

**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**  
 APR 20 2017  
 Bayfield Co. Zoning Dept.

Permit #:	17-0093
Date:	5-2-17
Amount Paid:	\$150 4-20-17
Refund:	\$100 5-2-17

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.

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

Owner's Name: Timothy & Whitney White Mailing Address: 54 Eagleos Kristyudson, WIS City/State/zip: 54016 Telephone: 6121

Address of Property: 44930 CTY. HWY D City/State/zip: CABELLO WIS. 54821 Call Phone: 894-3040

Contractor: Riscobling Builders Contractor Phone: 715 798 3658 Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: SAMMO Agent Mailing Address (include City/State/Zip): 42428 Woodcrest Dr Cabello WIS 54821 Written Authorization Attached  Yes  No

Project Location: 1/4, \_\_\_\_\_ 1/4 Gov't Lot: 3 Lot(s): 2 CSM: 330 Vol & Page: 1122 854 347 Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 11, Township 42 N, Range 6 W Town of: NAMUKAGON Lot Size: \_\_\_\_\_ Acreage: 1.121

Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 24592 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1122 R. 854

**Shoreland** →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) 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: \_\_\_\_\_ feet Is Property in Floodplain Zone?  No  Yes

Distance Structure is from Shoreline: 95 feet Is Property in Floodplain Zone?  No  Yes

Non-Shoreland

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
\$50,000	<input checked="" 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u> <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 75' Width: 45' Height: 15'

Proposed Construction: Length: 18 Width: 16 Height: 15

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<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 <sup>nd</sup> ) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date) _____ <input checked="" type="checkbox"/> Addition/Alteration (specify) <u>2 Bed Rooms</u> <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( ) ( ) ( )	( ) ( ) ( )
MAY 01 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: April 20 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: Richard Scobly Date: April 20 2017

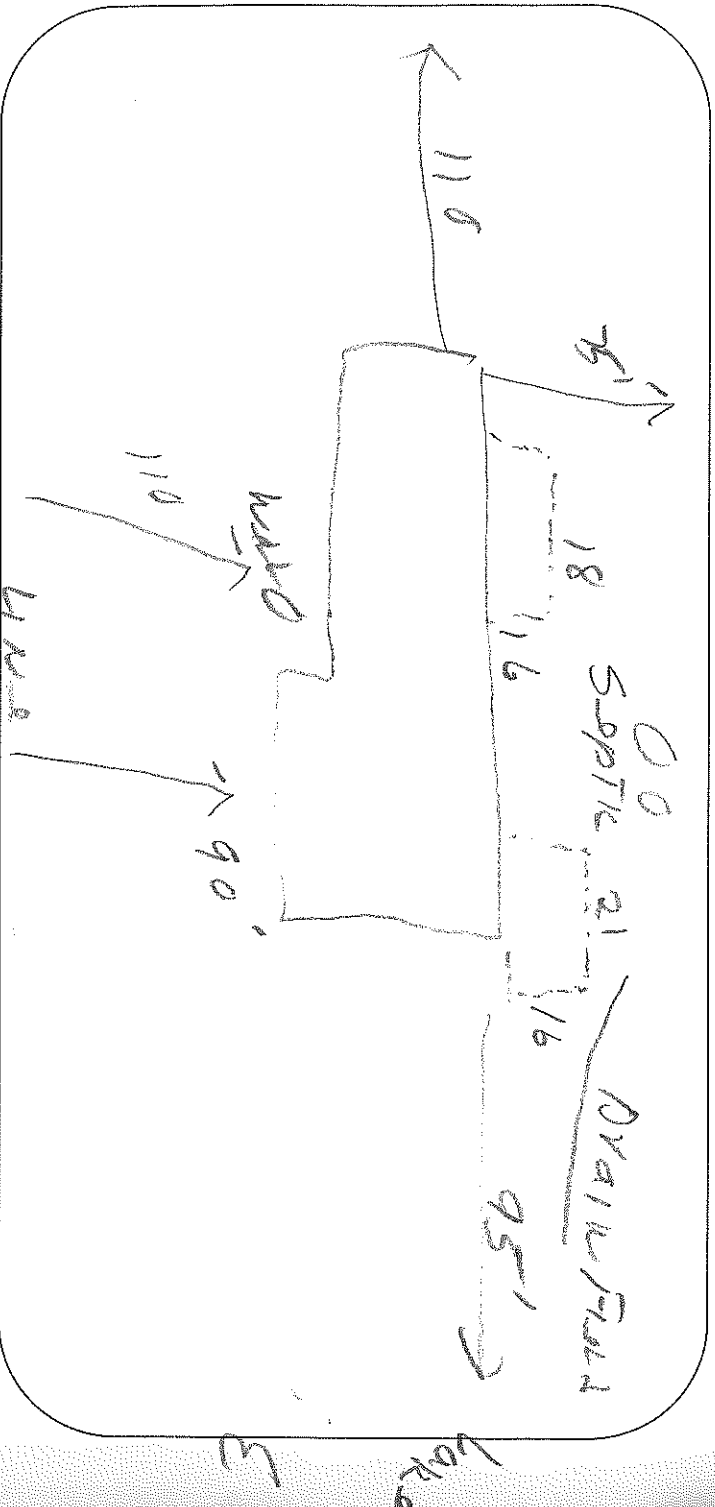
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 42428 Woodcrest Dr. Cabello WI 54821 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 54821 If you recently purchased the property send your Recorded Deed

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)	95' Feet
Setback from the Established Right-of-Way	120/110 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	62' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	95' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	110 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	95 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	120' Feet
Setback to Drain Field	60 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)** Sanitary Number: 14-063 # of bedrooms: 3 Sanitary Date: 4/9/2014

Permit Denied (Date): Reason for Denial: Permit Date: 5-8-17

Permit #: 17-0593

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<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 <input checked="" type="checkbox"/> No	(Fused/Contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" 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						

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

Was Proposed Building Site Delineated  Yes  No

Inspection Record: *Private Well Staked. Location as identified by permit. OK to issue permit.*

Date of Inspection: 4/28/2017 Inspected by: Robert Schirmer

Conditions: *Town Committee or Board Conditions Attached? Yes No - (If No they need to be attached. Must contact local Uniform Dwelling Code/Code Inspector responsible for the Town of New Johnson to satisfy all requirements if necessary)*

Signature of Inspector: *[Signature]* Date of Approval: 4/28/2017

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:  *Inspector's Signature*

*Surface work*

City, Village, State or Federal  
May Also Be Required

LAND USE - X  
SANITARY - 14-06S  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0093** Issued To: **Timothy White & Shelly Schuster White**

Location: - 1/4 of - 1/4 Section **11** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot                      Lot **2**                      Block                      Subdivision                      CSM# **330**

For: **Residential Addition / Alteration: [ 1- Story; Bedrooms (16' x 18') (16' x 20') = 644 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must contact local uniform dwelling code (UDC) inspector responsible for the Town of Namakagon to satisfy UDC requirements if necessary.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Rob Schierman**  
\_\_\_\_\_  
Authorized Issuing Official

**May 2, 2017**  
\_\_\_\_\_  
Date