

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

Land use fee + 100 steward fee

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 DATE RECEIVED  
 MAR 14 2016  
 Bayfield Co. Zoning Dept.

Permit #:	16-0042
Date:	4-5-16
Amount Paid:	\$185
Refund:	45-16

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: Karston Andersson Mailing Address: 846 Westwood Circle City/State/Zip: Delaware, MN 55328 Telephone: 972-2174

Address of Property: 22285 Siskiwit Lake Rd City/State/Zip: Bell, WI 54827 (Cornucopia) Cell Phone: (612) 423-3888

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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot: 2 Lot(s) 880 Vol. & Page: 610.45 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivisions: Certified Site Map

Section 22, Township 5D N. Range 06 W. Town of: Bell Lot Size 132500 sq. ft. Acreage 3.180

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes—continue  No

Distance Structure is from Shoreline: 218' 6" 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
<u>\$25,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>PT</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
					<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 26 Height: 18

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) ( ) ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) ( ) ( )	
<input type="checkbox"/> with Loft		( ) ( ) ( )	
<input type="checkbox"/> with a Porch		( ) ( ) ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( ) ( ) ( )	
<input type="checkbox"/> with a Deck		( ) ( ) ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) ( ) ( )	
<input type="checkbox"/> with Attached Garage		( ) ( ) ( )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( ) ( ) ( )	
<input type="checkbox"/> Mobile Home (manufactured date) _____		( ) ( ) ( )	
<input type="checkbox"/> Addition/Alteration (specify) _____		( ) ( ) ( )	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>garage</u>		( <u>24</u> x <u>26</u> )	<u>624</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( ) ( ) ( )	
<input type="checkbox"/> Special Use: (explain) _____		( ) ( ) ( )	
<input type="checkbox"/> Conditional Use: (explain) _____		( ) ( ) ( )	
<input type="checkbox"/> Other: (explain) _____		( ) ( ) ( )	

SECRETARIAL STAFF  
 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): [Signature] Date 3/11/16

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

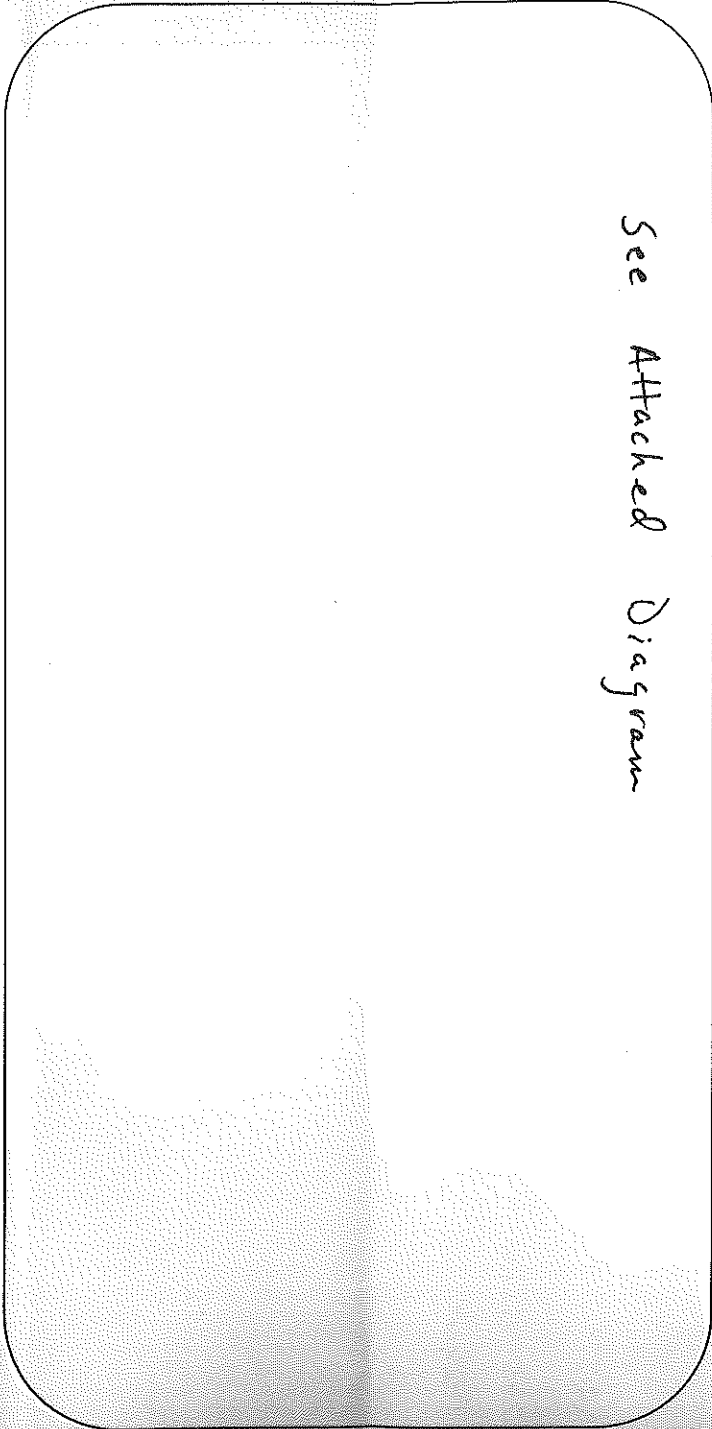
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

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

Address to send permit 846 Westwood Circle Delaware, MN 55328

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	291.5' Feet	Setback from the Lake (Ordinary high-water mark)	215' Feet
Setback from the Established Right-of-Way	261.5' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	288' 5" Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	218' 4" Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	202' 6" Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	23' Feet	Elevation of Floodplain	§
Setback to Septic Tank or Holding Tank	40' 3" Feet	Setback to Well	21' 3" Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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.

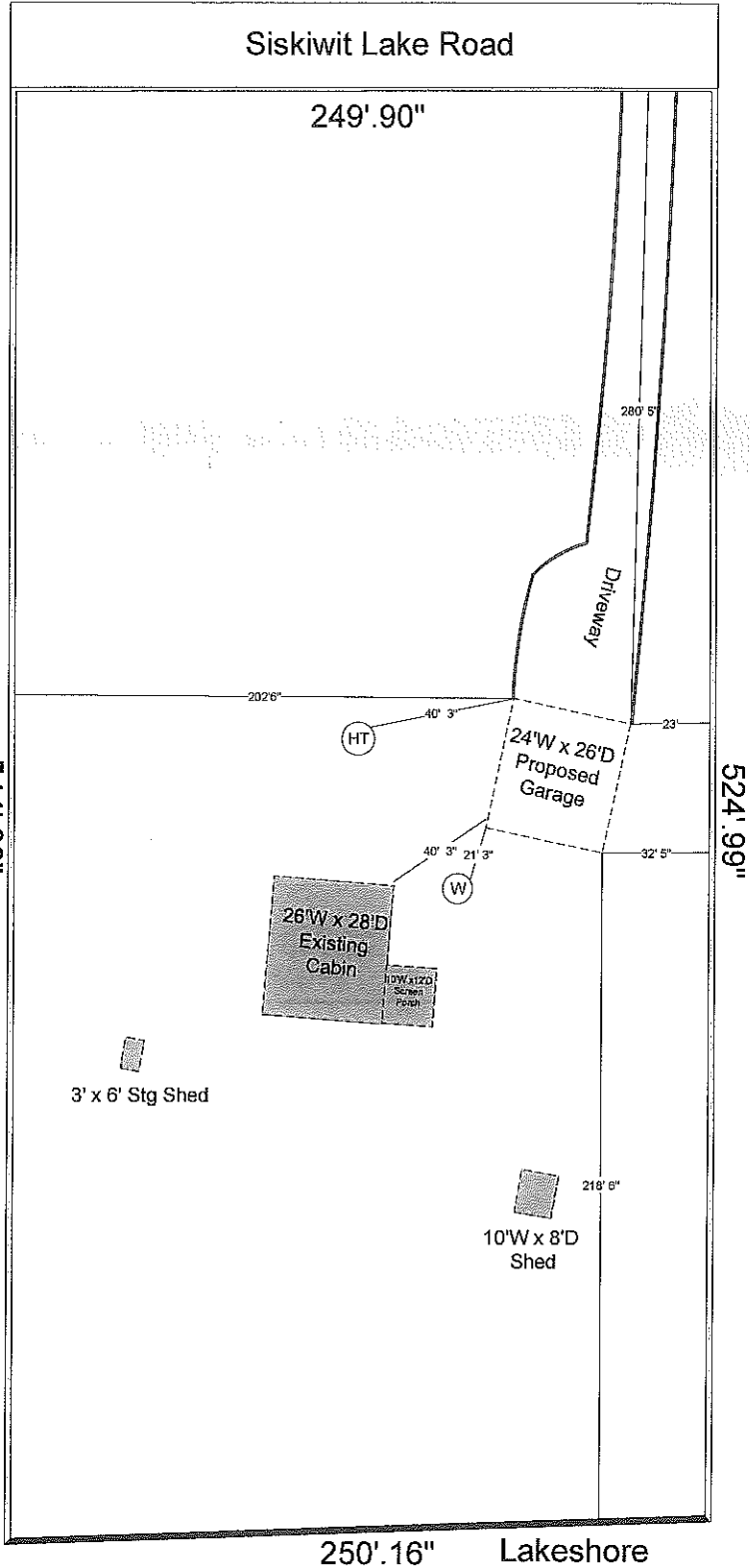
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

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: <b>404253</b>	# of Bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <b>16-0042</b>	Permit Date: <b>4-5-16</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel In Common Ownership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Structure Non-Conforming <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 #: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Record: <b>PER AETS - SETBACKS PER ZONING DISTRICT NO LAKES CLASS SETBACKS AS OF 7-14-15</b>	Date of Inspection: <b>4-5-16</b>	Inspected by: <b>LEONARD MUEPFLER</b>	Zoning District: <b>(R-1)</b> Lakes Classification: _____
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: _____ Hold For Sanitary: <input type="checkbox"/> _____ Hold For TBA: <input type="checkbox"/> _____ Hold For Affidavit: <input type="checkbox"/> _____ Hold For Fees: <input type="checkbox"/> _____ Date of Approval: <b>4-5-16</b>				
<b>INDOOR PURVIZITZ FIXTURES. BUILDING NOT APPROVED FOR THUMB AND INSTALLATION OR</b>				



Karston Anderson 22285 Siskwit Lake Road



Box below  
(1)  
(2)  
(3)