

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
 Date Rec'd (Month/Day/Year)
 MAR 06 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0111
Date:	5-8-17
Amount Paid:	\$300 3-6-17
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: Bryce L. Kale
 Mailing Address: W5554 19th St E Needah WI 54646
 City/State/Zip: WI 54646
 Telephone: _____

Address of Property: 87580 Bark Point Rd
 City/State/Zip: Herbster WI 54844
 Cell Phone: 8472277460
 Contractor: Hipscher
 Contractor Phone: 715-372-5666
 Plumber: Brown's Plumbing & Heating
 Plumber Phone: 715-682-0444
 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: NW 1/4, SE 1/4
 Legal Description: (Use Tax Statement) 04-014-2-50-07-04-402.000.1000
 Volume 1046 Page(s) 639
 Gov't Lot 2 Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 4, Township 014 N, Range 7 W
 Town of: Clover
 Lot Size _____ Acres _____
 Acreage 39.706

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes--continue No
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage
 If yes--continue No
 Distance Structure is from Shoreline: _____ feet
 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
\$ 12,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Age: _____	<input type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Age: <u>As Built</u> or <u>Installed</u> (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<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	(24 x 24)	576
	with a Porch	(12 x 24)	288
	with 12 th Deck	()	()
	with a Deck	(10 x 24)	240
	with 12 th Deck	()	()
<input type="checkbox"/> Commercial Use	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) _____	()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	()	()
	Conditional Use: (explain) _____	()	()
	Other: (explain) _____	()	()

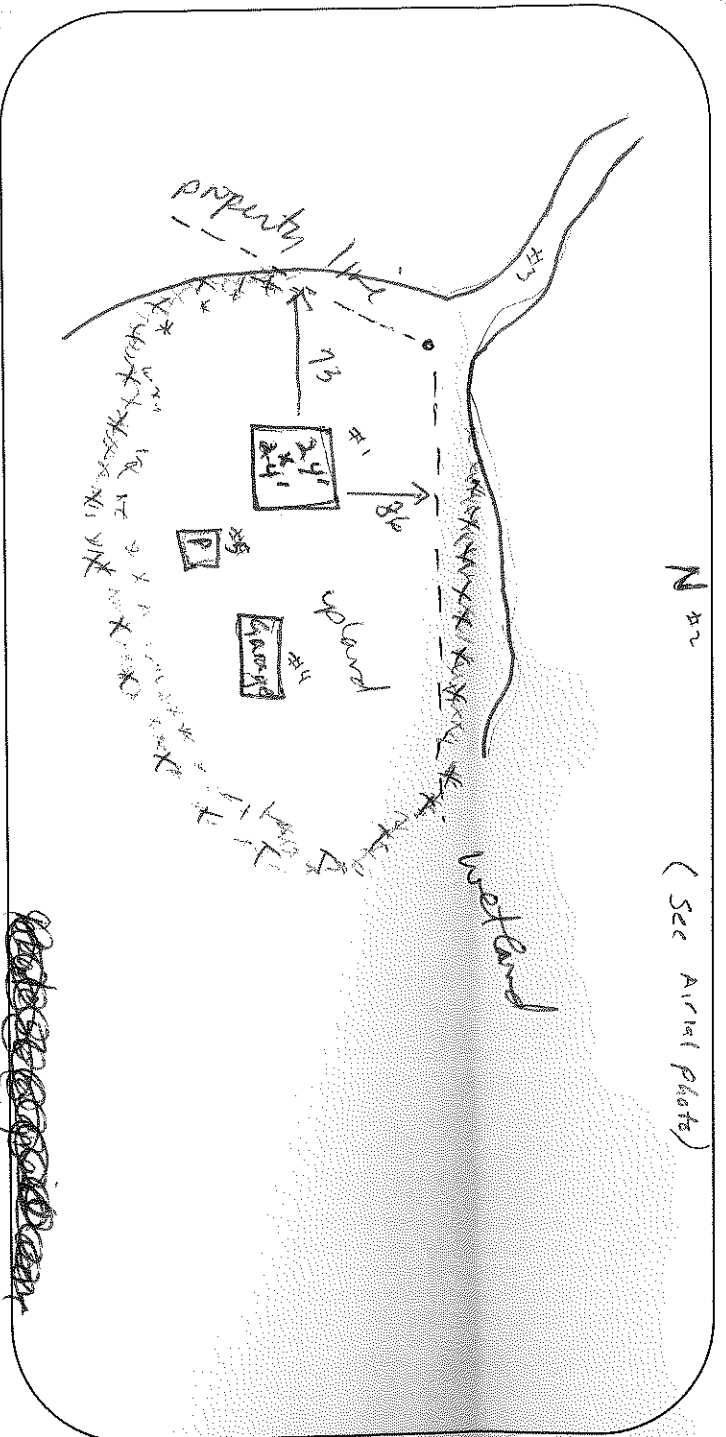
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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.

Owners: Bryce L. Kale Shawn & Kale
 (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 2-28-17

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: W5554 19th St E Needah WI 54646 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:** **Proposed Construction**
- (1) Show / Indicate: North (N) on Plot Plan
 - (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show: 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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%



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	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	86 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	+1000 Feet	Setback from Wetland	35 Feet
Setback from the West Lot Line	73 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	+1000 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)	10 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 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 or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:		privy	
Permit #: 17-0111		Permit Date:		5-8-17	
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Fused/Contiguous Lot(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.):	Case #: _____	Previously Granted by Variance (B.O.A.):	Case #: _____	Affidavit Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created:	<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	Affidavit Attached:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	Inspected by: J. C. [Signature]		Zoning District:	Date of Re-Inspection:	
measured 75 ft from DRF marks to bldg site.		Wetland boundary marked by DRF		Lakes Classification: (N/A)	
Date of inspection: 3-28-17		Inspected by: J. C. [Signature]		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)					
Dwelling shall not have plumbing fixtures connected to pressurized water source unless approved points is installed & connected.					
Signature of Inspector:		Date of Approval:		5-5-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Vaulted Privy
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0111** Issued To: **Bryce & Darlene Kale**

Location: **NW** ¼ of **SE** ¼ Section **4** Township **50** N. Range **7** W. Town of **Clover**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1.5 - Story; Residence (24' x 24') = 576 sq. ft.; Loft (12' x 24') = 288 sq. ft.; Deck (10' x 24') = 240 sq. ft.] Total Overall = 816 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Dwelling shall not have plumbing fixtures connected to pressurized water source unless approved POWTS is installed and connected.

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.

Jennifer Murphy

Authorized Issuing Official

May 8, 2017

Date