

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
 JUL 18 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0388
 Date: 7-26-17
 Amount Paid: 75.00
 Refund: 75.00
 75.00
 75.00

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: MIRIAM ELAINE MEYER
 Address of Property: 901 VALLEY DR, DULUTH MN 55804
 City/State/Zip: DULUTH MN 55804
 Telephone: 218-728-4793
 Cell Phone: ~~218-340-3048~~
 218-340-3048
 Contractor: BARNES WI 54873
 Contractor Phone: _____
 Plumber: _____
 Written Authorization Attached Yes No
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4
 Gov't Lot: 1
 Lot(s): 1016
 Vol & Page: 6 317
 Lot(s) No.: _____
 Block(s) No.: _____
 Subdivision: _____
 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 785-~~510~~ R-510
 Section 11, Township 44 N, Range R09 W, Town of: BARNES
 Lot Size: 150 X 538
 Acreage: 2.410

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain? _____ feet
 Distance Structure is from Shoreline: 120 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion + include donated time & material: \$ 10,000

Project and/or basement Use: _____ # of Stories: _____ # of bedrooms: _____

What Type of Sewer/Sanitary System Is on the property? _____

Water: City Well

Existing Structure: (if permit being applied for is relevant to it) Length: 24 FT Width: 24 FT Height: 8 FT
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> Municipal Use	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	with Attached Garage	() X ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) GARAGE	Accessory Building (specify) GARAGE	(24 X 24)	576
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) GARAGE	Accessory Building (specify) GARAGE	(24 X 24)	576
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

Proposed Use: Residential Use

Proposed Structure: Principal Structure (first structure on property)

Dimensions: () X ()

Square Footage: ()

Rec'd for Issuance: JUL 24 2017

Secretarial Staff: _____

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): Miriam E. Meyer
 (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)

Address to send permit: 901 VALLEY DR, DULUTH MN 55804
 (If you recently purchased the property send your Recorded Deed)

Date: 7-18-17

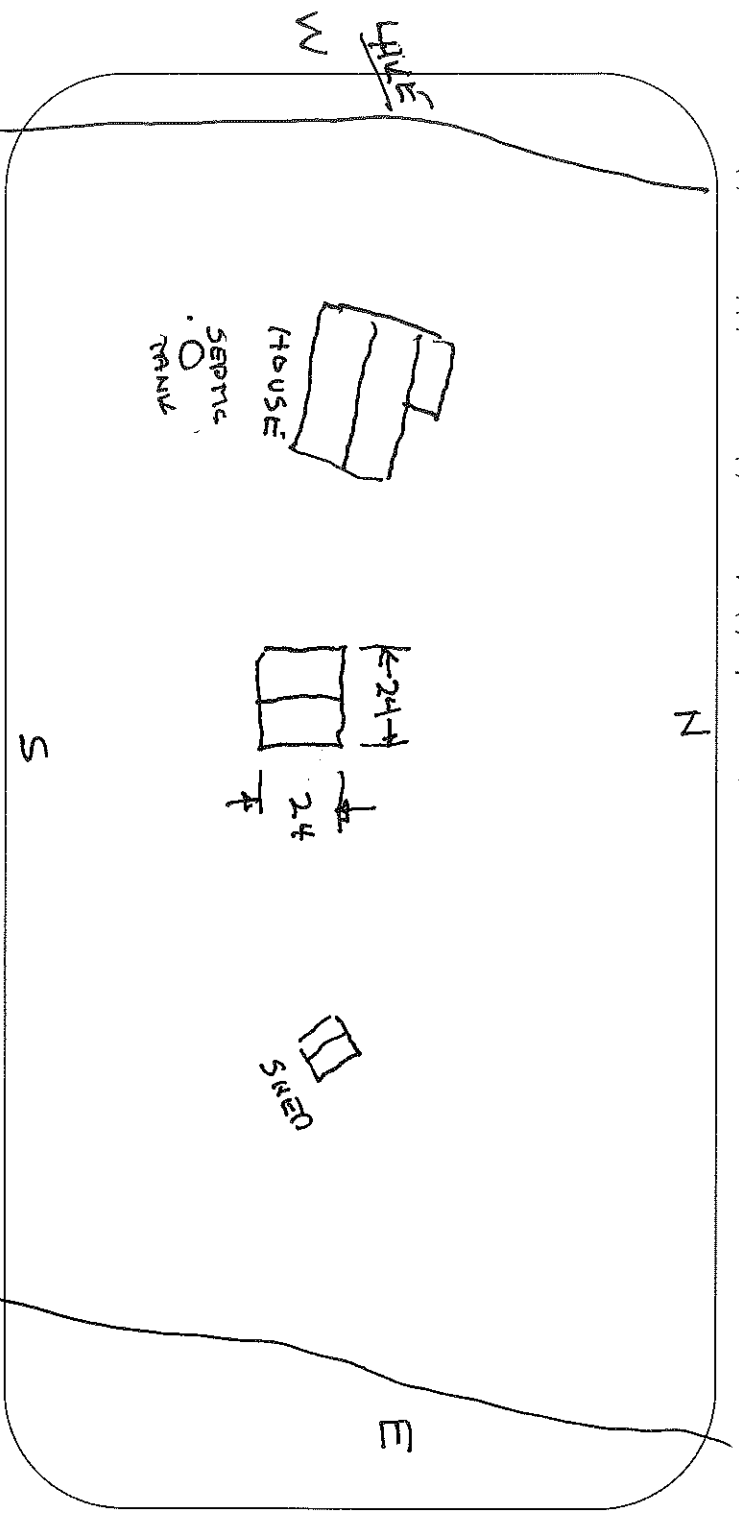
Attach Copy of Tax Statement if you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Draw or Sketch your Property (regardless of what you are applying for)

- 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)

(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	Feet	Setback from the Lake (ordinary high-water mark)	120 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	88 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	38 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	120 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	115 Feet	Setback to Well	54 Feet
Setback to Drain Field	45 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: 184088	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-02885	Permit Date: 7-26-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:
Was Parcel Legally Created Was Proposed Building Site Delimited	<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
Inspection Record:		Zoning District Lakes Classification	
Date of Inspection: 7/20/17	Inspected by: [Signature]	Date of Re-inspection:	
Condition(s): TOWN, COMMUNITY BOARD, CONDITIONS ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.			
Signature of Inspector: [Signature]		Date of Approval: 7/25/17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

city, 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. **17-0285** Issued To: **Miriam & Alfred Meyer**

Location: - ¼ of - ¼ Section **11** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **1016**

For: **Residential Accessory Structure: [1- Story; Garage (24' x 24') = 576 sq. ft.]**

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

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

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.

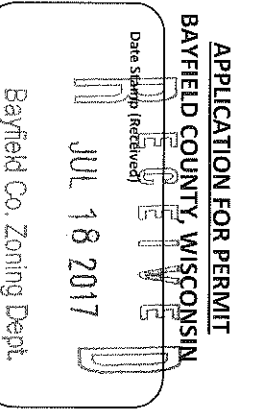
Tracy Pooler

Authorized Issuing Official

July 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



Permit #:	17-02886
Date:	7-27-17
Amount Paid:	216.00 749.17
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: Thomas A. & Diane L. Menard Mailing Address: 5110 Lake Road Barnes, WI 54873 Telephone: 715-795-3464

Address of Property: 5110 Lake Road City/State/Zip: Barnes, WI 54873 Cell Phone: 715-214-3839

Contractor: Christenson Construction Contractor Phone: 715-580-2367 Plumber: None 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: 1/4, --- 1/4 Gov't Lot 4 Lot(s) A CSM 40 Vol & Page 2, 23 Lot(s) No. --- Block(s) No. --- Subdivision: --- Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: --- R- ---

Section 3, Township 44 N, Range 9 W Town of: Barnes Lot Size 150' x 250' Acreage .933

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interment) Creek or Landward side of Floodplain? If Yes--continue If Yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue If Yes--continue

Distance Structure is from Shoreline: 32 feet

Distance Structure is from 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>\$72,000</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify <u>Septic 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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 12' + 6' Width: 24' + 16' Height: ---

Proposed Construction: Length: --- Width: --- Height: ---

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.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X)	
<input checked="" type="checkbox"/> Residential Use			
<input type="checkbox"/> Bed/Bath/Entrance			
<input type="checkbox"/> Mobile Home (manufactured date)			
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Den, bedroom, entrance</u>		(<u>18' x 24'</u>)	<u>384</u>
<input type="checkbox"/> Accessory Building (specify)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Special Use: (explain)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Conditional Use: (explain)		(<input type="checkbox"/> X)	
<input type="checkbox"/> Other: (explain)		(<input type="checkbox"/> 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): Thomas A. Menard Diane L. Menard Date 7/12/2017

(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 _____

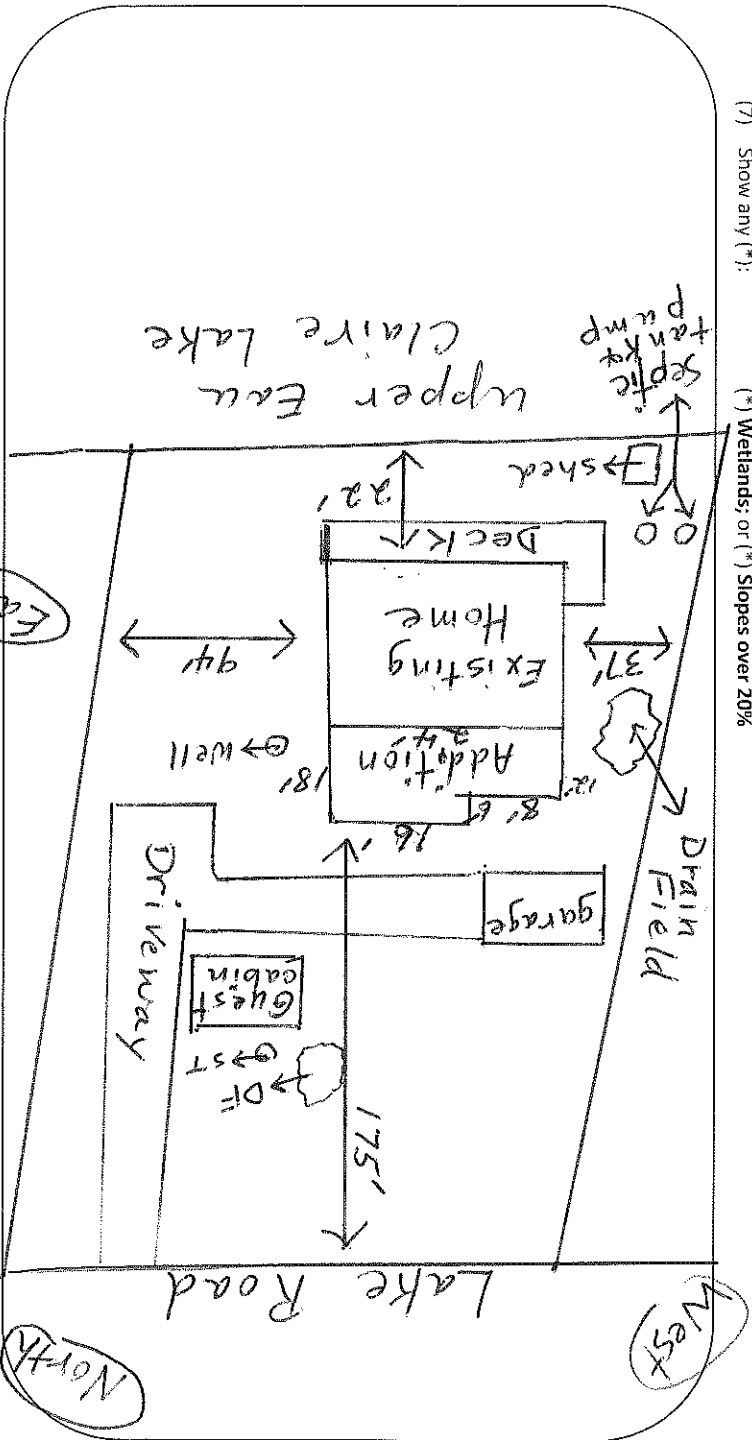
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 5110 Lake Road, Barnes, WI 54873 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	187 Feet	Setback from the Lake (ordinary high-water mark)	71 Feet
Setback from the Established Right-of-Way	- Feet	Setback from the River, Stream, Creek	- Feet
Setback from the North lot Line	175 Feet	Setback from the Bank or Bluff	- Feet
Setback from the South lot Line	37 Feet	Setback from Wetland	- Feet
Setback from the West lot Line	94 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East lot Line	- Feet	Elevation of Floodplain	- Feet
Setback to Septic Tank or Holding Tank	12 Feet	Setback to Well	28 Feet
Setback to Drain Field	24 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: 192239 # of bedrooms: 2 Sanitary Date: 7/93

Permit Denied (Date): Reason for Denial: 227871 9-11-94

Permit #: 17-00888 Permit Date: 7-27-17

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No

Case #: _____

Previously Granted by Variance (B.O.A.) Yes No

Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspection Record: 7/18/17 Rob S. old preexisting upper part but separate the documents for of servicing the 2 system on the parcel

Date of Inspection: 7/20/17 Inspected by: [Signature]

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

Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

Signature of inspector: [Signature]

Date of Approval: 7/25/17

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

City, Village, State or Federal
Also Be Required
AND USE - X
SANITARY - 192239
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0288** Issued To: **Thomas & Diane Menard**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **3** Township **44** N. Range **9** W. Town of **B**

Gov't Lot Lot **A** Block Subdivision CSM# **40** ⁵

For: **Residential Addition / Alteration: [1- Story; Den / Bedroom / Entry (18' x 24') = 384 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

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.

Tracy Pooler

Authorized Issuing Official

July 27, 2017

Date