

STATEMENT: 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

ENTERED

Date of Issuance
FEB 17 2017

Permit #:	17-0076
Date:	4-26-17
Amount Paid:	\$330 330-17
Refund:	\$175 330-17

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.

Class A

AX ID 35694

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

Owner's Name: John Bergeman
 Address of Property: XXX Burgson Rd. (Burgson Rd.)
 City/State/Zip: Drummond, WI 54832
 Mailing Address: 3344 Peterson Rd McFarland W.I. 53558
 City/State/Zip: McFarland W.I. 53558
 Telephone: N/A.
 Cell Phone: 608 843 2205

Contractor: Mike Furtak
 City/State/Zip: (715) 580-0140
 Plumber's Phone: (715) 580-0140
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: Doug Mathew
 Agent Address (include City/State/Zip): 6173 Iron Lake Rd, WI
 City/State/Zip: WI
 Agent Phone: (715) 580-0140
 Written Authorization Attached: Yes No

PROJECT LOCATION: NE 1/4, NE 1/4
 Legal Description: (Use Tax Statement) P1N1: (23 digits) 04-018-2-45-07-25-101-000-43000 Volume 1078 Pages 356

Section 25, Township 45 N, Range 17 W
 Town of: Drummond
 Lot Size: 8.76
 Acreage: 8.76

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 <small>* include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	Existing Structure: (if permit being applied for is relevant to it)		
							Length:	Width:	Height:
\$ 110,000	<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"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u> <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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well			

Proposed Use	Proposed Structure	Proposed Construction:		Dimensions	Square Footage
		Length:	Width:		
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch covered slab with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____			(36 x 40) (8 x 36)	1440 288
<input type="checkbox"/> Commercial Use				()	()
<input type="checkbox"/> Recreational Use				()	()
<input type="checkbox"/> Special Use: (explain)				()	()
<input type="checkbox"/> Conditional Use: (explain)				()	()
<input type="checkbox"/> Other: (explain)				()	()

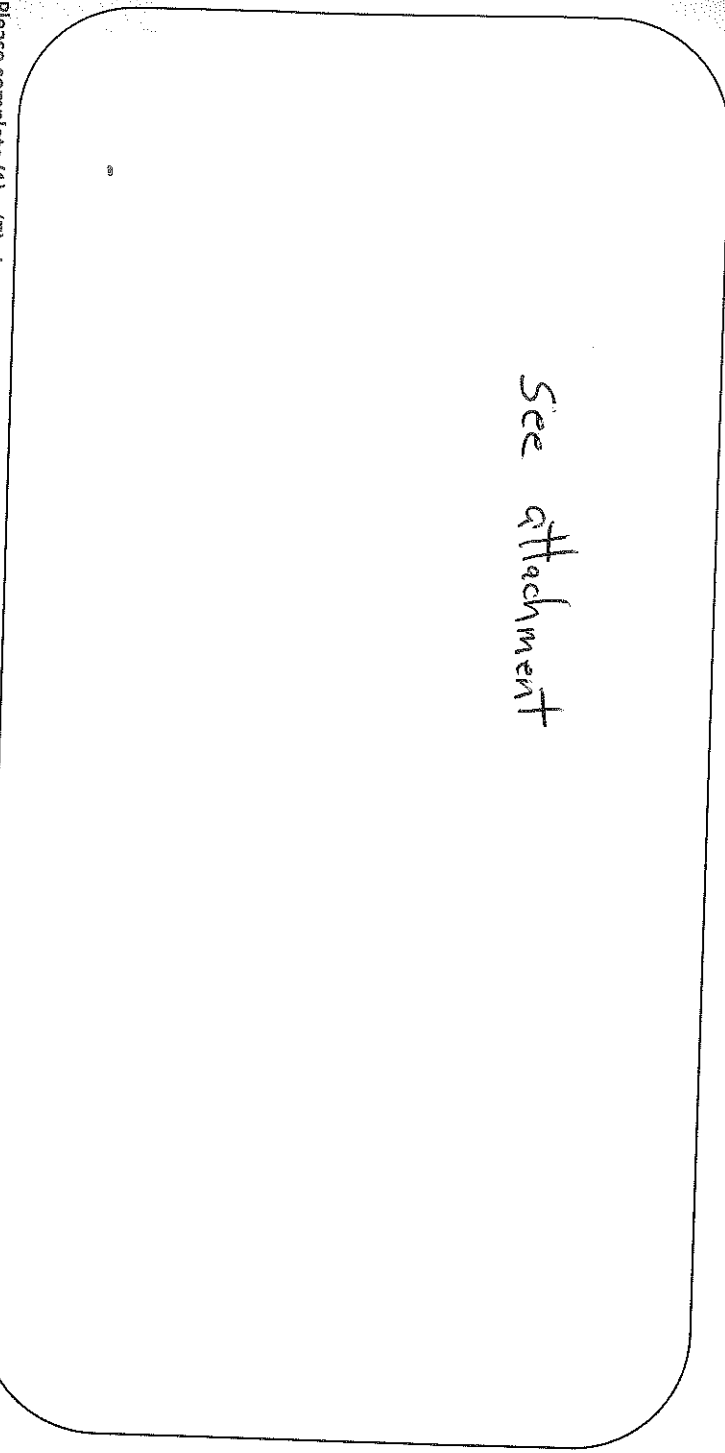
Rec: Multiple Use
 APR 24 2017
 Secretarial Staff

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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Michael Gindel Date 1-12-17
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 6173 Iron Lake Rd, Iron River WI 54847 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) - (7) above (prior to continuing)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	100'± Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Town Rd	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	500± Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	300± Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	85± Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

For 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 other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
For 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 other 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.

Sanitance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: 17-085 # of bedrooms: _____ Sanitary Date: 4-18-17

Permit #: 17-0076 Permit Date: 4-26-17

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No

Is Parcel in Common Ownership Yes (Fused/Contiguous lots) 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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Case #: _____

Affidavit Required Yes No

Affidavit Attached Yes No

Inspected by: [Signature]

Date of Re-Inspection: _____

Zoning District: (F-1)

Lakes Classification: NA

Inspection Record: oil test - 143-16

Date of Inspection: 3-1-17

Date of Approval: 4-25-17

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

Must get woc

Signature of Inspector: [Signature]

Hold For Sanitary: _____

Hold For Affidavit: _____

Hold For Fees: _____

MAP OF SURVEY

A PARCEL OF LAND LOCATED IN THE NE 1/4 OF THE NE 1/4 OF SECTION 25, T. 45 N., R. 7 W., IN THE TOWN OF DRUMMOND, BAYFIELD COUNTY, WISCONSIN

150' to \ominus of town road (N Line)
 100' to ROW of Town Road
 85' to \ominus of easement road (E line)
 500' to S. P.L.
 300' to W. P.L.

SURVEYOR'S CERTIFICATE

I, TIMOTHY E. OKSUTA, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HERBY CERTIFY:
 THAT ON THE ORDER OF CRAIG MANTHE, I HAVE SURVEYED, DIVIDED AND MAPPED A PARCEL OF LAND LOCATED IN THE NE 1/4 OF THE NE 1/4 OF SECTION 25, T. 45 N., R. 7 W., IN THE TOWN OF DRUMMOND, BAYFIELD COUNTY, WISCONSIN;
 THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND
 THAT SAID SURVEYING INSTRUMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



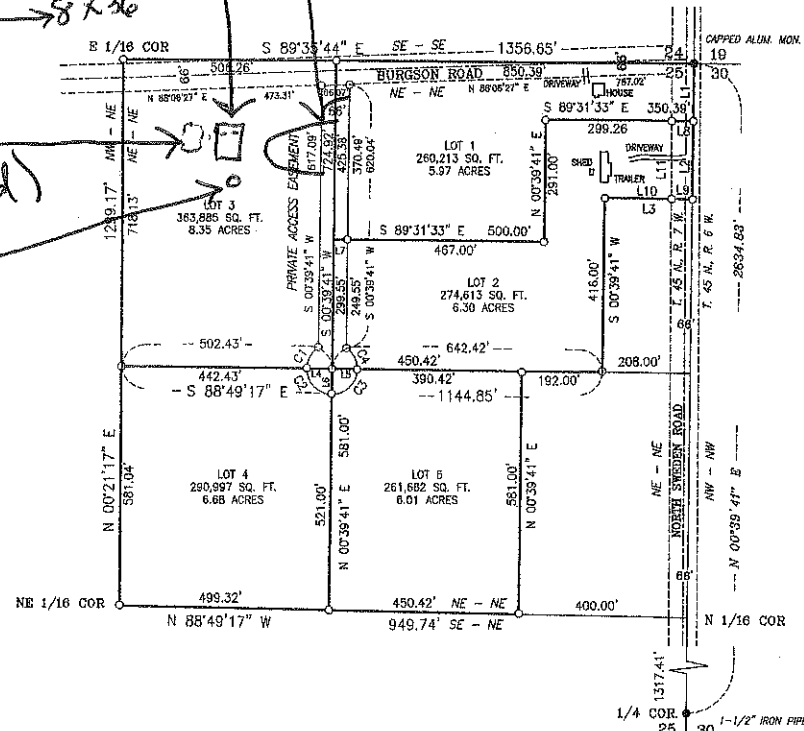
Handwritten notes:
 new cabin
 36' x 40'
 8' x 36'
 covered entryway
 Proposed Septic (Tank + Drain Field)
 Proposed well

LINE TABLE

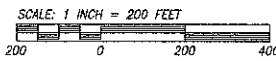
LINE	BEARING	DISTANCE
L1	N 00°39'41" E	135.42
L2	S 00°39'41" W	185.00
L3	N 88°49'17" W	208.00
L4	N 88°49'17" W	60.00
L5	N 88°49'17" W	60.00
L6	S 00°39'41" W	60.00
L7	N 89°31'33" W	33.00
L8	N 89°31'33" W	51.13
L9	N 88°49'17" W	49.25
L10	N 88°49'17" W	158.75
L11	S 00°04'39" W	184.40

CURVE TABLE

CURVE	ARC	DELTA	RADIUS	CHORD BEARING	CHD. DIST.
C1	58.76	58°06'57"	60.00	S 28°14'11" W	55.44
C2	94.79	90°31'02"	60.00	S 44°04'48" E	85.24
C3	93.71	89°28'58"	60.00	N 45°55'12" E	84.47
C4	59.85	57°09'00"	60.00	N 27°23'48" W	57.40
TOTAL	307.11	293°15'59"	60.00	S 89°20'19" E	66.00



BEARINGS ARE BASED ON THE NORTH LINE OF THE NE 1/4 OF THE NE 1/4 OF SECTION 25 ASSUMED AS S 89°35'44" E



- LEGEND**
- MONUMENT AS NOTED, FOUND IN PLACE
 - 1-1/4" x 18" IRON PIPE, SET THIS SURVEY

JOB NO.: N06/123
 SCALE: 1 INCH = 200 FEET
 MARCH 1, 2007
 DRAFTED BY: PAN

FILE: N:\DATA\148NR7W\SEC25\
 PSDATA\N06_182
 ACAD\N06_123
 NB. 331 PG. 134

CLIENT: MANTHE, CRAIG

NELSON SURVEYING INCORPORATED

101 W. MAIN STREET
 SUITE 207
 ASHLAND, WISCONSIN 54806
 (715) 682-2692
 FAX: (715) 682-5100