

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Planning and Zoning Dept.
 PO Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 FEB 09 2015
 Bayfield Co. Zoning Dept.

ENTERED
 FEB 09 2015
 Bayfield Co. Zoning Dept.

Permit #:	16-00220
Date:	8-24-16
Amount Paid:	\$150
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: JD & Petera Belligan Mailing Address: 25285 State St Ashland WI Telephone: 715-746-2383

Address of Property: 63540 Francis Lakeshore Ashland WI 54806 City/State/Zip: ASHLAND WI 54806 Cell Phone: 715-209-0518

Contractor: BBB Thomas Contractor Phone: BBB Thomas Plumber: BBB Thomas Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) JD & Petera Belligan Agent Phone: 715-746-2383 Agent Mailing Address (Include City/State/Zip): 25285 State St Ashland WI Written Authorization Attached Yes No

PROJECT LOCATION: S 1/4, P 1/4 Legal Description: (Use Tax Statement) S 1/4, P 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume Page(s)

Section 4, Township 46 N, Range 5 W Town of: Kerry Lot Size Acreage 40

Shoreland Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage NO If Yes--continue NO

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
\$2,500	New Construction	1-Story	Seasonal	1	Municipal/City	CITY
	Addition/Alteration	1-Story + Loft	Year Round	2	(New) Sanitary	Well
	Conversion	2-Story		3	Sanitary (Exists) Specify Type: <u>Basement</u>	
	Relocate (existing bldg)	Basement			Privy (Pit) or Vaulted (min 200 gallon)	
	Run a Business on Property	No Basement			Portable (w/service contract)	
		Foundation			Compost Toilet	
					None	

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 14 Height: 8'

Proposed Construction: Length: 12 Width: 14 Height: 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	675
	Residence (i.e. Cabin, hunting shack, etc.) with Loft	() ()	675
	with a Porch with (2 nd) Porch	() ()	yes
	with a Deck with (2 nd) Deck	() ()	—
	with Attached Garage	() ()	—
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	X
	Mobile Home (manufactured date)	() ()	X
	Addition/Alteration (specify) <u>Deck</u>	(12 X 14)	168
	Accessory Building (specify)	() ()	X
	Accessory Building Addition/Alteration (specify)	() ()	X
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() ()	X
	Conditional Use: (explain)	() ()	X
	Other: (explain)	() ()	X

RECEIVED
 AUG 23 2016
 Bayfield Co. Zoning Dept.

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 favor 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): JD & Petera Belligan Date: 8-5-15

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

Authorized Agent: JD & Petera Belligan Date: 8-5-15

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

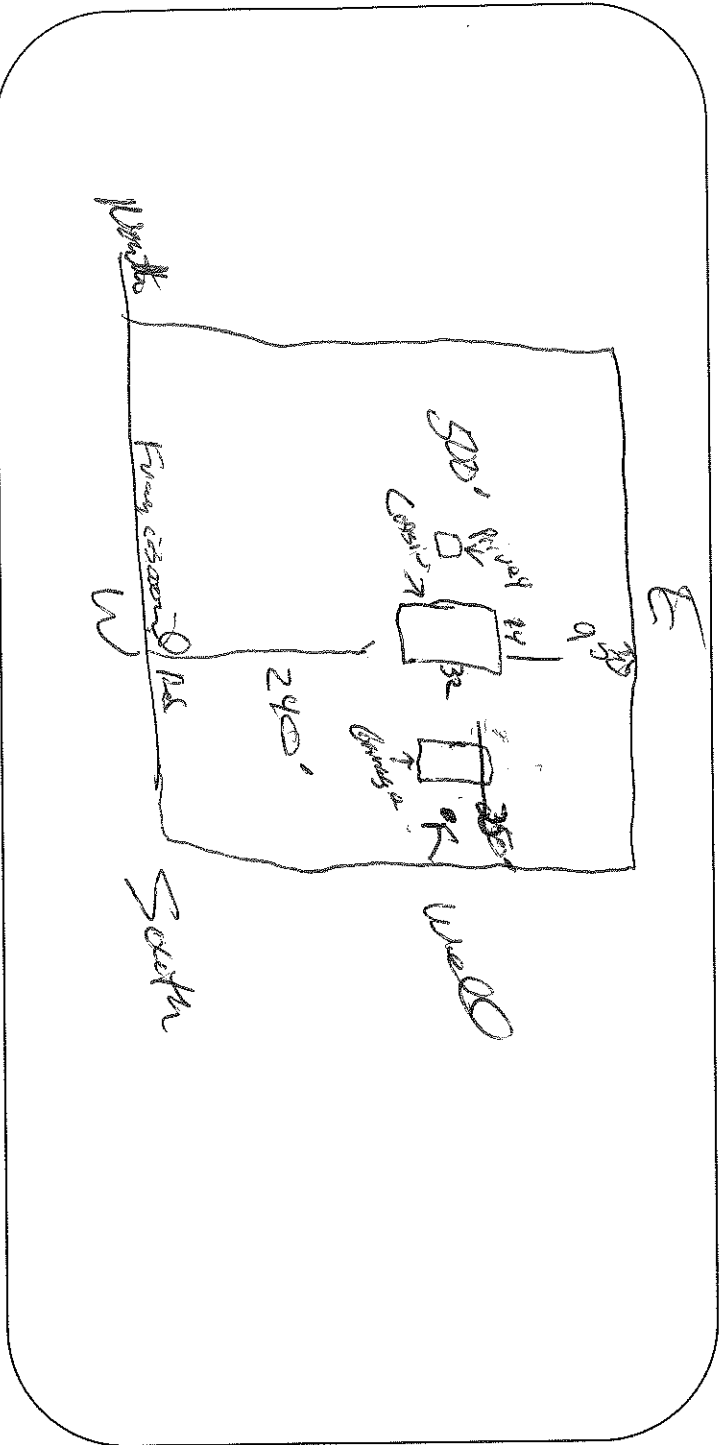
Address to send permit: 25285 STATE HWY 18 Ashland Wis Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

WHAT ARE THEY DOING? ADDITION OF CABIN W/ PORCH? VALUE?

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	240 Feet	Setback from the Lake (ordinary high-water mark)	_____ Feet
Setback from the Established Right-of-Way	220 Feet	Setback from the River, Stream, Creek	_____ Feet
Setback from the North Lot Line	500 Feet	Setback from the Bank or Bluff	_____ Feet
Setback from the South Lot Line	250 Feet	Setback from Wetland	_____ Feet
Setback from the West Lot Line	250 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	_____ Feet
Setback to Septic Tank or Holding Tank	_____ Feet	Setback to Well	125 Feet
Setback to Drain Field	_____ Feet		
Setback to Privy (Portable, Composting)	100 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) or 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: 15-405	# of bedrooms: 1	Sanitary Date: 5/7/2015	
Permit Denied (Date):	Reason for Denial:				
Permit #: 16-0270	Permit Date: 8-24-16				
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"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> No	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	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #: N/A	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspector Record:	EXISTING DECK ON HOME BOUGHT BY APPLICANT. NO AFE REQUIRED.				
Date of Inspection: 8/7/2015	Inspected by: Robert Seliverwan	Zoning District (A1)	Date of Re-Inspection: _____		
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector:	OK TO ISSUE			Date of Approval: 8/23/2016	
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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUN 30 2016
 Date Stamp (Received)

ENTRANCE Permit #:
 16-0872
 Date: 8-25-16
 Amount Paid: \$1075
 Refund: 8-25-16

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 A PERMIT

BAYFIELD CO. Zoning Dept

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

Owner's Name: Michael S Brown Mailing Address: 41559 STH 13 City/State/Zip: Marengo, WI 54855 Telephone: 715-378-3587

Address of Property: Edels Kalks Rd on North Side Contractor Phone: 715-269-5916 Plumber: Greg Brown - Grass Army Written Authorization Attached Yes No

Authorized Agent: (person Signing Application on behalf of Owner(s)) Agent Phone: 715-269-0161 Agent Mailing Address (include City/State/Zip): 715-269-4330

PROJECT LOCATION: SE 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04-246-3-46-05-13-2 PIN: (23 digits) 09-000-70000 Volume: _____ Page(s): _____

Gov't Lot: _____ Lot(s): _____ CSM: 1119 018 Vol & Page: P132 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section 13, Township 416 N, Range S W Town of: Kelly Lot Size: 40 Ac Acreage: 40 Ac

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

Non-Shoreland → 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>300K</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"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>1 1/2</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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"/> Well

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

Proposed Construction: Length: 55 Width: 38 Height: 30

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 checked="" type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<u>39 x 50</u>) (<u>6 x 8</u>) (<u>26 x 10</u>) (<u>16 x 6</u>)	<u>1550</u> <u>48</u> <u>260</u> <u>96</u>
<input type="checkbox"/> Commercial Use	Bunthouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	(_____)	(_____)
	Addition/Alteration (specify) _____	(_____)	(_____)
	Accessory Building (specify) _____	(_____)	(_____)
	Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
	Special Use: (explain) _____	(_____)	(_____)
	Conditional Use: (explain) _____	(_____)	(_____)
	Other: (explain) _____	(_____)	(_____)

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

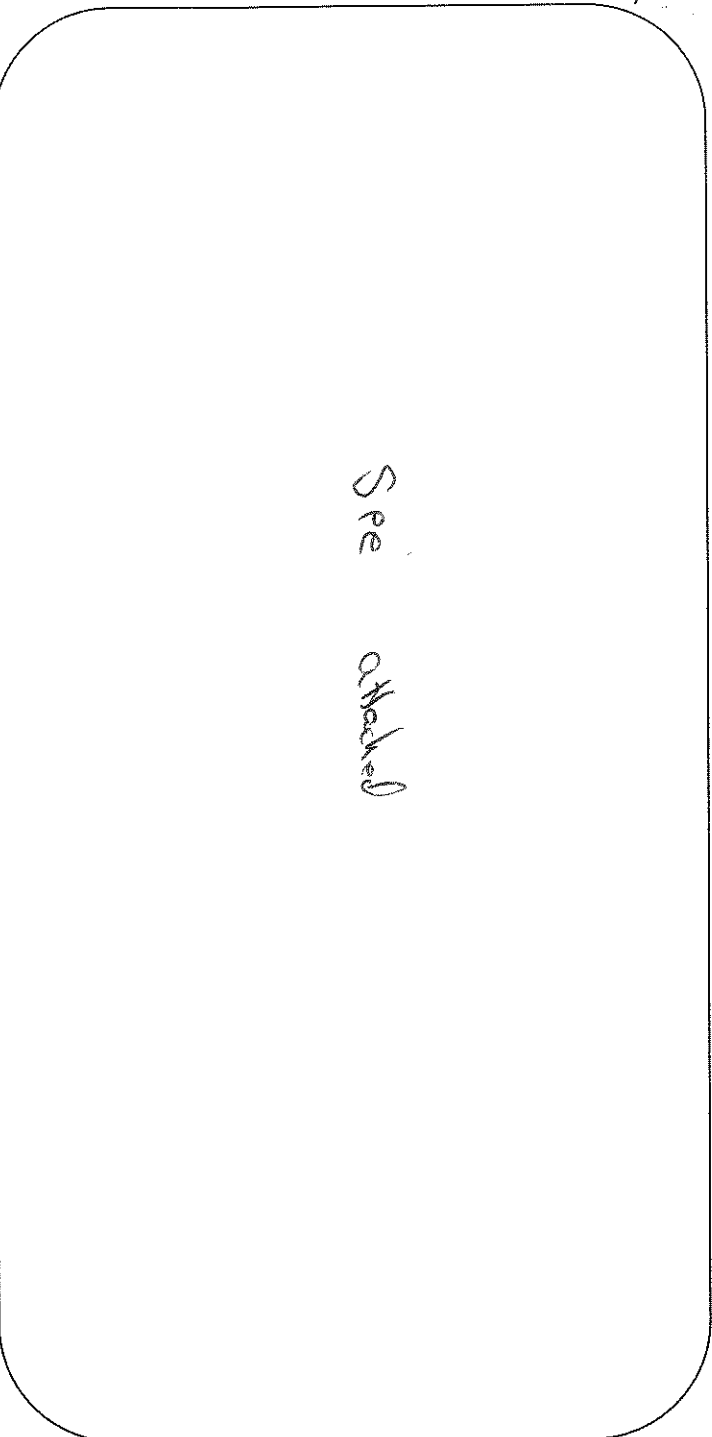
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) 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 and any associated information for the purpose of inspection.

Owner(s): [Signature] Date: 6-17-16
 (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)

In 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%**



See attached

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	310 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	97.5 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1180 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40' Feet	Setback to Well	25 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.

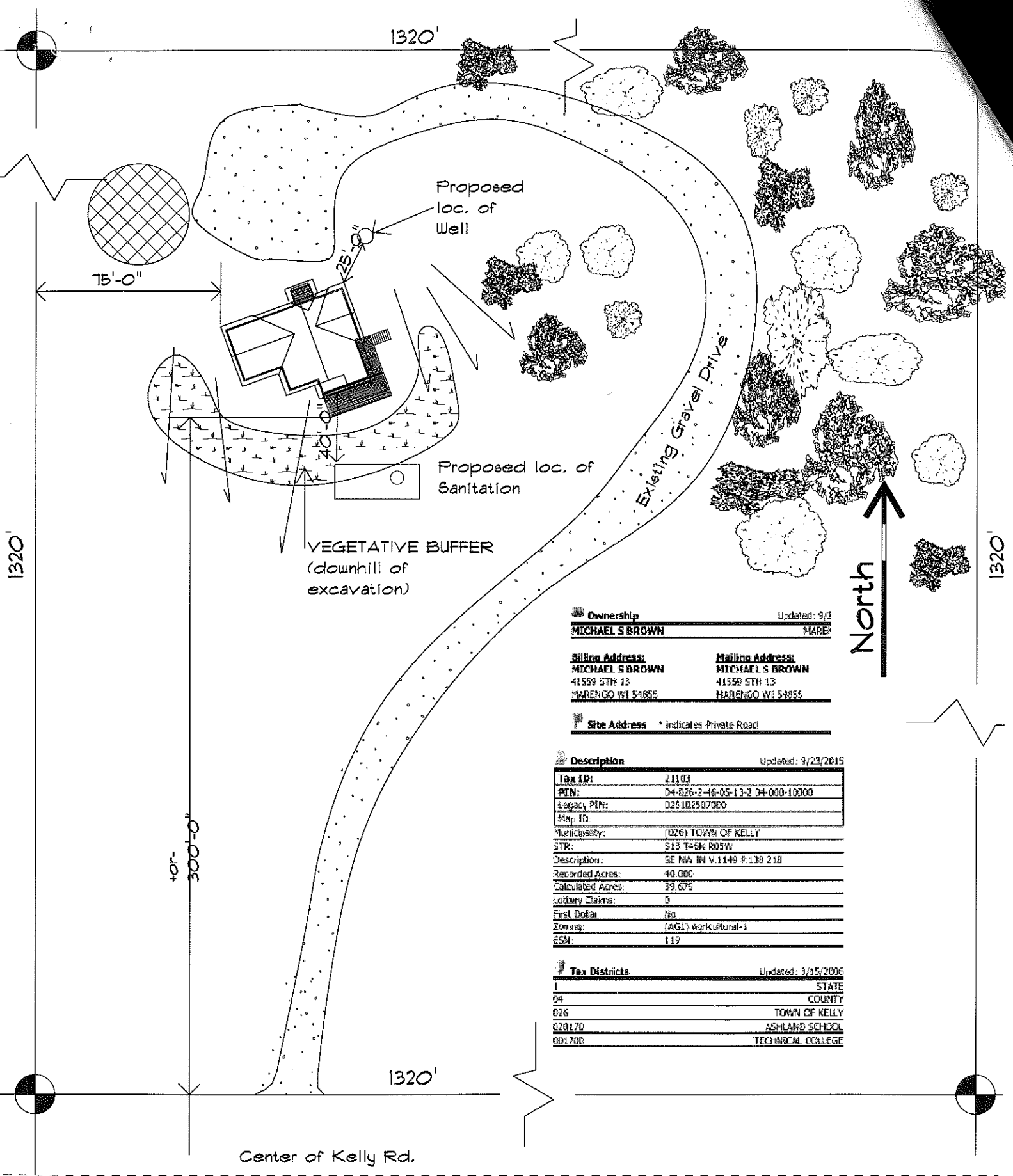
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable 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: 16-715	# of bedrooms: 5	Sanitary Date: 7/20/16
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0021	Permit Date: 8-25-16			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	OR Date of Inspection: 8-24-16 Inspected by: [Signature] Conditions: Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Must say NO			Zoning District (AS1) Lakes Classification () Date of Re-Inspection:
Signature of Inspector: [Signature]	Date of Approval: 7/21/16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



Ownership Updated: 9/2
MICHAEL S BROWN MARENGO

Billing Address: **Mailing Address:**
MICHAEL S BROWN **MICHAEL S BROWN**
 41559 STH 13 41559 STH 13
 MARENGO WI 54855 MARENGO WI 54855

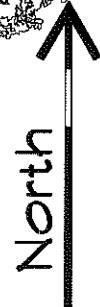
Site Address * indicates Private Road

Description Updated: 9/23/2015

Tax ID:	21103
PIN:	04-826-2-46-05-13-2 04-000-10000
Legacy PIN:	D26182507000
Map ID:	
Municipality:	(026) TOWN OF KELLY
STR:	S13 T46L R05W
Description:	SE NW IN V.1149 P.138 21B
Recorded Acres:	40.060
Calculated Acres:	39.679
Lottery Claims:	0
Fast DRAIN:	No
Zoning:	(AG1) Agricultural-1
ESN:	119

Tax Districts Updated: 3/15/2006

1	STATE
04	COUNTY
026	TOWN OF KELLY
020L70	ASHLAND SCHOOL
001700	TECHNICAL COLLEGE



Site/Erosion Control Plan
 1" = 50'-0"