

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEES TO:
 Bayfield County Planning and Zoning Dept.
 PO Box 58 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (Received)
 AUG 25 2017
 Bayfield Co. Zoning Dept

Permit #: 17-0345
 Date: 8-31-17
 Amount Paid: 185 8-25-17
 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: **Jac & Julie Dressel** Mailing Address: **39148-844 Ave North Branch, WI 55056** Telephone: **651-674-4872**

Address of Property: **Applied For** City/State/Zip: **Cornucopia, WI, 54827** Cell Phone: **612-276-4866**

Contractor: **Lester Buildings** Contractor Phone: **320 3955288** Plumber: **N/A** Plumber Phone: **N/A**

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) **N/A** Agent Phone: **N/A** Agent Mailing Address (include City/State/Zip): **N/A** Written Authorization Attached Yes No

PROJECT LOCATION: **S 1/4, Sec 1/4** Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section **32**, Township **50** N, Range **6** W Town of: **Be11** Lot Size: **688x1363** Acreage: **19.7**

Tax ID# (4-5 digits): **7855** Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: _____ R-_____

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 in Floodplain Zone? Yes No

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → 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
\$ 40,000	<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 type="checkbox"/> Seasonal <input type="checkbox"/> Year Round 1 Storage	<input type="checkbox"/> 1 <input 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 <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well None

Existing Structure: (if permit being applied for is relevant to it) Length: **50'** Width: **50'** Height: **25' to Peak**

Proposed Construction: _____ Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with (2 nd) Deck with Attached Garage	(50 X 50) (X X) (X X) (X X) (X X) (X X) (X X)	2,500))))))
<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) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X X) (X X) (X X) (X X) (X X))))))
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Per'd for Issuance <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(X X) (X X) (X 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 in or with this application. I (we) consent to county officials changed with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): *Jac & Julie Dressel* Date 8/23/17
 (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)

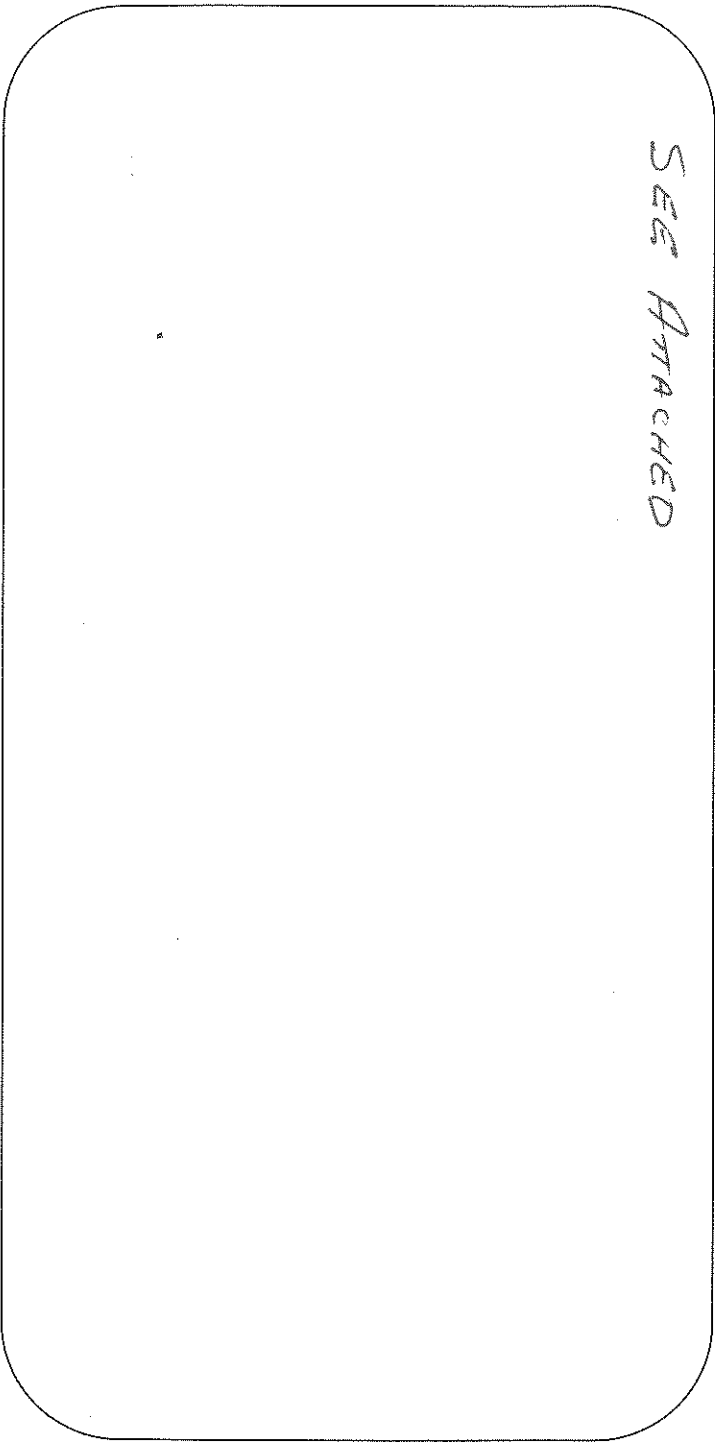
Address to send permit **39148-844 Avenue, North Branch, WI 55056** Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show: 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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

SEE ATTACHED



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	83.7 Feet	Setback from the Lake (ordinary high-water mark)	2200+ Feet
Setback from the Established Right-of-Way	50.7 Feet	Setback from the River, Stream, Creek	1200+ Feet
Setback from the North Lot Line	140 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	48.8+ Feet	Setback from Wetland East Creek	1200+ Feet
Setback from the West Lot Line	169+ 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	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)	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 #: 17-0845 Permit Date: 8-21-17

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Used/Contiguous Lot(s)) No 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

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Affidavit Required Yes No
 Affidavit Attached Yes No

Inspection Record: well staked. site cleaned. Bldg going in R-1 zone

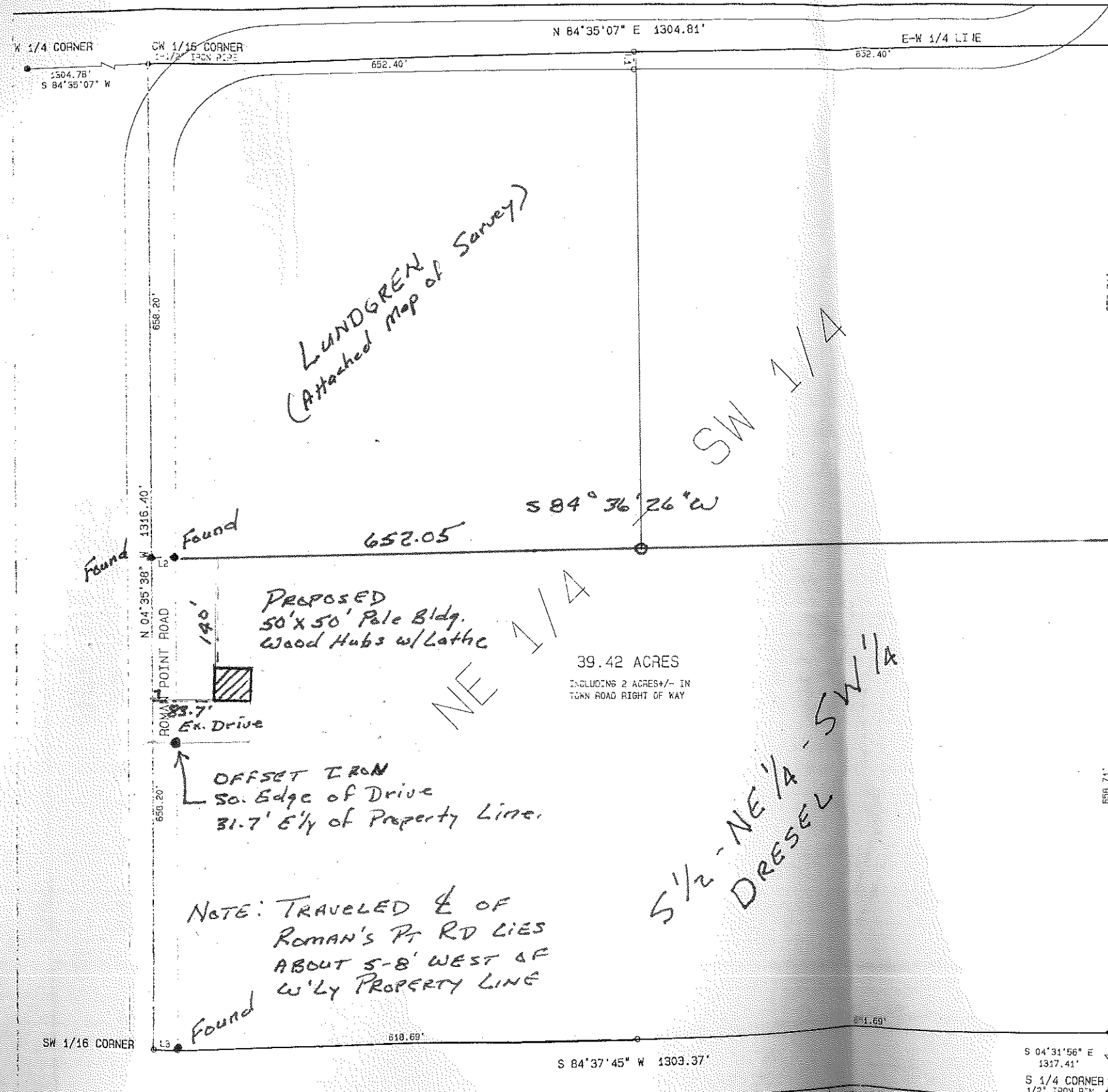
Date of Inspection: 8-28-17 Inspected by: TCM/MLH Date of Re-Inspection: _____

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
Building shall not be used for human habitation or sleeping purposes. Shall not contain broom plumbing fixtures or construction to protrude water unless approved ps & HTS installed.

Signature of Inspector: _____ Date of Approval: 8-30-17

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

NE, SW, 32, 51.6



LOCALLY ACCEPTED C 1/4 CORNER
(RESET FROM PREVIOUS SURVEY INFORMATION)
(SEE NOTE BELOW)

MAP OF SURVEY
THE NE 1/4 OF THE SW 1/4 OF SECTION 32,
T. 51 N., R. 6 W., IN THE TOWN OF BELL,
BAYFIELD COUNTY, WISCONSIN



LINE	BEARING	DISTANCE
L1	S 04°53'47\" E	23.55
L2	N 84°36'25\" E	33.00
L3	N 84°37'45\" E	33.00

BEARINGS ARE BASED ON THE S 1/2 OF THE
N-S 1/4 LINE ASSUMED TO BEAR N 04°31'56\" W

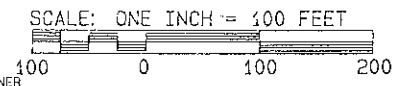
SURVEYOR'S CERTIFICATE
I, TIMOTHY E. OKSIUTA, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN,
HEREBY CERTIFY:
THAT ON THE ORDER OF JOHN JOHANNING, REPRESENTATIVE FOR THE OWNER, I HAVE
MADE A SURVEY OF THE NE 1/4 OF THE SW 1/4 OF SECTION 32, T. 51 N., R. 6 W.,
IN THE TOWN OF BELL, BAYFIELD COUNTY, WISCONSIN.
THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND
THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TIMOTHY E. OKSIUTA
RLS #1550



THE LOCATION OF THE EXISTING CENTER 1/4 CORNER IS BASED ON THE PREVIOUS
BRASS-CAPPED WITNESS PIPE FOR THE S 1/4 CORNER. THE WITNESS PIPE HAS BEEN
IN PLACE FOR MORE THAN 30 YEARS. IN APRIL, 1984, DANIEL K. PLOEGER, RLS
#1537, SUBDIVIDED SECTION 5, T. 50 N., R. 6 W., AND DETERMINED THAT THE
WITNESS POST WAS IN ERROR. THIS SURVEY IS PERFORMED USING THE CORRECT S
1/4 CORNER AND THE LOCALLY ACCEPTED CENTER 1/4 CORNER

SKETCH ON EXISTING DOCUMENT
THIS IS NOT A BOUNDARY SURVEY
BLDG PERMIT USE ONLY



LEGEND
● MONUMENT, AS NOTED, FOUND
○ 1-1/4\" X 24\" IRON PIPE SET THIS SURVEY

CLIENT: JOHANNING, J.
PROJECT NO. 019/98
FILE: S32T51R6/JOHANNING
SCALE: ONE INCH = 100 FEET
MARCH 20, 1998
DRAFTED BY TEO
SHEET 1 OF 1

REVISION	DATE

NELSON
SURVEYING,
INC.

PROFESSIONAL LAND SURVEYING SERVICES SINCE 1957
101 WEST MAIN STREET
ASHLAND, WI 54806
(715) 682-2692

MAP NO. 2808

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. **17-0345** Issued To: **Joel & Julie Dresel**

S ½ of
Location: **NE** ¼ of **SW** ¼ Section **32** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Principal Structure: [1- Story; Storage (50' x 50') = 2,500 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes. Shall not contain indoor plumbing fixtures with connection to pressurized water unless approved POWTS installed.

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

August 31, 2017

Date