

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)
 JUN 23 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0321
Date:	7-26-16
Amount Paid:	\$185
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.

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

Owner's Name: Royce & Darlene Kale Mailing Address: 415 Mallard Dr City/State/Zip: Deerfield IL 60015 Telephone: 847-947-2074

Address of Property: 87580 Bark Point Rd City/State/Zip: Herbster, WI 54844 Contractor Phone: N/A Plumber: N/A Cell Phone: 847-227-7460

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

PROJECT LOCATION: NW 1/4, SE 1/4 Gov't Lot: 2 Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume: 1046 Page(s): 639

Section: 4, Township: 014 N, Range: 7 W Town of: clover Lot Size: Acreage: 39.706

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: feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage → If yes—continue → 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>2,600.00</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 checked="" type="checkbox"/> <u>Accessory Bldg</u>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> <u>Garage</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u></u> <input type="checkbox"/> Privy (Pit) or <input checked="" 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 type="checkbox"/> Well

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

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) Deck with a Deck with (2 nd) Deck with Attached Garage	(<u>12 x 20</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	<u>247.25</u>
<input type="checkbox"/> Commercial Use	Bunhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) <u>12x20 Garage</u> Accessory Building Addition/Alteration (specify) Special Use: (explain) Conditional Use: (explain) Other: (explain)	(<u>X</u>) (<u>X</u>) (<u>12x20</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	<u>288.74</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.

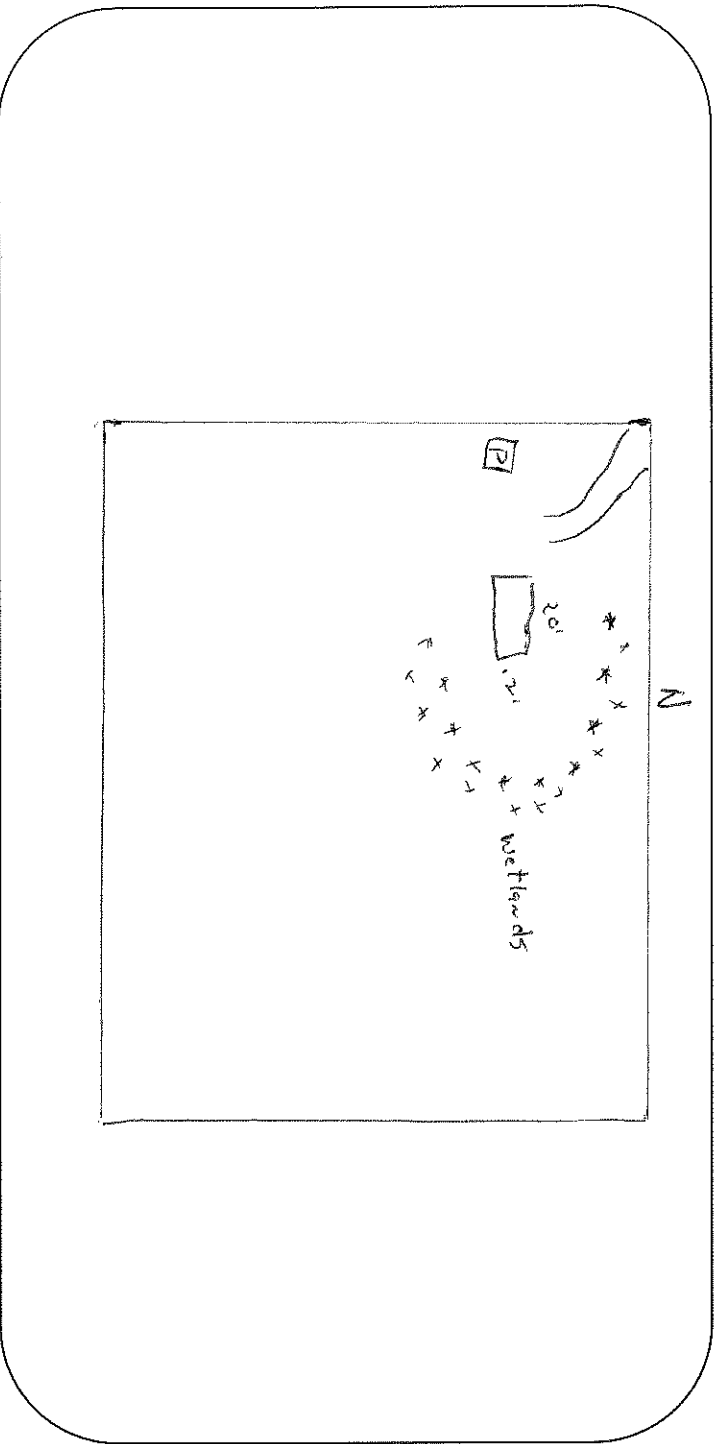
Owner(s): Bark & Darlene Kale Date: 6/16/16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 415 Mallard Drive Deerfield IL 60015 Attach Copy of Tax Statement

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	Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	60 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	120 FT Feet	Setback from Wetland	40 Feet
Setback from the West Lot Line	65 Feet	20% Slope Area on property	100% SLOPE Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	120 FT Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	50 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).

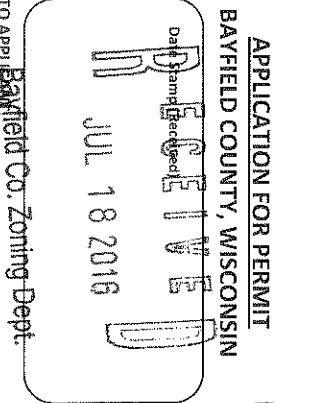
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: 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 #: <u>16-0981</u>	Permit Date: <u>7-26-16</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/contiguous lot(s))	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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			
Inspection Record: <u>25x14' canopy platform porch on back of property. privy br. needs permit - 120' called - application pending.</u>	Zoning District: <u>R-RB</u>			
Date of Inspection: <u>7-7-16</u>	Inspected by: <u>Jessica Williams</u>	Inspection Date: <u>7-26-16</u>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Buildings shall not be used for human habitation or sleeping purposes. Shall not have connection to pressurized water unless connected to County approved parts.				
Signature of Inspector: _____	Date of Approval: <u>7-26-16</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

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



Permit #:	16-0227
Date:	7-28-16
Amount Paid:	\$165
Refund:	7-28-16

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.

Bayfield Co. Zoning Dept.

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

Owner's Name: **KOENNING, Keith A. WURPHY, Patricia A.** Mailing Address: **Box 106 HERBSTER 57844** Telephone: **715 774 3475**

Address of Property: **89480 Bark Point Rd** City/State/Zip: **Herbster WI 57844** Cell Phone:

Contractor: **SELF** Contractor Phone: **N/A** Plumber: **N/A** Plumber Phone: **N/A**

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

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 5 Lots 2 CSM Vol & Page 3/8 Lot(s) No. Block(s) No. Subdivision: Lot Size: Acreage**

Section **26**, Township **S1** N, Range **7** W **W** **Town of: CLOVER** Lot Size: **—** Acreage: **3.39**

Storeland → Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Distance Structure is from Shoreline: **—** feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Storeland → **STARWAY - EXEMPT FROM SETBACK REQUIREMENT** Distance Structure is from Shoreline: **20** feet 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
\$250.00	<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 type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: —	<input checked="" 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: HT	<input type="checkbox"/> —
	<input 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 type="checkbox"/> No Basement	<input type="checkbox"/> —	<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> —
	<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: **28'** Width: **3'** Height: **12'**

Proposed Construction: Length: **28'** Width: **3'** Height: **12'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	with Loft	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	with a Porch	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	with (2 nd) Porch	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	with a Deck	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	with (2 nd) Deck	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Mobile Home (manufactured date)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Accessory Building (specify)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Rec'd for Issuance	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
	JUL 28 2016	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Special Use: (explain) STARWAY TO SHORE, REPLACEMENT	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Conditional Use: (explain)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
	Other: (explain)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

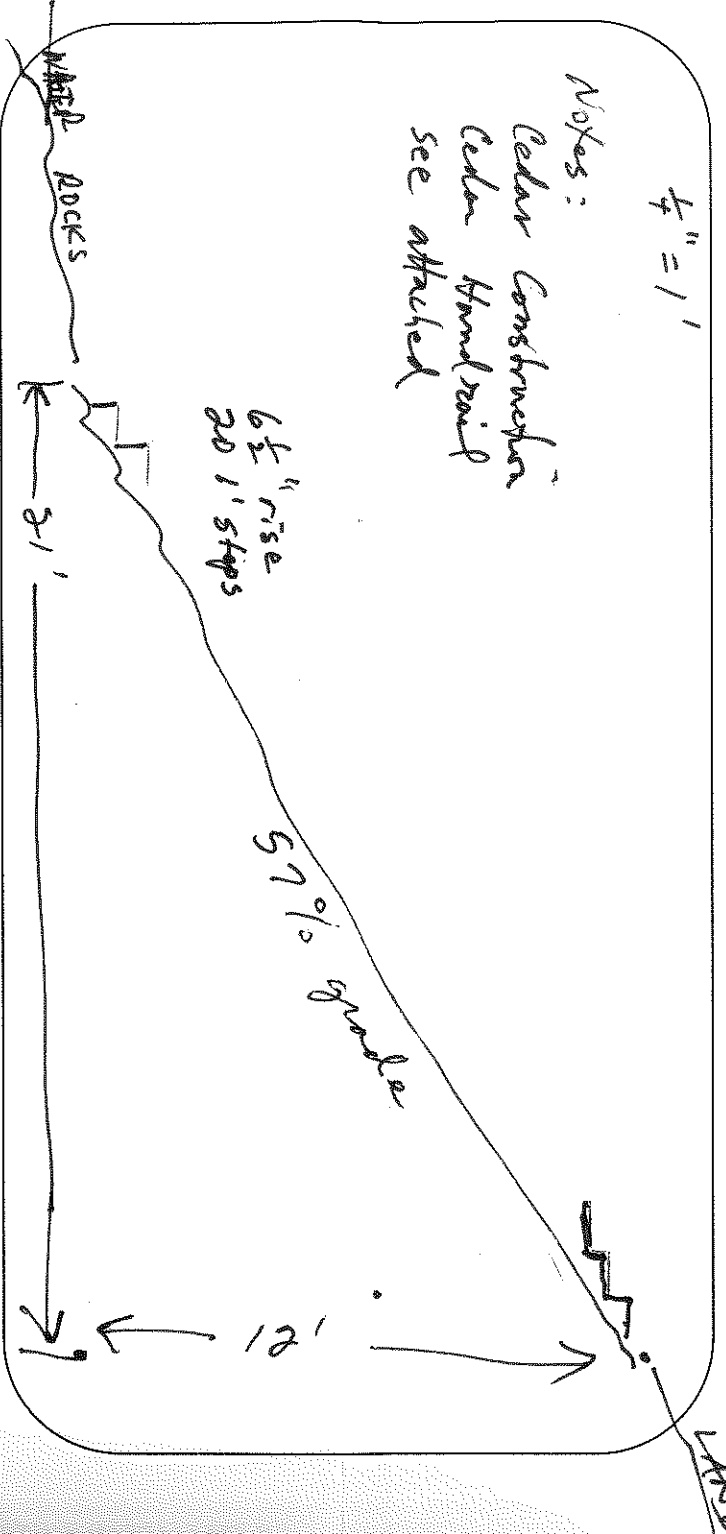
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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.

Owners: Keith A. Koenning Patricia A. Murphy Date 7/13/2016
 (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

Ed K. Re
MUST 197

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 (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	N/A Feet	Setback from the Lake (ordinary high-water mark)	15 Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	0 Feet
Setback from the South Lot Line	125 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	5/6 Feet	20% Slope Area on property	24 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	0 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	125 Feet	Setback to Well	100 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.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>16-0887</u>	Permit Date: <u>7-28-16</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Is Structure Non-Conforming	<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	
Granted by Variance (B.O.A.)	Case #: _____	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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:	OK to view some present to represent project.			
Date of Inspection: <u>7-27-16</u>	Inspected by: <u>Jeanne Beck Murphy</u>	Zoning District	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If No they need to be attached)	Lakes Classification	(1- Supervisor)	
<p>Looking at top of bluff. shall not exceed 40 sq. ft. stairs shall not exceed 5 ft. by 6 in. width. Stairs shall be installed with every 2nd management pole stairs for</p>				
Signature of Inspector:	Date of Approval: <u>7-27-16</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

permanently with
discontinue activity.