

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
 MAY 03 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0168
Date:	5-24-17
Amount Paid:	1685.55-17
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: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Mailing Address: 87550 Stage Rd, Cornucopia, WI, 54897	City/State/Zip: Cornucopia, WI, 54897	Telephone: 715-748-3951
Owner's Name: Henry W Weege		Contractor: Old Hickory buildings	Plumber: _____	Plumber Phone: _____
Address of Property: 87550 Stage Rd		Contractor Phone: 715-896-3376	Agent Mailing Address (include City/State/Zip): _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) None		Agent Phone: _____	Written Authorization Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: NE 1/4, NE 1/4	Legal Description: (Use Tax Statement) Gov't Lot 13, Lot(s) 13, CSM _____, Vol & Page _____, Block(s) No. _____, Subdivision: Sisk. w/ River Valley Farm Land	Tax ID# (4-5 digits): 8100	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Section 2, Township 50 N, Range 6 W	Town of: Beil	Lot Size: 1330' x 330'	Acreage: 10	

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
 Distance Structure is from Floodplain Zone? Yes No

Non-Shoreland: Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes---continue No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No

Value at Time of Completion * include degraded time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$15,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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 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 Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Pre-building	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	Prep on paper

Existing Structure: (if permit being applied for is relevant to it) Length: 321 Width: 167 Height: 87
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use MAY 24 2017	Principal Structure (first structure on property) Cabin	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.) with loft	() X ()	()
	with a Porch with (2 nd) Deck	() X ()	()
	with a Deck with (2 nd) Deck	() X ()	()
	with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use Secretarial Staff	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

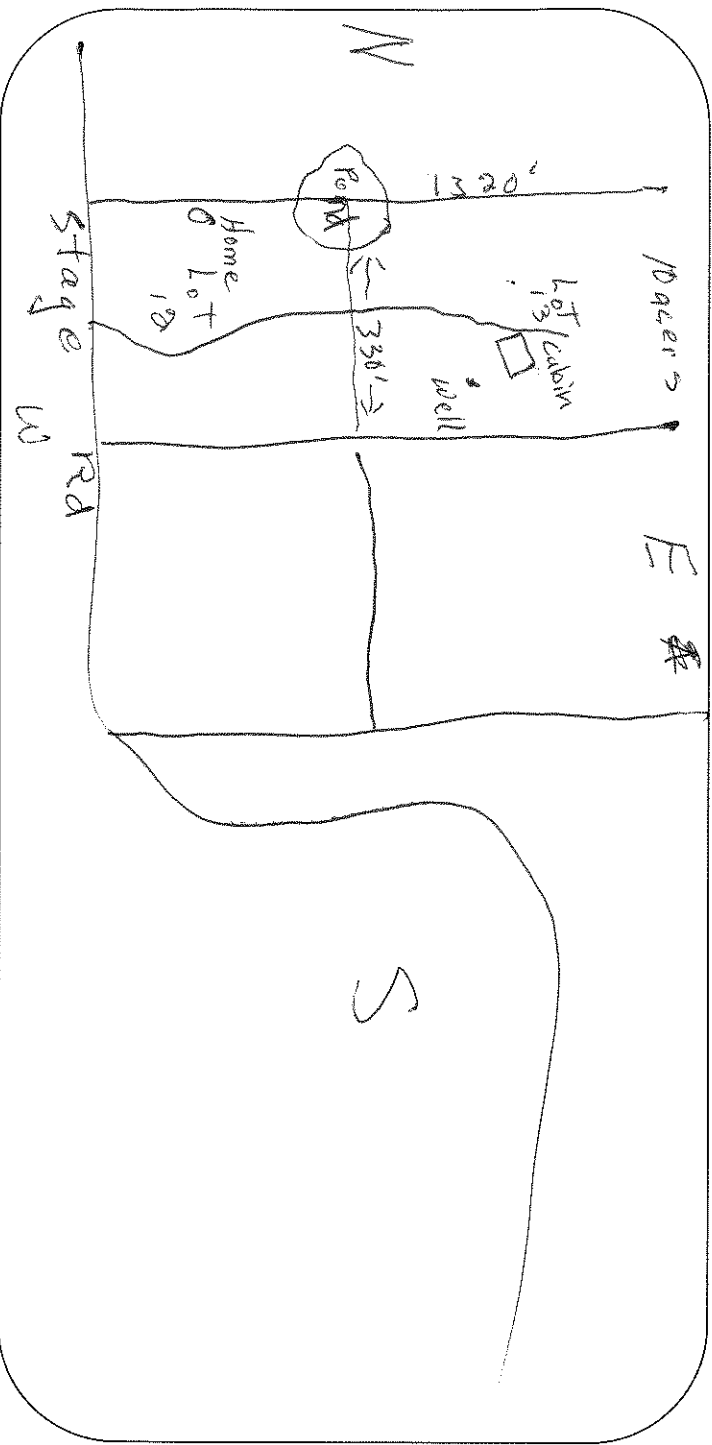
I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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): Henry W Weege
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 5/9/17

Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 87550 Stage Rd, Cornucopia, WI, 54897 Attach
 Copy of Tax Statement

- below: 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%



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	5'00	Setback from the Lake (ordinary high-water mark)	5'00
Setback from the Established Right-of-Way	100	Setback from the River, Stream, Creek	100
Setback from the North Lot Line	300	Setback from the Bank or Bluff	100
Setback from the South Lot Line	100	Setback from Wetland	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the West Lot Line	500	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	508	Elevation of Floodplain	1,000
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	100
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.

erion 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 established by a licensed surveyor at the owner's expense.

Private 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. **RES ALLOW**

The local Town, Village, City, State or Federal agencies may also require permits. **RES 83-5861**

gravel pit 03-0039

Issuance Information (County Use Only) Sanitary Number: _____ # of bedrooms: _____

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

Permit #: **17-0168** Permit Date: **5-24-17**

Is Parcel a Sub-Standard Lot? Yes No (Deed of Record) Yes 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 #: _____

Was Parcel Legally Created? Yes No

Was Proposed Building Site Delineated? Yes No

Inspected by: **JC Murphy**

Were Property Lines Represented by Owner? Yes No

Was Property Surveyed? Yes No

Mitigation Required? Yes No

Mitigation Attached? Yes No

Affidavit Required? Yes No

Affidavit Attached? Yes No

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

Date of Inspection: **5-8-17** Inspected by: **JC Murphy**

Conditions: Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached)

Uniform dwelling code permit + inspections are required.

Inspection Record: **second residence on a 1/2 parcel that could be divided by both residences meeting setbacks. that are irregularly shaped.**

Date of Re-Inspection: _____

Signature of Inspector: _____ Date of Approval: _____

Hold For Sanitary: _____ Hold For TBA: _____

Hold For Affidavit: _____ Hold For Fees: _____

@October 2016 with the owner's permission + for listers recommendation, the noncontiguous & separate portion of this property is going on a separate tax lot. All fees compliant.

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

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

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

No. **17-0168** Issued To: **Henry Weege**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **2** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **9** Block Subdivision **Siskiwit River Valley** CSM#

For: **Residential Use: [1.5- Story; Cabin (16' x 32') = 512 sq. ft. + 200 gallon vault privy]**

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

Condition(s): Uniform dwelling code permit and inspections are required. Privy shall be constructed prior to occupancy of structure. Setback to easement right of way between lots 12 & 13 shall be met. No plumbing allowed in structure. Vault shall be water tight and shall be a minimum of 200 gallons.

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 24, 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
ENTERED
 RECEIVED
 MAY 08 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0185
Date:	5-31-17
Amount Paid:	\$105 + \$175 5-8-17
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: KYLE R SCHLAMP DR Mailing Address: 1514 LAKE SHOE DR REZE LAKE WI 54868 City/State/Zip: _____
 Address of Property: _____ City/State/Zip: _____

Contractor: _____ Contractor Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____ Agent Phone: _____
 Plumber: EDJ'S MECHANICAL
 Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04-01D-2-51-06-35-4 03-08-000-10000
 1/4, _____ 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 35, Township T51 N, Range D6 W Town of: BELL Lot Size _____ Acreage 20.00

Recorded Document: (i.e. Property Ownership) _____ Volume _____ Page(s) _____

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: \$ 30,000.00

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 checked="" 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 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 Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: CABIN Length: 30' Width: 24' Height: 20'

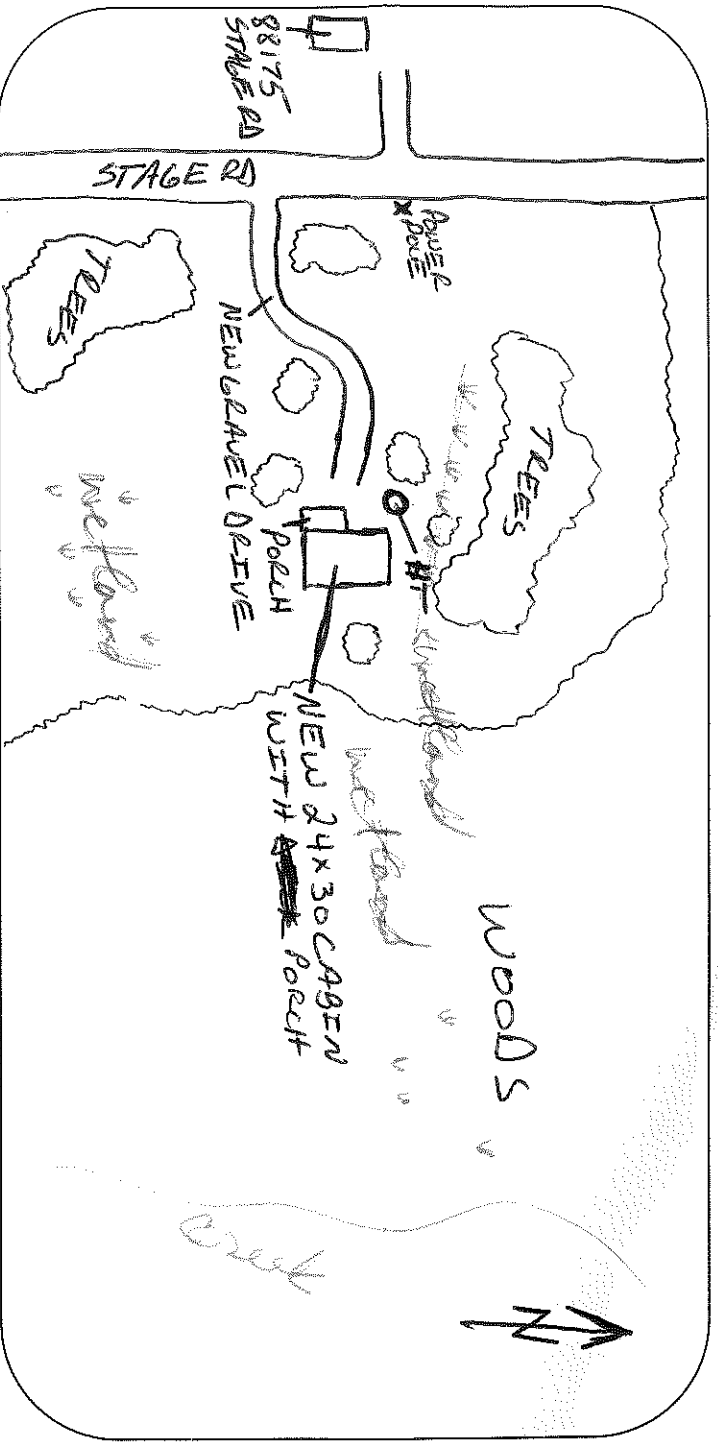
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	()	()
<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(24 x 30)	720
<input checked="" type="checkbox"/>	with Loft	(15 x 12)	180
<input checked="" type="checkbox"/>	with a Porch	(8 x 14)	112
<input checked="" type="checkbox"/>	with (2 nd) Porch	()	()
<input checked="" type="checkbox"/>	with a Deck	()	()
<input checked="" 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 type="checkbox"/>	Addition/Alteration (specify) _____	()	()
<input type="checkbox"/>	Accessory Building (specify) _____	()	()
<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 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): [Signature] 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: _____ Date _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit _____ Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

in the box below: 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%



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	220 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	190 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	340 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	320 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	190 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	120 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 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 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: 16-1105	# of bedrooms: _____	Sanitary Date: _____			
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 5-31-17					
Permit #: 17-0185							
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____				
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: site staked							
Date of Inspection: 5-24-17	Inspected by: CAMERON						
Conditional(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)		Zoning District: AC-1 Lakes Classification: 3 acre		Date of Re-Inspection: _____			
Signature of Inspector: _____ Hold For Sanitary: <input checked="" type="checkbox"/>		Signature of Applicant: _____ Hold For TBA: <input checked="" type="checkbox"/>		Date of Approval: 5-31-17			
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 - 16-110S
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0185** Issued To: **Kyle Schlampp**

N ½ of
Location: **SW** ¼ of **SE** ¼ Section **35** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Use: [1.5- Story; Cabin (24' x 30') = 720 sq. ft.; Loft (15' x 12') = 180 sq. ft.;
Porch (8' x 14') = 112 sq. ft.] Total Overall = 832 sq. ft.**

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

Condition(s): Small isolated wetlands adjacent (North) of building site shall not be filled or disturbed during construction. UDC permit and inspection required.

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 31, 2017

Date