

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
 OCT 17 2017
 Bayfield Co. Zoning Dept.



| | |
|--------------|-------------|
| Permit #: | 17-0183 |
| Date: | 10-26-17 |
| Amount Paid: | 75 10-18-17 |
| 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 → | | <input type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVATE | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: | Charles & Joyce Rose | | | Mailing Address: | 656 Beatrice Circle Hudson, WI 54016 | | City/State/Zip: | |
| Address of Property: | 4879D Augustine Road | | | City/State/Zip: | Barnes, WI 54873 | | City/State/Zip: | |
| Contractor: | Mountainview Construction | | | Contractor Phone: | 715-785-2220 | | Plumber: | N/A |
| 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) | Tax ID# (4-5 digits) | 2191 | | Recorded Deed (i.e. # assigned by Register of Deeds) | Document #: 2012 R-541934 | | |
| | 1/4 - 1/4 | Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: |
| | W 190 4 | 1 | | | 1075/63 | | | |
| Section | 20 | Township | 44 | N, Range | 9 | W | Town of: | BARNES |
| | | | | | | | Lot Size | Acres |
| | | | | | | | | 3.1 |

| | | | | | | | |
|--|--|---------------------|--|---------------------------------|---|-----------------------|---|
| Shoreland → | <input checked="" type="checkbox"/> 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: 180 feet | Is Property in Floodplain Zone? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage | If Yes---continue → | Distance Structure is from Shoreline: _____ feet | | | | |
| <input type="checkbox"/> Non-Shoreland | | | | | | | |

| 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 checked="" 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: <u>RAIN</u> | |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Run a Business on Property | <input 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"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | |

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 36' Height: 11'

Proposed Construction:

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) | () X () | |
| | Residence (i.e. cabin, hunting shack, etc.) | () X () | |
| | with Loft | () X () | |
| | with a Porch | () X () | |
| | with (2 nd) Porch | () X () | |
| | with a Deck | () X () | |
| | with (2 nd) Deck | () X () | |
| <input type="checkbox"/> Commercial Use | Bunhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | () X () | |
| | Mobile Home (manufactured date) | () X () | |
| | Addition/Alteration (specify) _____ | () X () | |
| | Accessory Building (specify) <u>GARAGE</u> | (36 X 40) | 1440 |
| | Accessory Building Addition/Alteration (specify) _____ | () X () | |
| <input type="checkbox"/> Municipal Use | Special Use: (explain) _____ | () X () | |
| | Conditional Use: (explain) _____ | () X () | |
| | Other: (explain) _____ | () 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): Charles Rose Joyce Rose Date 10/16/2017
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

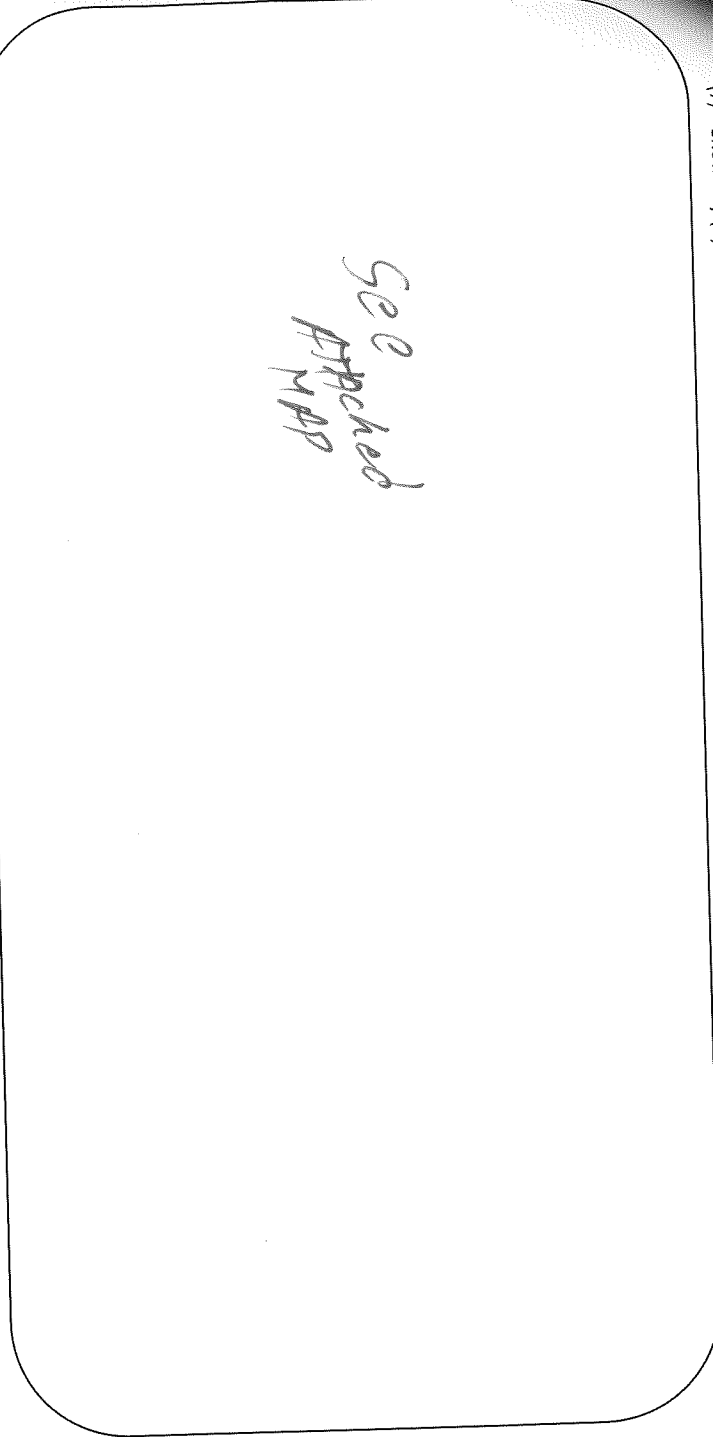
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ 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)

- 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 (*):

See Attached APP



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 | Feet | Setback from the Lake (ordinary high-water mark) | 180 Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 180 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 608 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 102 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 12 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 15 Feet | Setback to Well | Feet |
| Setback to Drain Field | 15 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 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: 327278 | # of bedrooms: 2 | Sanitary Date: 6/25/99 |
| Permit Denied (Date): | Reason for Denial: | Permit Date: 10-26-17 | |
| Permit #: 17-0433 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Dead of Record) | <input checked="" type="checkbox"/> No | Mitigation Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | Previously Granted by Variance (B.O.A.) |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Inspection Record: NO HO PLANNED, LANDOWNER ON SITE AT TIME OF INSPECTION | | Zoning District | |
| Date of Inspection: 10/21/17 | Inspected by: [Signature] | Lakes Classification | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) | | Date of Re-Inspection: | |

Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met.

Signature of Inspector: [Signature]

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

Date of Approval: 10/21/17

MAP OF SURVEY

LOCATED IN GOVERNMENT LOT 1 OF SECTION 20, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN

SURVEYOR'S CERTIFICATE

I, JASON R. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF JOYCE ROSE, I HAVE SURVEYED AND MAPPED A PARCEL OF LAND LOCATED IN GOVERNMENT LOT 1 OF SECTION 20, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS:

TO LOCATE THE POINT OF BEGINNING, COMMENCE AT A 1-1/4" IRON BAR AT THE E 1/4 CORNER OF SAID SECTION 20. THENCE, N 88°19'09" W, 1093.05 FEET ON THE E - W 1/4 LINE OF SAID SECTION 20 TO A 1-1/2" IRON PIPE, WHICH IS THE POINT OF BEGINNING.

THENCE FROM SAID POINT OF BEGINNING BY METES AND BOUNDS:

CONTINUE ON SAID E - W 1/4 LINE, N 88°20'57" W, 150.40 FEET TO A 1-1/2" IRON PIPE. THENCE LEAVING SAID E - W 1/4 LINE, N 00°06'45" E, 881.40 FEET TO A 1-1/2" IRON PIPE MEANDER CORNER, WHICH IS S 02°06'45" W, 6 FEET, MORE OR LESS, FROM THE ORDINARY HIGH WATER LINE (OHWL) OF MIDDLE EAU CLAIRE LAKE. THENCE ON A MEANDER LINE NEAR SAID OHWL, S 69°38'57" E, 160.39 FEET TO A 1-1/2" IRON PIPE MEANDER CORNER, WHICH IS S 02°04'41" W, 25 FEET, MORE OR LESS, FROM SAID OHWL. THENCE LEAVING SAID MEANDER LINE, S 05°04'41" W, 228.25 FEET TO THE POINT OF BEGINNING.

SAID PARCEL CONTAINS 130,220 SQUARE FEET, MORE OR LESS, WHICH IS 2.99 ACRES, MORE OR LESS, INCLUDING THAT LAND LYING BETWEEN THE MEANDER LINE AND THE ORDINARY HIGH WATER LINE OF MIDDLE EAU CLAIRE LAKE AND THE EXTENSION OF THE LOT LINES TO SAID ORDINARY HIGH WATER LINE.

SAID PARCEL IS SUBJECT TO EASEMENTS, RESTRICTIONS, RESERVATIONS AND RIGHTS OF WAY OF RECORD OR USE, IF ANY.

THAT I HAVE FULLY COMPLIED WITH THE PROVISIONS OF CHAPTER A-E 7 OF THE WISCONSIN ADMINISTRATIVE CODE; AND

THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



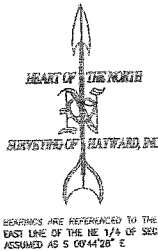
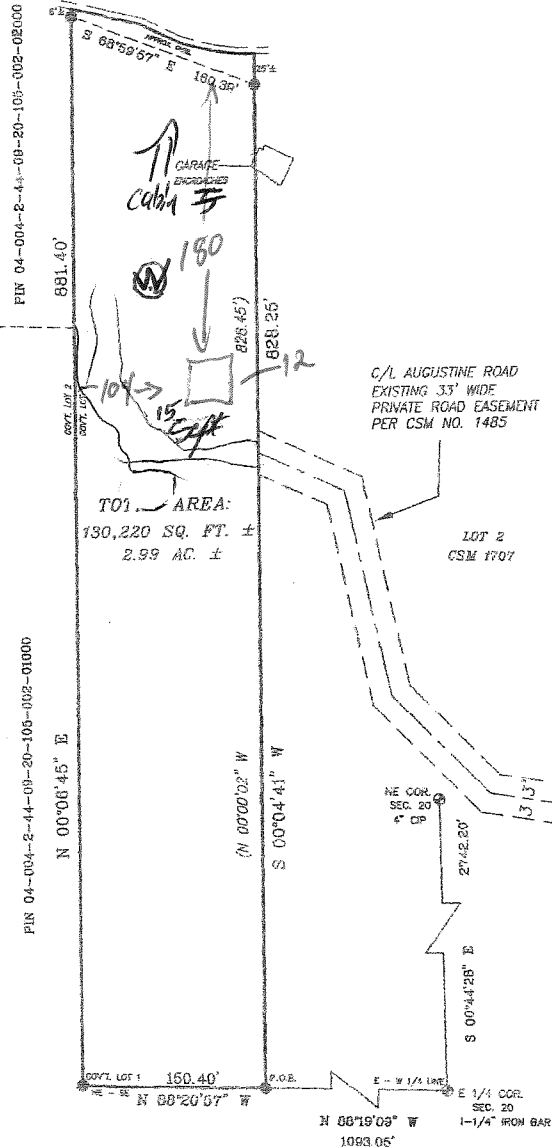
NOTE:

THE ORDINARY HIGH WATER LINE (OHWL) OF MIDDLE EAU CLAIRE LAKE IS APPROXIMATE AND FOR REFERENCE PURPOSES ONLY.

ANY LAND BELOW THE ORDINARY HIGH WATER LINE OF A LAKE OR NAVIGABLE STREAM IS SUBJECT TO THE PUBLIC TRUST IN NAVIGABLE WATERS THAT IS ESTABLISHED UNDER ARTICLE IX, SECTION 1 OF THE STATE CONSTITUTION.

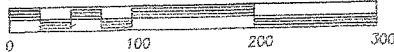
PER CLIENT'S REQUEST, NOT ALL IMPROVEMENTS WERE SURVEYED AND MAPPED.

MIDDLE EAU CLAIRE LAKE



BEARINGS ARE REFERENCED TO THE EAST LINE OF THE NE 1/4 OF SEC. 20, ASSUMED AS S 00°44'28\"/>

SCALE: 1 INCH = 100 FEET



| | | |
|--|--|---|
| <p>LEGEND</p> <ul style="list-style-type: none"> ● FOUND 1-1/2" IRON PIPE ⊙ FOUND MONUMENT, AS NOTED () RECORDED DATA | <p>CLIENT: JOYCE ROSE</p> <p>JOB: H17/103 SCALE: 1 INCH = 100 FEET FILE: M/T44N/R9W/SEC20 ACAD: H17_103_ROSE DATE OF FIELDWORK: 7/18/2017</p> <p>DRAFTED BY: T2B DATE: 7/27/2017 NB. 415 PG. 1 PSDATA: GPS.PRJ</p> | <p>HEART OF THE NORTH SURVEYING OF HAYWARD, INC.</p> <p>10339 N. DUFFY ROAD PH: 715/634-2442 HAYWARD, WI. 54843 FAX: 715/634-6444 WWW.HONSURVEYING.COM</p> |
|--|--|---|

Village, State or Federal
May Also Be Required

USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0433** Issued To: **Charles & Joyce Rose**

Location: - 1/4 of - 1/4 Section **20** Township **44** N. Range **9** W. Town of **Barnes**

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

For: **Residential Accessory Structure: [1- Story; Garage (36' x 40') = 1,440 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation unless all applicable zoning / sanitary / UDC codes are fully met.

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

October 26, 2017

Date