

**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**

SEP 29 2016

Permit #:	17-0018
Date:	2-8-17
Amount Paid:	\$175,929.16
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 BY Bayfield Co. Zoning Dept.

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

Owner's Name: BENNETT, Bruce & Pamela A Mailing Address: P.O. Box 245 City/State/Zip: CORNWALLIA, WI Telephone: 54827 715-742-3436

Address of Property: BARK POINT RD City/State/Zip: HERBSTERY, WI Cell Phone: 715-209-0500

Contractor: BILL GUSTAFSSON Contractor Phone: 715-774-3137 Plumber: HERBSTERY, WI Plumber Phone: 715-209-0500

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-774-3137 Agent Mailing Address (include City/State/Zip): HERBSTERY, WI Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, \_\_\_\_\_ 1/4 Legal Description: (Use Tax Statement) 04-014-2-51-07-34-2 05-001-05580 Recorded Document: (i.e. Property Ownership) 949 Page(s) 382

Section 34, Township S1N N. Range 07 W. Top of: CLOVER Lot Size 2.75 Acreage 2.15

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?  If Yes---continue  If Yes---continue  Distance Structure is from Shoreline: no structure feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If Yes---continue  Distance Structure is from Shoreline: no structure 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
\$1500.00	<input 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>DRIVEWAY</u>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> <u>Year Round</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None <input checked="" type="checkbox"/> <u>None</u>	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> <u>None</u>	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> <u>None</u>

Existing Structure: (if permit being applied for is relevant to it) Length: N/A Width: N/A Height: \_\_\_\_\_

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) X ( )	
<input 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 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/>	with a Deck	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/>	with Attached Garage	( ) X ( )	
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) 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"/>	Special Use: (explain) <u>SHED AND GARAGE - DRIVEWAY</u>	( 16 X 20 )	
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	
<input type="checkbox"/>	Other: (explain)	( ) X ( )	

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 this information with the understanding that 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.

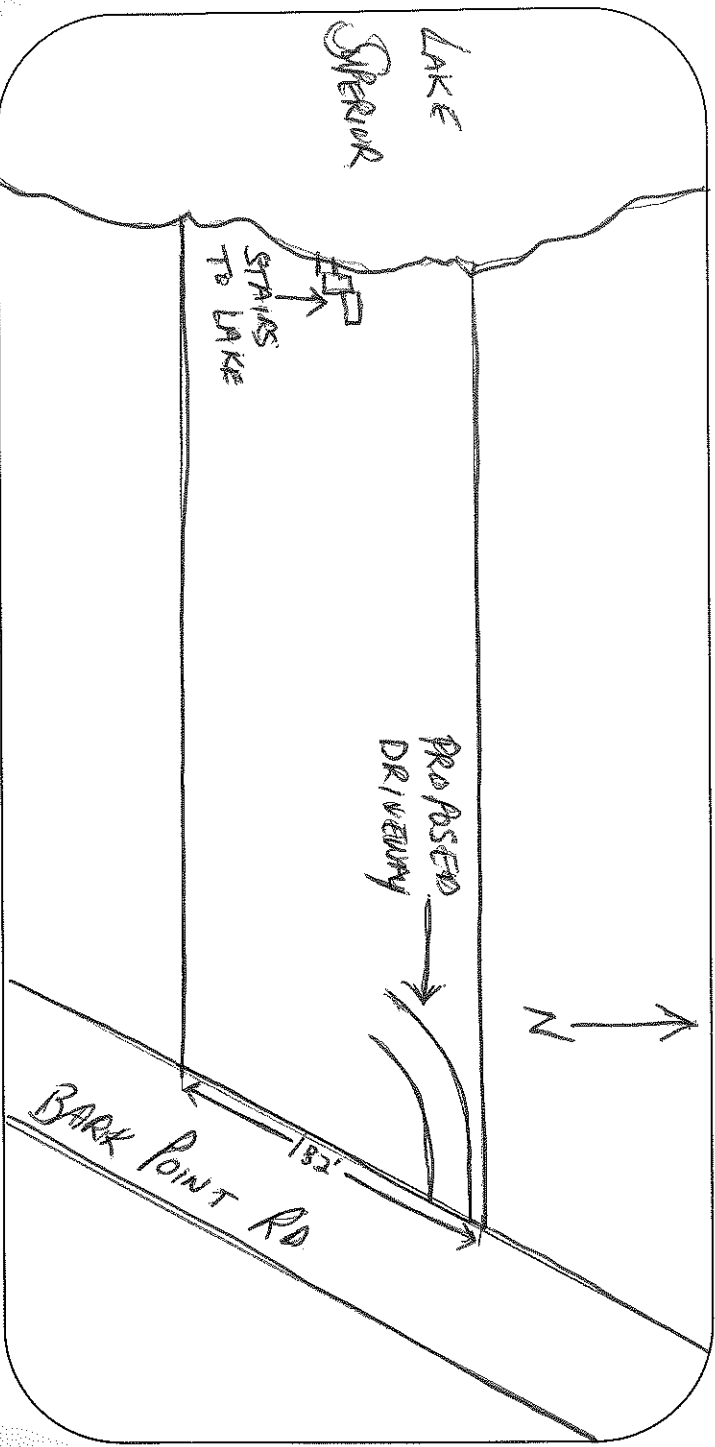
Owner(s): Bruce & Pamela Bennett Date: 9/26/16  
 (If there are Multiple Owners listed on the Deed All Owners must sign off letter and construction must accompany this application)

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: PO Box 245 Cornwallia WI 54827 Attach Copy of Tax Statement  
 APPLICANT: PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look 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)

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

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <i>N/A</i>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <i>17-0018</i>	Permit Date: <i>2-8-17</i>			
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 Lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #: _____	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <i>CSM</i>	Affidavit Required Affidavit Attached
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	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspector Record:		Zoning District: <i>R-1B5</i>	Lakes Classification: <i>1E Superior</i>	Date of Re-Inspection: _____
Date of Inspection: <i>11-18-17</i>	Inspected by: <i>Deborah Murrely</i>	Date of Approval: <i>2-1-17</i>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
<p><i>Before the grading started to size placement requested. The initial amount of base gravel should be exposed for the shortest period of time. Best management practices for shoreline grading should be followed.</i></p>				
Signature of inspector: _____	Date of Approval: <i>2-1-17</i>	Municipality: _____		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>