

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

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 APR 13 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0138
 Date: 5-16-17
 Amount Paid: \$350 4-17-17
 Refund:

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

Owner's Name: Ted & Margaret Reichel
 Address of Property: 358 Seethe Rd Hudson, WI 54016
 City/State/Zip: Cable, WI 54821

Contractor: WADE SPEARS
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: 715-492-0372
 Agent Phone: 715-492-0372
 Plumber: Adam Rasmussen
 Agent Mailing Address (include City/State/Zip):
 Plumber Phone: 715-798-3355
 Written Authorization Attached: Yes No

PROJECT LOCATION: NE 1/4, NE 1/4
 Gov't Lot: 1
 Lot(s): 2
 CSM: 1859
 Vol & Page: W11D16
 Lot(s) No.:
 Block(s) No.:
 Subdivision:
 Section: 9, Township: 43 N, Range: 6 W
 Town of: NANKAYSON

Legal Description: (Use Tax Statement)
 Tax ID# (4-5 digits): 36855
 Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 2013 R-551781

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Shoreline: 75 feet
 Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material: \$ 200,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" 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"/> (New) Sanitary
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Vaction use	<input checked="" type="checkbox"/> Loft	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> year round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

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)	(32 x 30)	960
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	(15 x 30)	480
	with a Porch	(18 x 18)	324
	with (2 nd) Deck	(X X)	
	with (2 nd) Deck with Attached Garage	(X X)	
<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	(X X)	
	Mobile Home (manufactured date)	(X X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	(X X)	
	Accessory Building (specify) _____	(X X)	
	Accessory Building Addition/Alteration (specify) _____	(X X)	
	Rec'd for issuance	(X X)	
	Special Use: (explain) _____	(X X)	
	Conditional Use: (explain) _____	(X X)	
	Other: (explain) Future garage detached	(30 x 32)	

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

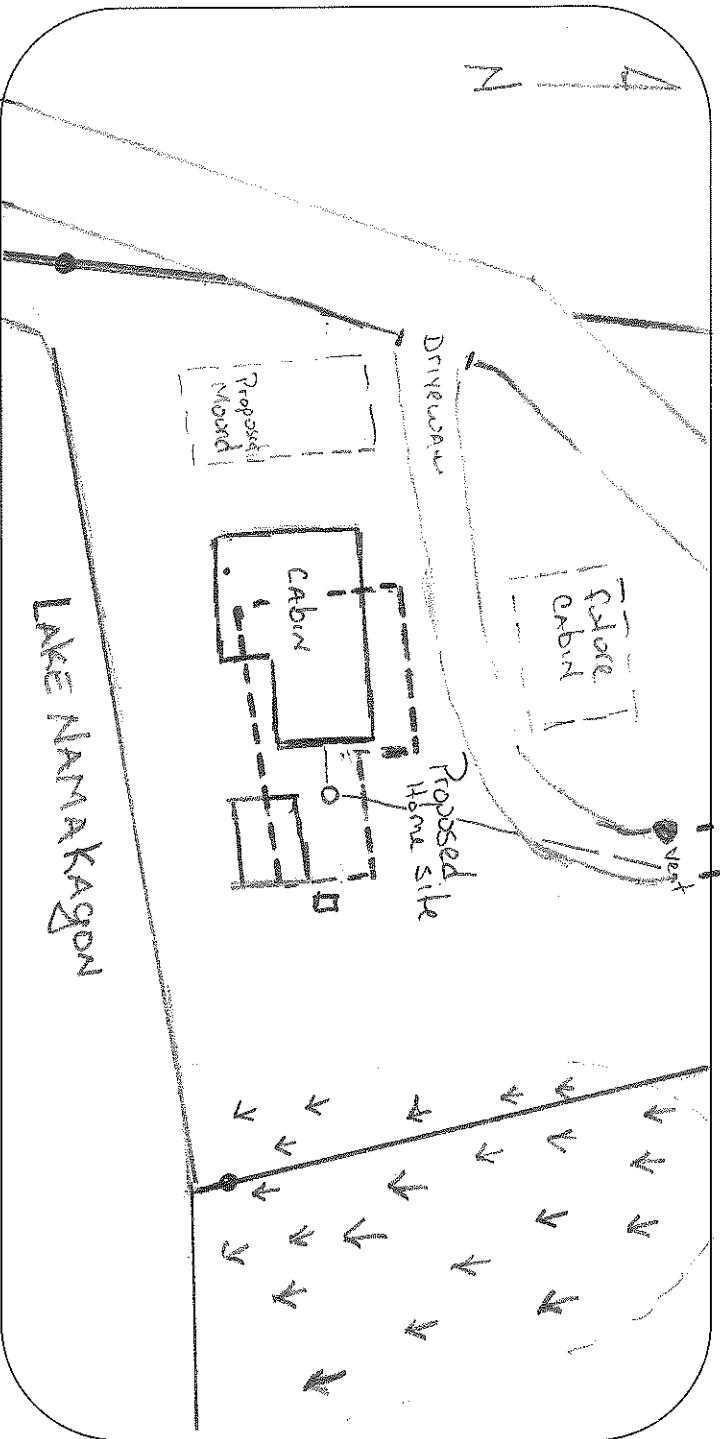
Authorized Agent: _____ Date: 4-10-2017
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 358 Southern Prairie Rd, Hudson, WI 54016
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

DOE FOR SERVICE AS OF DECEMBER 2016
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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)

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			
Setback from the Established Right-of-Way	88 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the North Lot Line	55 Feet	Setback from the River, Stream, Creek	674 Feet
Setback from the South Lot Line	379 Feet	Setback from the Bank or Bluff	674 Feet
Setback from the West Lot Line	71.5 Feet	Setback from Wetland	25 Feet
Setback from the East Lot Line	43 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback to Septic Tank or Holding Tank	75 Feet	Elevation of Floodplain	
Setback to Drain Field/Mound	710 Feet	Setback to Well	1815 Feet
Setback to Privy (Portable, Composting)	N/A Feet		

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 marked by a licensed surveyor at the owner's expense.

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.

(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:	17-165		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0138	Permit Date: 5-16-17						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (lead of record)	<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 (Fused/Contiguous Lot(s))	<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	Previously Granted by Variance (B.O.A.)		Case #:		
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Were Property Lines Represented by Owner		Was Property Surveyed		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		Was Property Surveyed			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	OK						
Date of Inspection:	4-25-17	Inspected by:	Starkly				
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)						
	M4st set vdc.						
Signature of Inspector:	[Signature]						Date of Approval: 4-27-17
Hold For Sanitary:	<input checked="" 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 - 17-16S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0138** Issued To: **Theodore & Margaret Peichel**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **9** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **2** Block Subdivision CSM# **1859**

For: **Residential Use: [1.5- Story; Residence (32' x 30') = 960 sq. ft.; Loft (15' x 32') = 480 sq. ft.;
Porch (18' x 18') = 324 sq. ft.] Total Overall = 1,284 sq. ft.**

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

Condition(s): Must get UDC.

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.

Josh Rowley

Authorized Issuing Official

May 16, 2017

Date

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 Stamp Received
 MAY 09 2017
 Bayfield Co Zoning Dept

Permit #:	17-0153
Date:	5-19-17
Amount Paid:	\$76 5-9-17
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: Bill Schultz Mailing Address: 40645 Lakeview Plain Lake WI 54517 Telephone: _____
 City/State/Zip: _____
 Address of Property: 40645 Lakeview Road Contractor Phone: 715-598-9108 Plumber: _____
 Contractor: Hill Const Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 24232 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2013 R-557463
 Gov't Lot 6 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: _____
 _____ 1/4 _____ 1/4 _____
 Section 34, Township H3 N. Range 5 W Town of: Nankogon Lot Size 89 400 S&T 71.5 Acreage _____
 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: 40 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
\$ 25,000 25,000	<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 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 type="checkbox"/> 3	<input checked="" 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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

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 type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with a Deck	(X)	
	with (2 nd) Deck with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Deck</u>	(16 X 21)	336
	Accessory Building (specify) <u>STEEL IN</u>	(7 X 21)	147
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	
	Rec'd for Issuance		
	MAY 18 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 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 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.

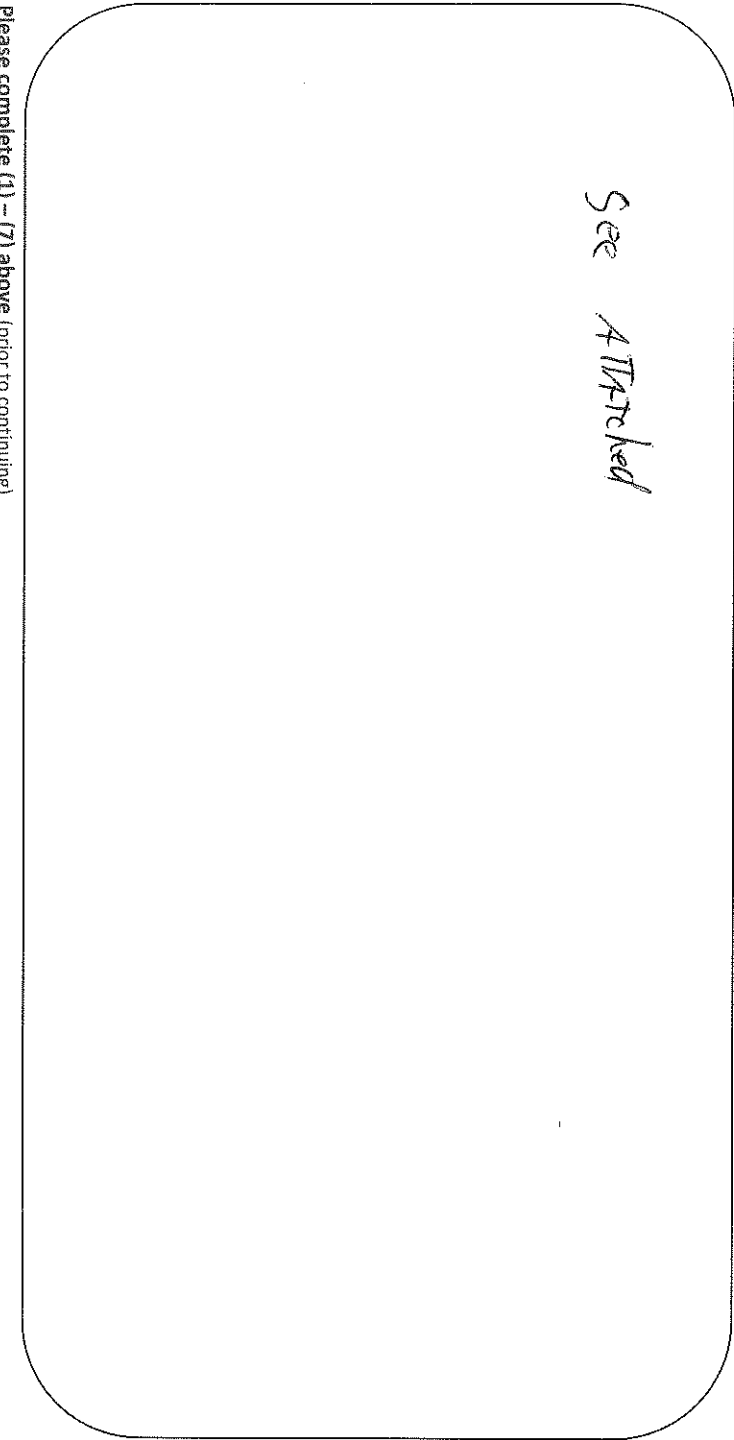
Owner(s): [Signatures] Date: 29 May 17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: _____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____ (if you recently purchased the property send your Recorded Deed)
 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%**

See Attached



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.

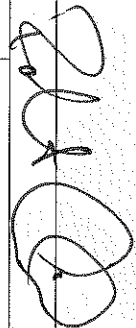
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	275 Feet	Setback from the Lake (Ordinary high-water mark)	40 Feet
Setback from the Established Right-of-Way	250 Feet	Setback from the River, Stream, Creek	- Feet
Setback from the North Lot Line	55 Feet	Setback from the Bank or Bluff	- Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	- Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	- Feet
Setback to Septic Tank or Holding Tank	27 Feet	Setback to Well	82 Feet
Setback to Drain Field	50 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 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: 2615	# of bedrooms: 2	Sanitary Date: 8-31-1933
Permit Denied (Date): _____	Reason for Denial: _____		
Permit #: 17-053	Permit Date: 5-19-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes Shoreland Subpart	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA
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 Existing Deck	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
Inspection Record: Is Rebuild in Progress Is Structure in Existence	Project location identified as existing Deck's porch to be rebuilt in existing footprint as allowed by WI 2015 Act 55. LEU Permit		
Date of Inspection: 5/18/2017	Inspected by: Robert Schirwan	Zoning District Lakes Classification ()	(R1) ()
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.) Employ Erosion Control to prevent soil movement to water Body.			
Signature of Inspector: 	Date of Approval: 5/17/2017		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

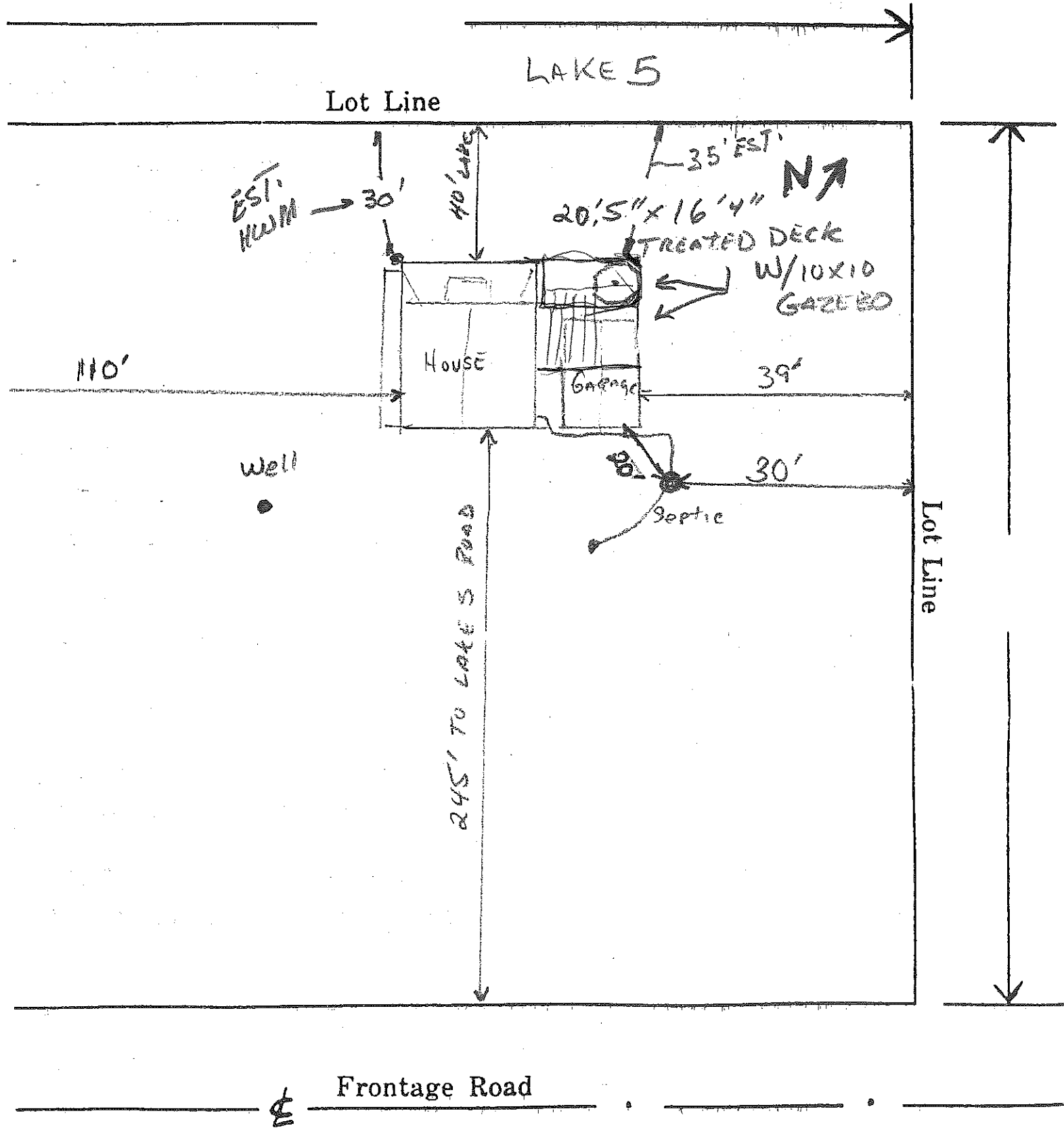
Building
Well

Lake, river, or stream 93'

Aprox 45'

40'

65'



Following locations are staked:

...wn, City, Village, State or Federal
permits May Also Be Required

LAND USE – X
SANITARY – 2615 (8/31/1973)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0153** Issued To: **William Schulz & Diane Lillis**

Location: - ¼ of - ¼ Section **34** Township **43** N. Range **5** W. Town of **Namakagon**

Par in
Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Deck (16' x 21') = 336 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Employ erosion control to prevent soil movement to water body.

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 19, 2017

Date

Accessory Building Addition/Alteration Inspection