

**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 11 2017  
 Bayfield Co. Zoning Dept.



Permit #:	17-0192
Date:	6-8-17
Amount Paid:	\$185 5-11-17
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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Kim + LORANN Stien Mailing Address: 1212 CUMMINGS AVE Eau Claire, WI 54701 Telephone: 715-835-8218

Address of Property: 13950 State Hwy 13 City/State/Zip: Hebster, WI 54844 Cell Phone: \_\_\_\_\_

Contractor: Bark River Remodeling Contractor Phone: 715-774-3808 Plumber: Cady Plumbins Plumber Phone: 715-373-2378

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: NE 1/4 NE 1/4 Gov't Lot 21 Lot(s) \_\_\_\_\_ CSM V559 R102 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 528, Township 50 N, Range 7 W Town of: Clover Tax ID# (4-5 digits) 11406 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 559-102 R

Shoreland  Non-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?  Yes  No

Distance Structure is from Shoreline: 280 feet Are Wetlands Present?  Yes  No

Lot Size 288' X 1013' Acreage 7.0440

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
\$45,000	<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 type="checkbox"/> Basement <input checked="" type="checkbox"/> Foundation	<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"/> None <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Existing Tank</u> <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"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 38' Width: 34' Height: 24'

Proposed Construction: Length: 20' Width: 12' Height: 18'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) Mobile Home (manufactured date) _____	( ) ( )	( ) ( )
<input type="checkbox"/> Road for Issuance	Addition/Alteration (specify) <u>Remove Deck Add 3x6x6m rockin</u>	( 12' X 26' )	240
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	( )	( )
<input type="checkbox"/> Secretarial Staff	Accessory Building Addition/Alteration (specify) _____	( )	( )
	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: Kim Stien Lorann Stien Date 10 May 17  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

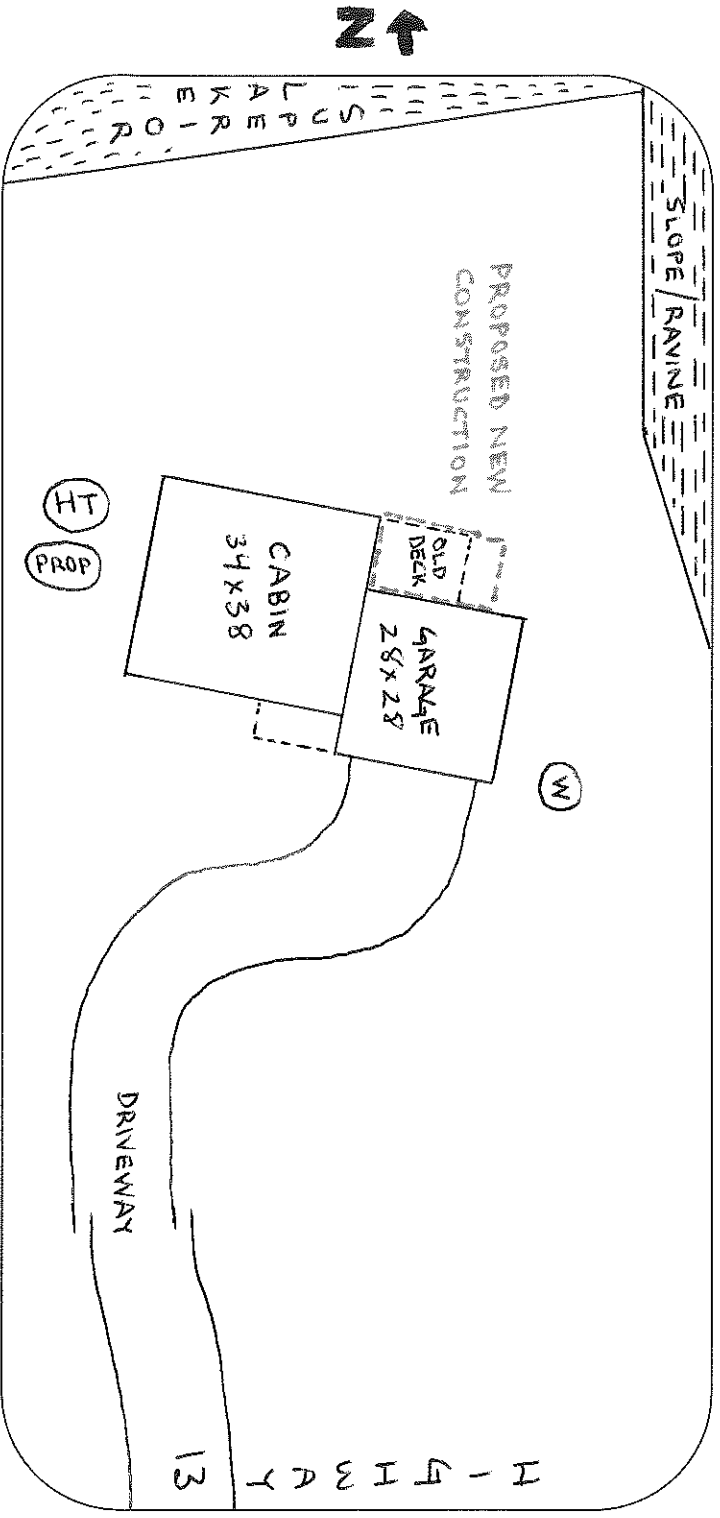
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed \_\_\_\_\_  
 Copy of Tax Statement

*Imperious Surface?*

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)

(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	135 Feet	Setback from the Lake (ordinary high-water mark)	350 Feet
Setback from the Established Right-of-Way	660 Feet	Setback from the River, Stream, Creek	250 Feet
Setback from the North Lot Line	280 Feet	Setback from the Bank or Bluff	54 Feet
Setback from the South Lot Line	660 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	130 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	10 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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	of bedrooms:	
Permit #: <b>17-0198</b>	Permit Date: <b>6-2-17</b>	<b>20% improvement surface</b>	
<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 checked="" type="checkbox"/> No <input checked="" 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"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" 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
Inspection Record: <b>very nearly vegetated bluff</b>		Zoning District: <b>RPD</b>	Lakes Classification: <b>1 - Supervision</b>
Date of Inspection: <b>5-24-17</b>	Inspected by: <b>SCMURPHY</b>	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)			
Signature of Inspector:		Date of Approval: <b>5-31-17</b>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Town, 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. **17-0192** Issued To: **Kim & Lorann Stien**

Location: **NE** ¼ of **NE** ¼ Section **7** Township **50** N. Range **7** W. Town of **Clover**  
& Sec 5 NW NW

**Part of**

Gov't Lot	Lot	Block	Subdivision	CSM#
<b>2</b>				

For: **Residential Addition: [ 1- Story; 3 Season Room (12' x 20') = 240 sq. ft. ]**  
(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.

**Jennifer Murphy**

Authorized Issuing Official

**June 2, 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

**RECEIVED**  
 Bayfield Co. Zoning Dept.  
 MAR 20 2017

**ENTERED**

Permit #:	17-0188
Date:	6-2-17
Amount Paid:	\$185 3-21-17
Refund:	\$195

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 Bayfield Co. Zoning Dept.

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

Owner's Name: William Helm Mailing Address: 4310 21st Ave S. City/State/Zip: Minneapolis, MN 55407 Telephone: 612-729-4866

Address of Property: 16535 Bark Bay Rd City/State/Zip: Herbster, WI 54844 Cell Phone: 612-715-8551

Contractor: SELF Contractor Phone: N/A Plumber: N/A Plumber Phone:

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** Legal Description: (Use Tax Statement) SW 1/4, NE 1/4 PIN: (23 digits) 04-014-2-51-07-34-1 03-000-12000 Recorded Document: (i.e. Property Ownership) Volume 1028 Page(s) 237

Gov't Lot:  Lot(s)  CSM  Vol & Page  Lot(s) No.  Block(s) No.  Subdivision:  Lot Size  Acreage 6.51

Section 34, Township 51N, N. Range 07 W Town of: Clover

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?  Yes—continue  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  Yes—continue  No

Distance Structure is from Shoreline:  feet Is Property in Floodplain Zone?  Yes  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
<u>\$40,660</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u></u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u></u>	<input type="checkbox"/> <u></u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u>Permanently</u>	<input type="checkbox"/> <u>None</u>	<input checked="" type="checkbox"/> Privy (pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> <u>None</u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u>Seasonal</u>	<input type="checkbox"/> <u>None</u>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> <u>None</u>
	<input type="checkbox"/> <u></u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> <u>for Seasonal winter use</u>	<input type="checkbox"/> <u>None</u>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> <u>None</u>

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

Proposed Construction: Length: 24' Width: 20' Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>24' x 20'</u> )	<u>480</u>
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> with Loft	( <u>7' x 7'</u> )	<u>49</u>
	<input checked="" type="checkbox"/> with a Porch	( <u>7' x 7'</u> )	<u>49</u>
	<input checked="" type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <u>7' x 7'</u> )	<u>49</u>
	<input checked="" type="checkbox"/> with a Deck	( <u>7' x 7'</u> )	<u>49</u>
	<input checked="" type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>7' x 7'</u> )	<u>49</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <u></u> )	<u></u>
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u></u> )	<u></u>
	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	( <u></u> )	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) <u></u>	( <u></u> )	<u></u>
	<input type="checkbox"/> Accessory Building (specify) <u></u>	( <u></u> )	<u></u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	( <u></u> )	<u></u>
	Rec'd for Issuance <u>JUN 02 2017</u>	( <u></u> )	<u></u>
	Special Use: (explain) <u>Secretarial Staff</u>	( <u>X</u> )	<u></u>
	Conditional Use: (explain) <u></u>	( <u>X</u> )	<u></u>
	Other: (explain) <u></u>	( <u>X</u> )	<u></u>

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.

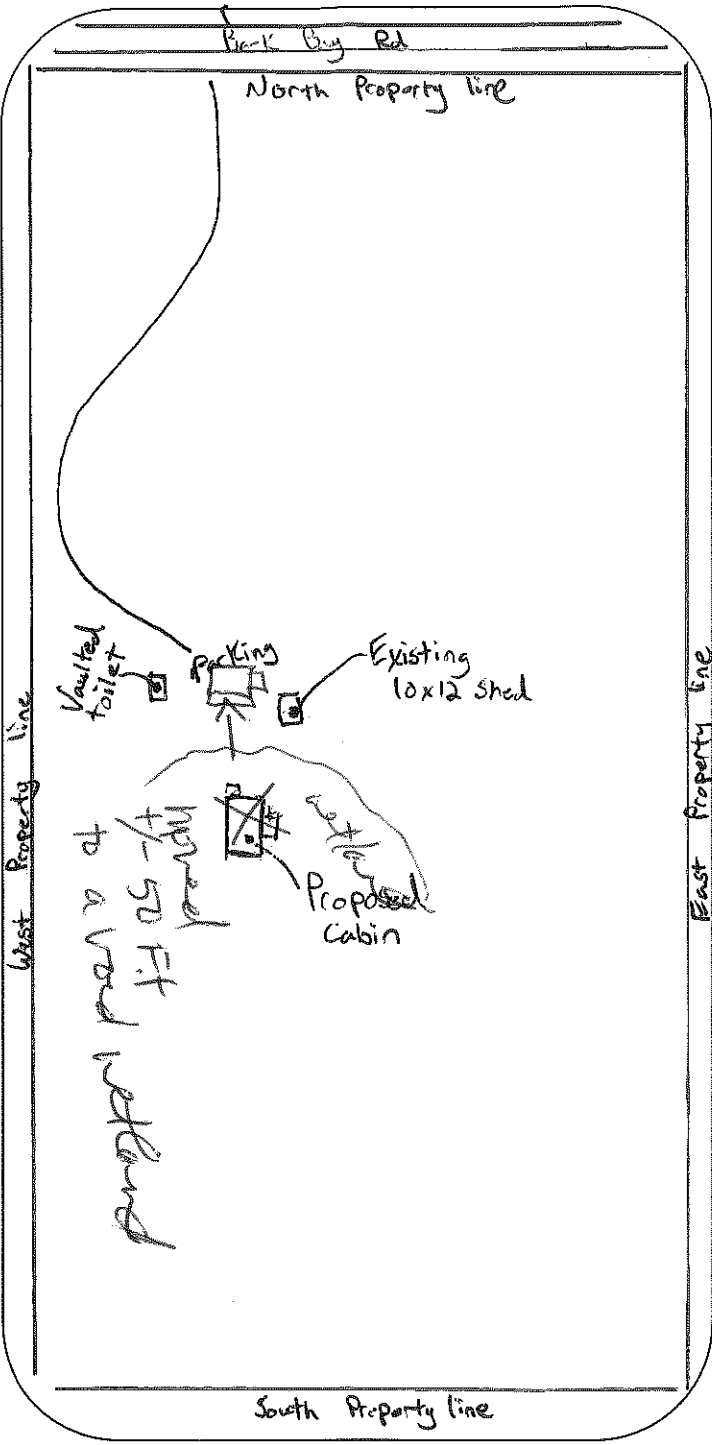
Owner(s): William Helm Charles Helm Date 3/16/17  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

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

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	515 Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	485 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	<del>500</del> 450 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	60 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:	Existing privy.			
Permit #: 17-0188	Permit Date: 6-8-17				
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
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(used/contiguous Lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Numerous violations noted re setbacks from location moved about 50 Ft to an upland location.					
Date of Inspection: 3-28-17	6-11-17	Inspected by: [Signature]		Zoning District	HT-1
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No they need to be attached.				
Uniform dwelling code permit & inspection required. No other plumbing fixtures w/ connection to permitted water service allowed w/o connection to approved privy.					
Signature of Inspector: [Signature]		Date of Approval:			
Hold For Sanitary: <input type="checkbox"/>	Hold For TIA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

own, 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. **17-0188** Issued To: **William Holm & Chrislee Jacobs**

Par in

Location: **SW** ¼ of **NE** ¼ Section **34** Township **51** N. Range **7** W. Town of **Clover**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Residential Use: [ 1- Story; Residence (24' x 20') = 480 sq. ft.; Porch (7' x 7') = 14 sq. ft.; Deck (12' x 12') = 144 sq. ft. ] Total Overall = 673 sq. ft.**

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

**Condition(s):** Uniform dwelling code permit and inspection required. No plumbing fixtures with connection to pressurized water source allowed without connection to approved POWTS.

**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

**June 2, 2017**

Date