


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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Permitted
 FEB 15 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-00660
 Date: 4-6-17
 Amount Paid: \$1000 2-15-17
 Return: 

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: Sarah L Hartung Mailing Address: 533 Trillium Lane Hudson WI 54016 Telephone: 715-40-7788
 Address of Property: Tax D: 2838 Kelly Lake Rd City/State/Zip: Barnes, WI 54873 Contractor Phone: Plumber: Plumber Phone: Plumber:
 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: N1401 of S 578' 1/4 Gov't Lot: 1 Lot(s): 1 CSM: P. 1154 P. 63 Lot(s) No.: 1 Block(s) No.: 70000 Subdivision: 70000 Recorded Document: (i.e. Property Ownership) 70000 Page(s) 70000

Section: ale, Township: 4S N. Range D9 W Town of: Barnes Lot Size: 2.8 acres

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intertributary) 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: 50-75' feet
 Distance Structure is from Shoreline: 50-75' 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>300</u>	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<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: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input checked="" type="checkbox"/> Run a Business on Property					
	<input checked="" type="checkbox"/> Stairway					

Existing Structure: (If permit being applied for is relevant to it) Length: 20' Width: 4' Height: 4'
 Proposed Construction: Length: _____ Width: _____ Height: _____

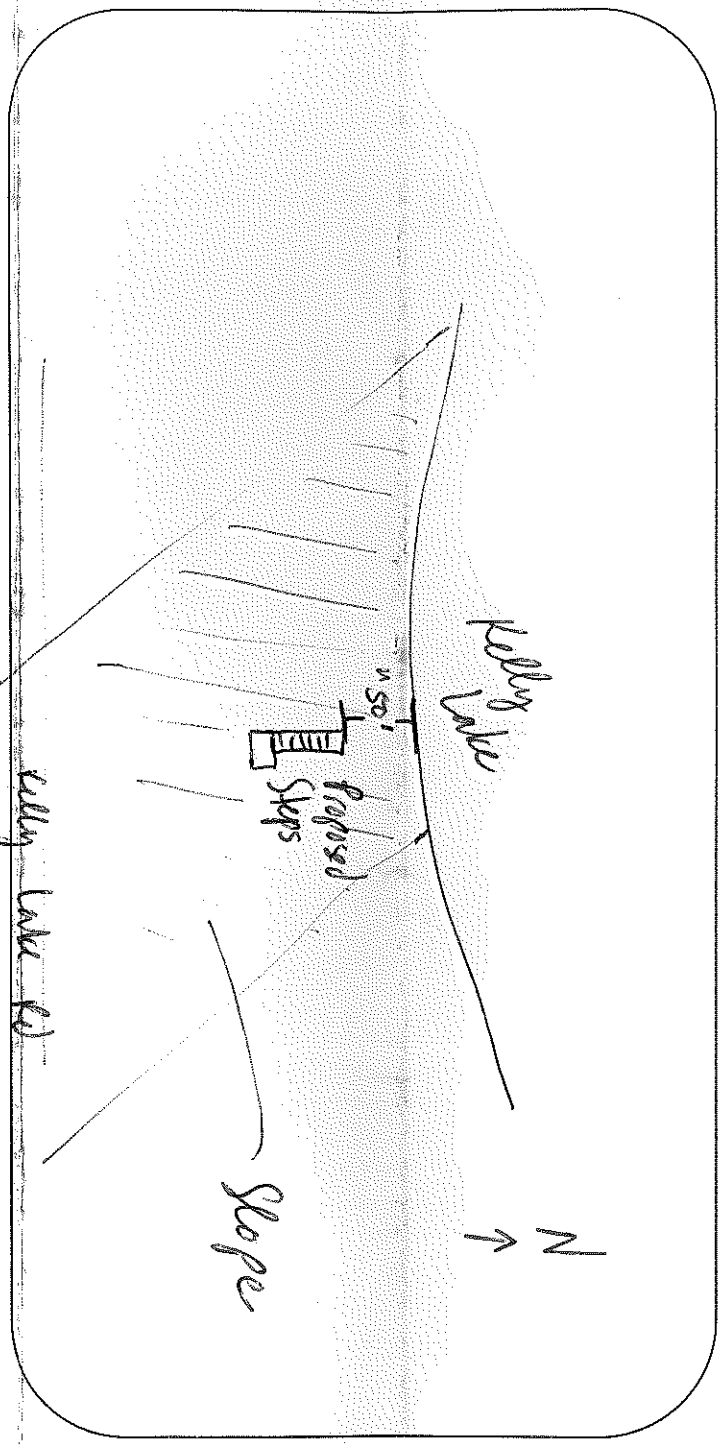
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/>	with Loft	(X X)	
<input type="checkbox"/>	with a Porch	(X X)	
<input type="checkbox"/>	with (2 nd) Porch	(X X)	
<input type="checkbox"/>	with a Deck	(X X)	
<input type="checkbox"/>	with (2 nd) Deck	(X X)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X X)	
<input type="checkbox"/>	Accessory Building (specify)	(X X)	
<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>steps to lake</u>	(<u>20 x 9</u>)	<u>88</u>
<input type="checkbox"/>	Special Use: (explain)	(X X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X X)	
<input checked="" type="checkbox"/>	Other: (explain) <u>stairway to the lake</u>	(<u>20 x 4</u>)	<u>80</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): S L Hartung Date: 2/8/17
 (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 533 Trillium Lane Hudson WI 54016 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)

- 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	Feet	Setback from the Lake (Ordinary high-water mark)	Feet 50
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	Feet <input checked="" 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 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____
 Reason for Denial: _____

Permit #: **17-0000** Permit Date: **4-6-17**

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/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 Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: **OK**

Date of Inspection: **4-3-17** Inspected by: **Shelby**

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)

Other Not to terminate is Flood Plain

Signature of Inspector: **Shelby** Date of Approval: **4-5-17**

Hold For Sanitary: Hold For TDA: Hold For Affidavit: Hold For Fees:

Zoning District: **(R2)**
 Lakes Classification: **(B)**

Date of Re-Inspection: _____

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



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.

Permit #:	17-0061
Date:	4-6-17
Amount Paid:	\$180 3-1-17
Refund:	

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

Owner's Name: Tim & Cindy Boles Mailing Address: 50610 Pease Road City/State/Zip: BARNES WISCONSIN 54873 Telephone: 715-795-3196

Address of Property: 50610 Pease Road City/State/Zip: BARNES, WISCONSIN 54873 Call Phone: 651-283-8907

Contractor: Jim Johnson Construction Contractor Phone: 715-580-0482 Plumber: Jeff Hofffeld Plumber Phone: 715-558-6560

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-580-0482 Agent Mailing Address (include City/State/Zip): BARNES WISCONSIN 54873 Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, NE 1/4 Gov't Lot: 1 Lot(s) CSM: 4922 Vol & Page: 813 PG 41 Lot(s) No.: 1 Block(s) No.: Subdivision: Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 1066 R-125-146

Section 11, Township 47N N. Range 09 W Town of: BARNES WISCONSIN Lot Size: 3.45 AC. Acreage: 3.45 AC.

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>40,000</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SECS</u> <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: 32 Width: 26 Height: 24

Proposed Construction: Length: 26 Width: 16 Height: 24

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 nd) Porch		()	()
<input type="checkbox"/> with a Deck		()	()
<input type="checkbox"/> with (2 nd) 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 checked="" type="checkbox"/> Addition/Alteration (specify) <u>MANAGERIAL USE</u>		(<u>26</u> X <u>16</u>)	(<u>416</u>)
<input type="checkbox"/> Accessory Building (specify) <u>MANAGERIAL USE</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)		()	()

FAILURE TO OBTAIN A PERMIT OF 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): Tim & Cindy Boles / Mythia Boles Date Feb 26 2017

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

Authorized Agent: Mythia Boles Date _____

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

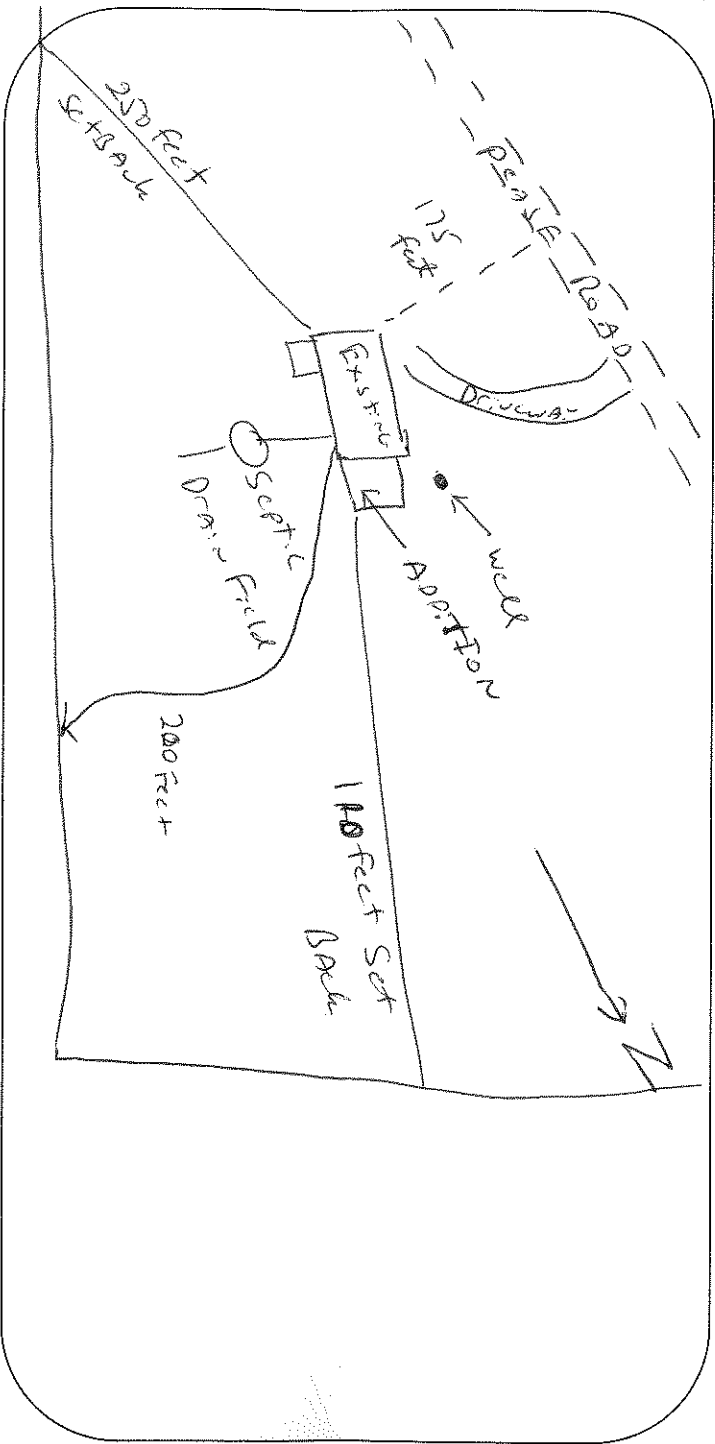
Address to send permit: 50610 Pease Road Barnes WI 54873 Attach Copy of Tax Statement

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) or 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	175 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	110 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	200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	See Attached	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.

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(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: 297961 # of bedrooms: _____ Sanitary Date: 8-20-97

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 17-0061 Permit Date: 4-6-17

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ Yes No (Fused/Contiguous Lot(s)) _____

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: OK Were Property Lines Represented by Owner Yes No Was Property Surveyed Yes No

Date of Inspection: 4-3-17 Inspected by: [Signature]

Conditions: Must get noc IF Required Affidavit Required Yes No Affidavit Attached Yes No

Zoning District: (R) Lakes Classification: _____

Date of Re-Inspection: _____

Signature of Inspector: [Signature] Date of Approval: 4-5-17

Hold For Sanitary: _____ Hold For FDA: _____ Hold For Affidavit: _____ Hold For Fees: _____