

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  
 JUN 02 2017  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 17-0804  
 Date: 6-6-17  
 Amount Paid: 185 68-17  
 Return:

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: Northland Holdings, LLC Mailing Address: 18750 US Hwy 103 Nauson WI 54850 Telephone: 715-744-715-7440

Address of Property: 18750 US Hwy 103 City/State/Zip: NAUSON WI 54850 Cell Phone: 715-2323

Contractor: None Contractor Phone: None Number: None Plumber Phone: None

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: None Agent Mailing Address (include City/State/Zip): None Written Authorization Attached  Yes  No

PROJECT LOCATION: NW 1/4 NW 1/4 Gov't Lot:     Lot(s)     CSM     Vol & Page     Lot(s) No.     Block(s) No.     Subdivision:     Recorded Deed (i.e. # assigned by Register of Deeds) Document # 1105-545 R-504920

Section 06, Township 46 N, Range 05 W Town of: Kelly Lot Size     Acreage 16.300

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  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage     If Yes--continue     Distance Structure is from Shoreline:     feet  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>15,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion (existing bldg) <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 type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: <u>   </u> <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"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None <u>to this structure</u>

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

REC'D FOR ISSUANCE JUN 06 2017

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
<input type="checkbox"/> Residential Use	with Loft	( ) X ( )	( )
<input type="checkbox"/> Residential Use	with a Porch	( ) X ( )	( )
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
<input type="checkbox"/> Residential Use	with a Deck	( ) X ( )	( )
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/> Residential Use	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/> Residential Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	( )
<input type="checkbox"/> Residential Use	Mobile Home (manufactured date) <u>   </u>	( ) X ( )	( )
<input type="checkbox"/> Residential Use	Addition/Alteration (specify) <u>   </u>	( ) X ( )	( )
<input checked="" type="checkbox"/> Commercial Use	Accessory Building (specify) <u>Mobile shed for pet animal facility</u>	( 16' X 40' )	640
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify) <u>   </u>	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Special Use: (explain) <u>   </u>	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Conditional Use: (explain) <u>   </u>	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Other: (explain) <u>   </u>	( ) X ( )	( )

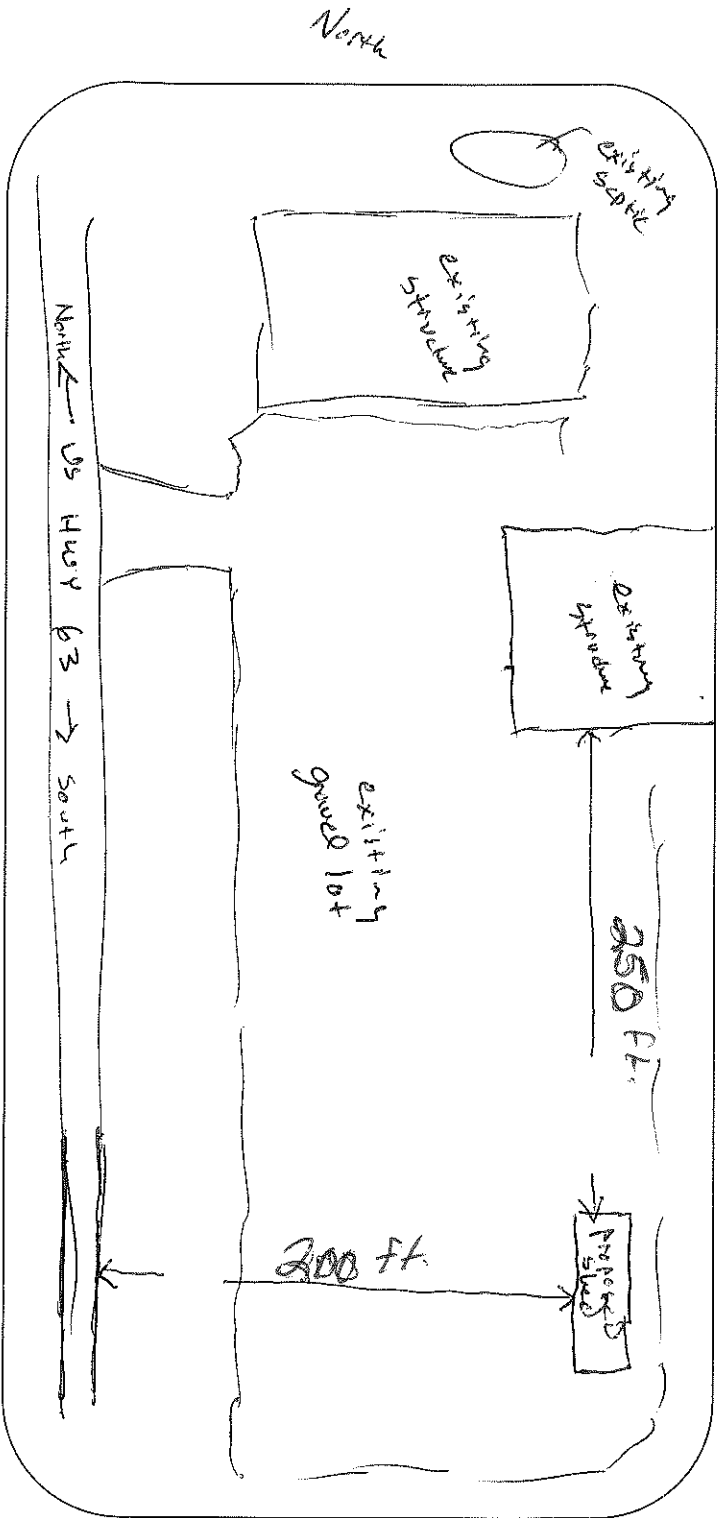
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application, including associated information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information provided 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): Northland Holdings, LLC Date 5/2/17  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: None Date      
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: 18750 US Hwy 103 Nauson, WI 54850 Attach Copy of Tax Statement  
 If you recently purchased the property send Your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	231 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	186 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	980 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	390 Feet	Setback from Wetland	
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	266 Feet	Elevation of Floodplain	
Setback to <del>Septic Tank</del> Holding Tank	150 Feet	Setback to Well	150 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 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <b>1720004</b>	Permit Date: <b>6-6-17</b>				
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 Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Book of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <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 #: <b>N/A</b>	Case #: <b>N/A</b>	Case #: <b>N/A</b>			
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inspection Record: <b>Proposed location as represented by applicant appears to be code compliant. OK to issue LUD permit.</b>				
Date of Inspection: <b>6/5/2017</b>	Inspected by: <b>Robert Schirman</b>	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (if No they need to be attached.) <b>Not to be used for Howard Habitation</b>					
Signature of Inspector:					Date of Approval: <b>6/6/2017</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"/>		

own, 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. **17-0204** Issued To: **Northland Holdings LLC**

Location: **NW** ¼ of **NW** ¼ Section **6** Township **46** N. Range **5** W. Town of **Kelly**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Commercial Accessory Structure: [ 1- Story; Moveable Shed (16' x 40') = 640 sq. ft. ]**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Not to be used for human habitation.**

**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

**June 6, 2017**

Date