

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 12 2017
 Bayfield Co. Zoning Dept

Permit #: 17-0193
 Date: 6-9-17
 Amount Paid: \$3005-10-17
 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: Jeffrey and Kristin Dahl
 Address of Property: 40975 White Bass Road
 City/State/Zip: Clam Lake WI 54517
 Telephone: 715-794-2843
 Cell Phone: 507-384-2536

Contractor: Jeff Kusilek Construction
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: 715-790-1141
 Plumber: 715-790-1141
 Plumber Phone: 507-384-2536

Project Location: 1/4, 1/4
 Legal Description: (Use Tax Statement)
 Section 35, Township 43 N, Range 5 W
 Town of: Namakagon

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No

Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 787
 Written Authorization Attached Yes No

Lot Size: _____
 Acreage: 22

Value at Time of Completion * include donated time & material: \$120,000.00

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System (on the property?)	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: ST	<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 checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" 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 checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 50 ft Width: 42 ft Height: 30 ft
 Proposed Construction: Length: 50 ft Width: 42 ft Height: 30 ft

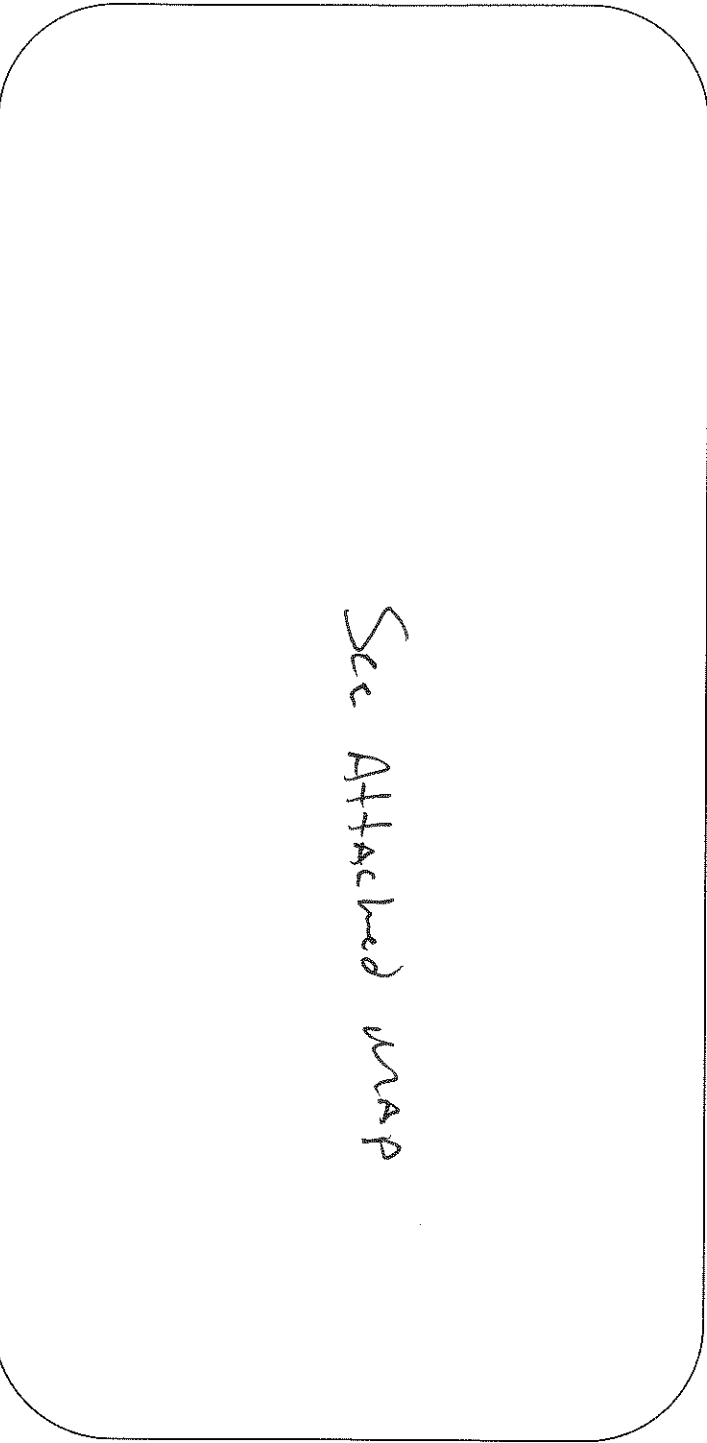
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2 nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
	<input type="checkbox"/> with (2 nd) Deck	(X)	
	<input type="checkbox"/> with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/> Accessory Building (specify) Garage (50 x 42)	(50 x 42)	1,600.00
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/> Rec'd for Issuance	(X)	
	<input type="checkbox"/> Special Use: (explain) JUN 02 2017	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input type="checkbox"/> Other: (explain) Secretarial Staff	(X)	

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: Amy Swiker Date 5-12-2017
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit PO Box 56 Clam Lake WI 54517
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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	2800 Feet	Setback from the Lake (ordinary high-water mark)	410 Feet
Setback from the Established Right-of-Way	2800 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	990 Feet	Setback from Wetland	115 Feet
Setback from the West Lot Line	410 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	800 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	650 Feet	Setback to Well	600' Feet
Setback to Drain Field	650 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).

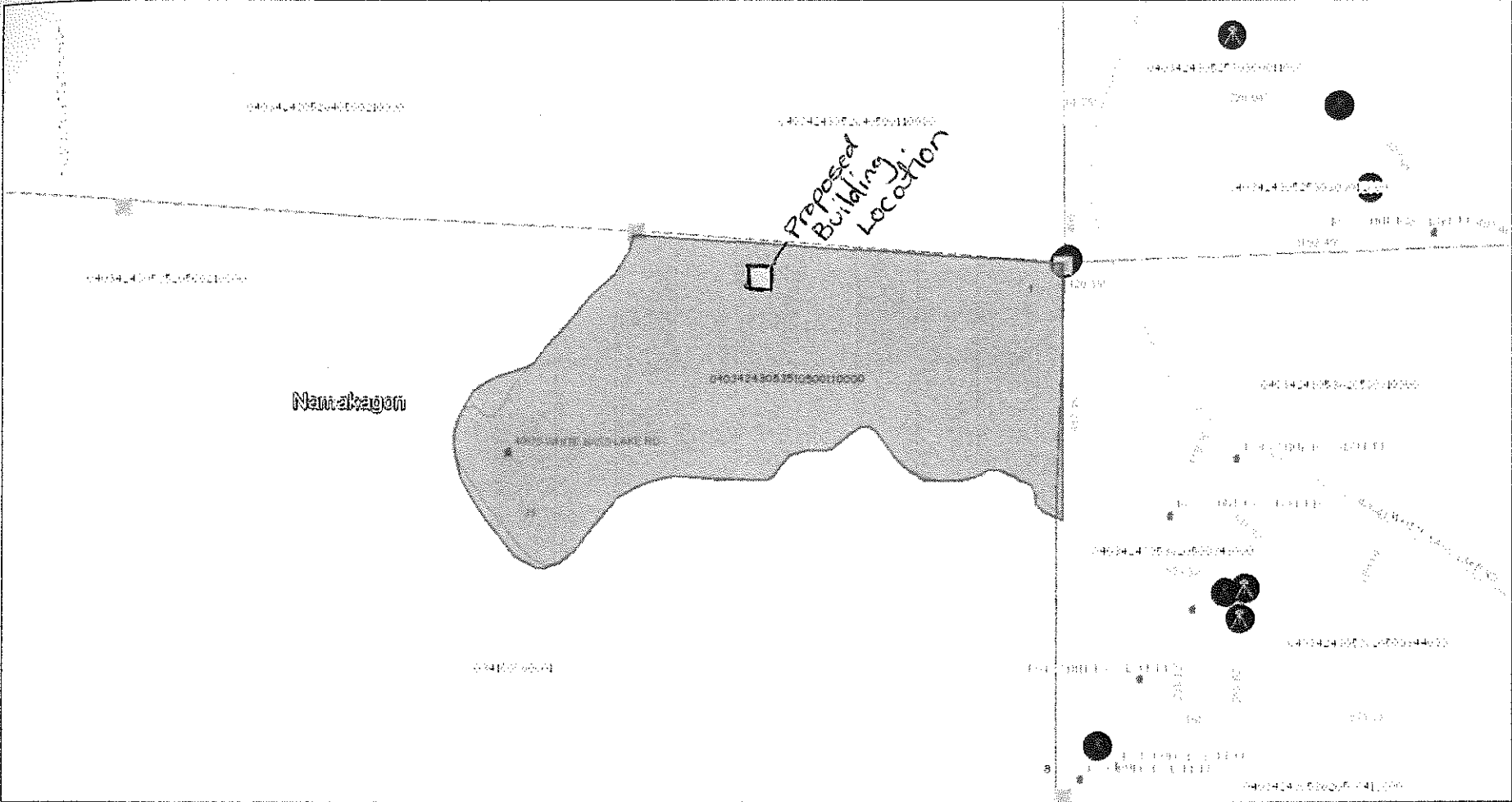
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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.

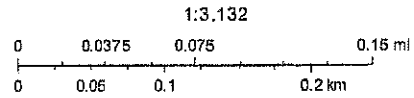
Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0193		Permit Date: 6-2-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Beed of Record) (Fused/contiguous Lot(s))	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached
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	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached
Inspection Record: Proposed location as identified by homeowners appears to be code compliant. OK to issue L.U. permit.		Zoning District	(R1)	
Date of Inspection: 5/31/2013	Inspected by: Robert Schierman	Lakes Classification	(2)	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
Not to be used for human habitation.				
Signature of Inspector:				Date of Approval: 5/31/2013
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Bayfield County Web AppBuilder



May 12, 2017

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> Building Corner Tie Sheets <ul style="list-style-type: none"> Section Corner Monument on File Section Corner Monument Referenced on Survey Survey Maps <ul style="list-style-type: none"> UnRecorded Map | <ul style="list-style-type: none"> Recorded Map Road Type <ul style="list-style-type: none"> CFR County Federal Private | <ul style="list-style-type: none"> State Town Municipal Boundary Section Lines Approximate Parcel Boundary Meander Line | <ul style="list-style-type: none"> Tie Line Rivers Douglas Co Parcels Ashland Co Parcel |
|---|--|---|---|



Bayfield

... village, State or Federal
... 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. **17-0193** Issued To: **Jeffrey & Kristin Dahl**

Location: - ¼ of - ¼ Section **35** Township **43** N. Range **5** W. Town of **Namakagon**

Par in

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (50' x 42') = 1,600 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 2, 2017

Date