

Length: 58.2 Width: 61.2 Height: 20'  
 Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

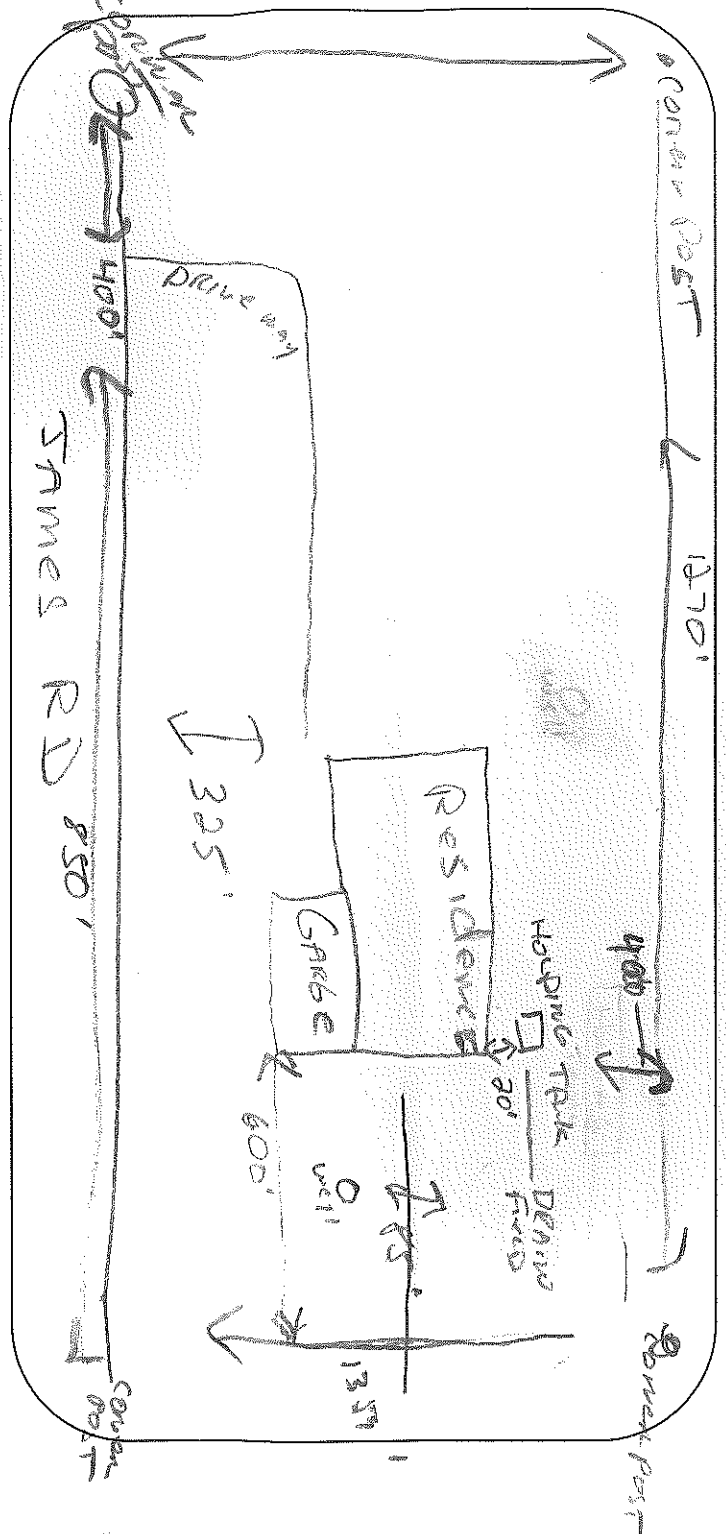
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) add Shipped Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	(30 x 62) ( ) ( ) ( ) ( ) ( ) (86 x 86)	1850 ( ) ( ) ( ) ( ) ( ) 7346X
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Rec'd for Issuance	Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	( )	( )
<input type="checkbox"/> Rec'd for Issuance	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Special Use: (explain)		( )	( )
<input type="checkbox"/> Conditional Use: (explain)		( )	( )
<input type="checkbox"/> 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 the 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 for any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Date: 2-18-16  
 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: 22777 County Rd I Somerset WI 54805  
 Attach Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



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	325 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	325 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	325 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	385 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	700 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	400 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.

**Issuance Information (County Use Only)** Sanitary Number: 15-1595 # of bedrooms: Sanitary Date: 12/1/15

Permit Denied (Date): Permit Date: 6-3-2-16 Reason for Denial:

Permit #: 16-0030

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  
 Is Parcel in Common Ownership  Yes (ruled/Contiguous Lot(s))  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  
 Was Proposed Building Site Delineated  Yes  No

Inspection Record: *Site well marked*

Date of Inspection: 3-2-16 Inspected by: *Stebbins*

Condition(s): Town Committee of Board Conditions Attached?  Yes  No (If None need to be attached.)  
 Must comply with CDC & obtain permit from CDC Inspector

Signature of Inspector: *Joe Reilly* Date of Approval: 3-2-16

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