

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 RECEIVED
 MAY 23 2017
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 17-0173
 Date: 5-26-17
 Amount Paid: \$185 5.03-17
 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: Mr. Telemus Peterson LLC Mailing Address: 261 Willow St Denver Co Telephone: _____
 Address of Property: 15185 Summer Rd City/State/Zip: Cable WI 54821 Cell Phone: _____
 Contractor: **TBP** Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
Pat Conlin Agent Phone: _____ Agent Mailing Address (include City/State/Zip): 102805029 2616 Ferwell Av Mpls MN 55411 Written Authorization Attached Yes No
 Tax ID# (4-5 digits) 9104 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2012-2224 R- _____
 PROJECT LOCATION: Legal Description: (Use Tax Statement) _____ Subdivision: 2012-551767
 Section 28, Township 43 N, Range 7 W Town of: Cable Lot Size _____ Acreage _____

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? NO If yes---continue \rightarrow Distance Structure is from Shoreline: 17 miles feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage NO If yes---continue \rightarrow Distance Structure is from Shoreline: 17 miles 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
\$ <u>15000</u>	<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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story / Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No/Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> Well <u>POUSE</u>

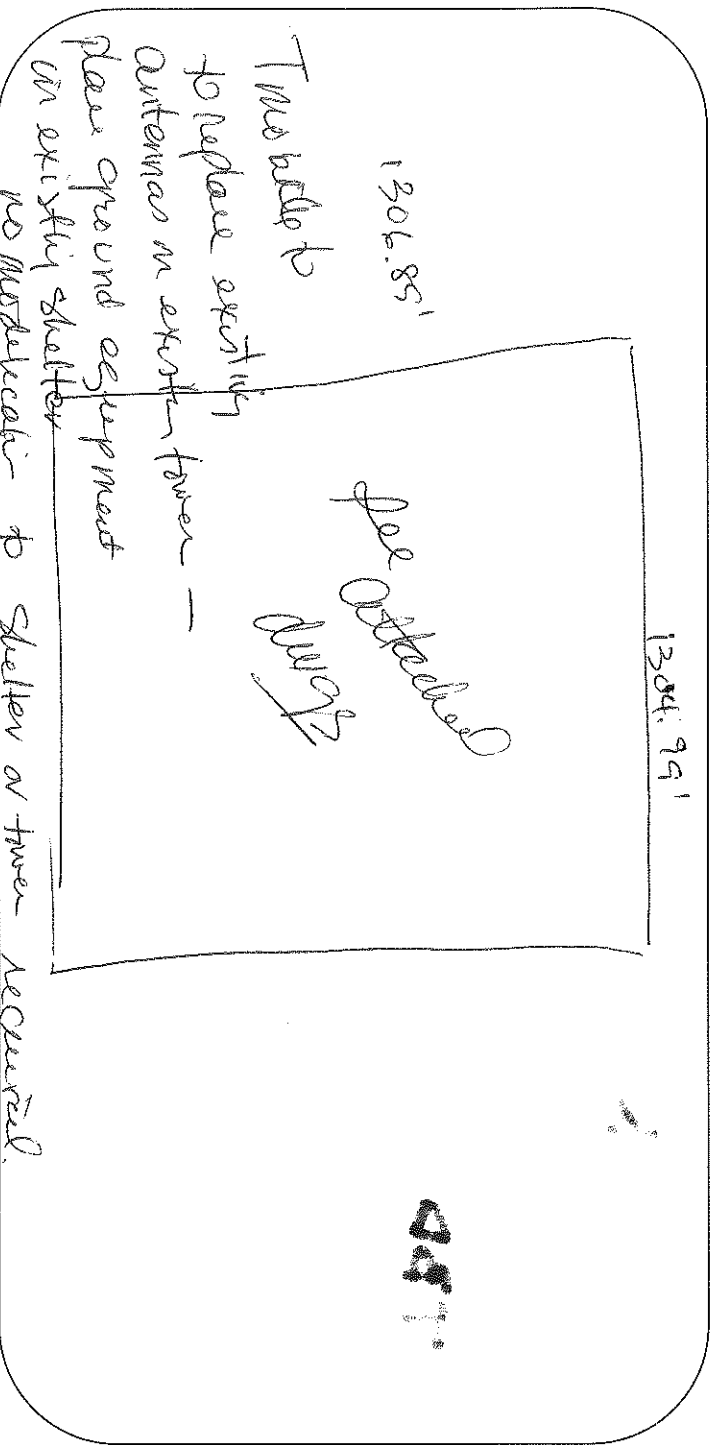
Existing Structure: (if permit being applied for is relevant to it) Length: 8' Width: 14' Height: 8'
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" 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) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input checked="" 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 ()	
	Mobile Home (manufactured date) <u>Antenna</u>	() X ()	<u>0</u>
	Addition/Alteration (specify) <u>Repair Addition of Equipment</u>	() X ()	<u>0</u>
	Accessory Building (specify) <u>POUSE</u>	() X ()	
	Accessory Building Addition/Alteration (specify) _____	() X ()	
	Special Use: (explain) _____	() X ()	
	Conditional Use: (explain) _____	() X ()	
	Other: (explain) _____	() X ()	
<input type="checkbox"/> Municipal Use			

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: Pat Conlin / Veron Sines Date: 5/28/2017
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 2616 Ferwell Avenue N Mpls MN 55411 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

- 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.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	219 Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	219 Feet	Setback from the River, Stream, Creek	0 Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	0 Feet
Setback from the South Lot Line	1124 Feet	Setback from Wetland	0 Feet
Setback from the West Lot Line	350 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	935 Feet	Elevation of Floodplain	0 Feet
Setback to Septic Tank or Holding Tank	0 Feet	Setback to Well	0 Feet
Setback to Drain Field	0 Feet		
Setback to Privy (Portable, Composting)	0 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: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: **17-0173** Permit Date: **5-26-17**

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: **NA** Previously Granted by Variance (B.O.A.) Case #: **NA**

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Existing Yes No Was Property Surveyed Yes No

Inspection Record: **Existing Tower Equipment Upgrade. OT to issue LV permit.** Zoning District **(R28)**

Date of Inspection: **5/24/2017** Inspected by: **Robert Schirmer** Lakes Classification ()

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Date of Re-Inspection:

Signature of Inspector:

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: **5/26/17**

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

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

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0173** Issued To: **Mount Telemark Partners LLC / Pat Conlin, Agent**

Location: **SE** ¼ of **NW** ¼ Section **28** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot Block Subdivision CSM#

For: **Commercial Principal Addition: [Antenna]**

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

Condition(s):

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 26, 2017

Date

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

Date Stamp Received
PAID
 APR 04 2017

ENTERED

Permit #:	17-0184
Date:	5-31-17
Amount Paid:	125,44-17
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 BY BAYFIELD CO. ZONING DEPT.

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

Owner's Name: Town of Cable Mailing Address: PO Box 476 Cable WI 54821 City/State/Zip: Cable WI 54821 Telephone: 798-3584

Address of Property: 43395 Randsvek Rd City/State/Zip: Cable WI 54821 Call Phone: 580-0161

Contractor: SELF Contractor Phone: Plumber: Audry Resnussen + Sons Plumber Phone: 798-3355

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Bob Lang Agent Phone: 798-3584 Agent Mailing Address (include City/State/Zip): PO Box 476 Cable WI 54821 Written Authorization Attached

PROJECT LOCATION: NE 1/4, S1/2 1/4 Gov't Lot: 1 Lot(s) CSM: 1967 11 + P317 Vol & Page: 2 Lot(s) No.: A Block(s) No.: Subdivision: Less W694P132 + W172P1691, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 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991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Section 18, Township 43 N, Range 7 W Town of: Cable

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	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>30000</u>	<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 type="checkbox"/> Basement	<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"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or 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: 17' Width: 27' Height: 14'

Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<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)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Ballroom</u>	(<u>127</u> X <u>17</u>)	<u>476</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Ballroom</u>	(<u>128</u> X <u>17</u>)	<u>476</u>
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	

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.

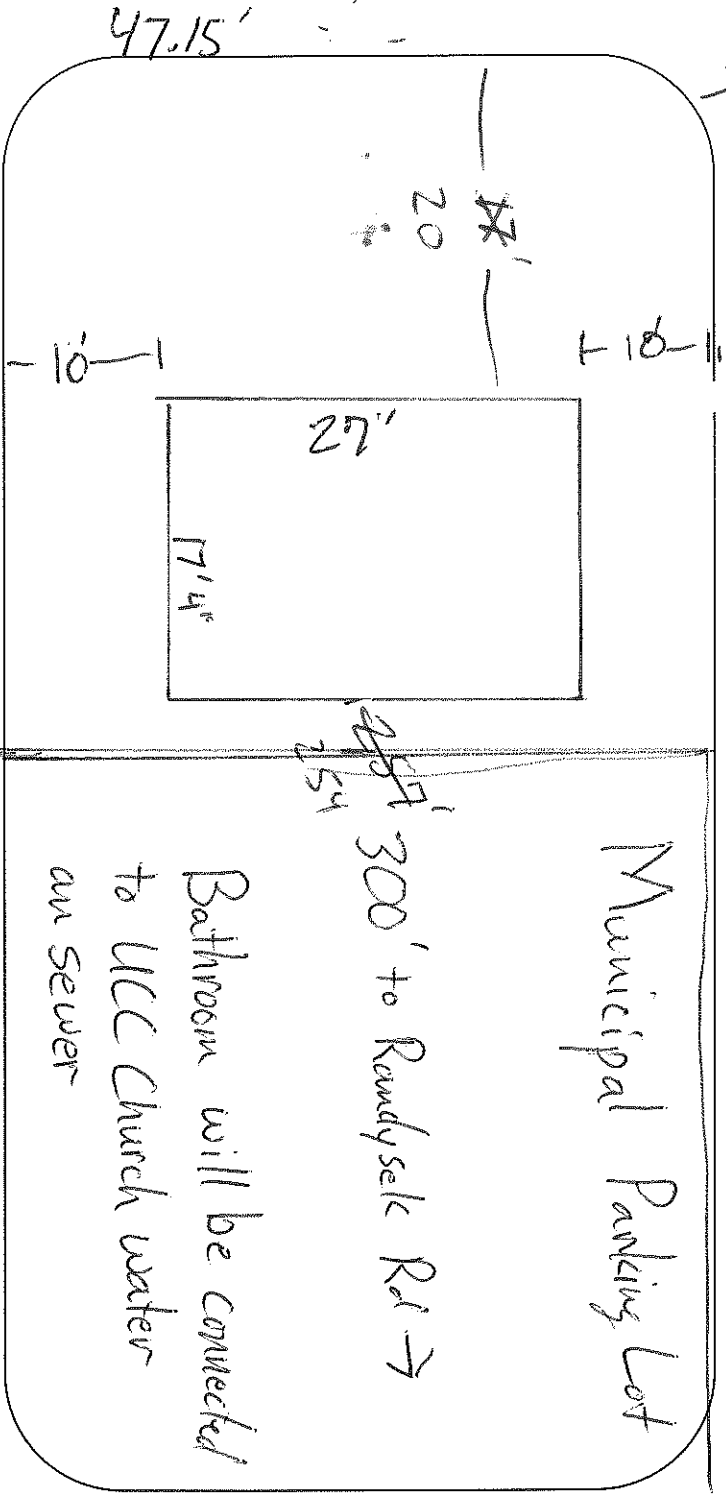
Owner(s): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Bob Lang Date 4-4-17
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____
 (If you recently purchased the property send your Recorded Deed _____ Copy of Tax Statement)

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 (*): 36' x 4' Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



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	300 Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	267 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	10 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	10 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	25 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	254 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	59 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0184	Permit Date: 5-31-17						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<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 Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<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
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: Projected location as represented by Town of Cable appears to be in code compliance. DE to issue LS. Permit.		Inspected by: Robert Schirwan					
Date of inspection:							
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Per Zoning Committee Approval					
Signature of Inspector:	[Signature]						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 5/30/2017			

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

LAND USE – X
SANITARY – City
SIGN –
SPECIAL – Class B
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0184** Issued To: **Town of Cable / Bob Lang, Agent**

Location: **NE** ¼ of **SW** ¼ Section **18** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **2** Block **A** Subdivision **Assessors Plat #1 of Village of Cable** CSM#

For: **Municipal Accessory Structure: [1- Story; Public Restroom (27' x 17.4') = 476 sq. ft.]**

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

Condition(s): **Per zoning Committee Approval.**

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 31, 2017

Date