

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  
 Date Stamp (Redlined)  
 SEP 25 2017  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	170462
Date:	11-16-17
Amount Paid:	\$900 9-26-17
Refund:	Imp Surf. 1000-10-12-17

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.

<b>TYPE OF PERMIT REQUESTED</b> → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: <b>Sheila and John Schultz</b>	Mailing Address: <b>1917 S Shore Dr          Albert Lea, MN 56007</b>	City/State/Zip: <b>Albert Lea, MN 56007</b>	Telephone: <b>507 377 0061</b>
Address of Property: <b>12900 Lower Bladder Lake Rd</b>	City/State/Zip: <b>Iron River, WI 54847</b>	City/State/Zip: <b>Albert Lea, MN 56007</b>	Cell Phone: <b>509-402-4846</b>	Telephone: <b>507 377 0061</b>
Contractor: <b>T.B.D.</b>	Contractor Phone: <b>N/A</b>	Plumber: <b>N/A</b>	Plumber Phone: <b>N/A</b>	Telephone: <b>507 377 0061</b>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>Stephen Schraufnagel</b>	Agent Phone: <b>715 209 6372</b>	Agent Mailing Address (include City/State/Zip): <b>803 Lake Shore Dr W. Ashland WI 54806</b>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone: <b>507 377 0061</b>
PROJECT LOCATION <b>NW 1/4, SW 1/4</b>	Tax ID# (4-5 digits): <b>755430544</b>	Recorded Deed (i.e. # assigned by Register of Deeds) <b>609 R-280</b>	Subdivision: <b>30544:20</b>	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Section <b>31</b> , Township <b>48</b> N, Range <b>07</b> W	Vol & Page <b>Barksdale</b>	Lot(s) No. <b>785-39.549</b>	Lot Size <b>785-39.549</b>	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input checked="" type="checkbox"/> Shoreland →	<input 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: feet _____	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet <b>75</b>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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
\$ 300,000	<input 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 checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>sewerage</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 49' Width: 25' Height: 25' x 30'  
 Proposed Construction: Structure for privies Length: 40' x 48' Width: 42' x 46' Height: 24' x 31'

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.)	( ) ( ) ( )	( )
<input type="checkbox"/>	with Loft	( ) ( ) ( )	( )
<input checked="" type="checkbox"/>	with a Porch with (2 <sup>nd</sup> ) Porch	(30' x 12')	375-360
<input type="checkbox"/>	with a Deck	( ) ( ) ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( ) ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) ( ) ( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Balcony Great Room, Stairs</u>	(48' x 46')	1250
<input type="checkbox"/>	Accessory Building (specify) <u>Celebratory - Balcony (Benches)</u>	( ) ( ) ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
<input type="checkbox"/>	Special Use: (explain)	( ) ( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) ( ) ( )	( )
<input type="checkbox"/>	Other: (explain)	( ) ( ) ( )	( )

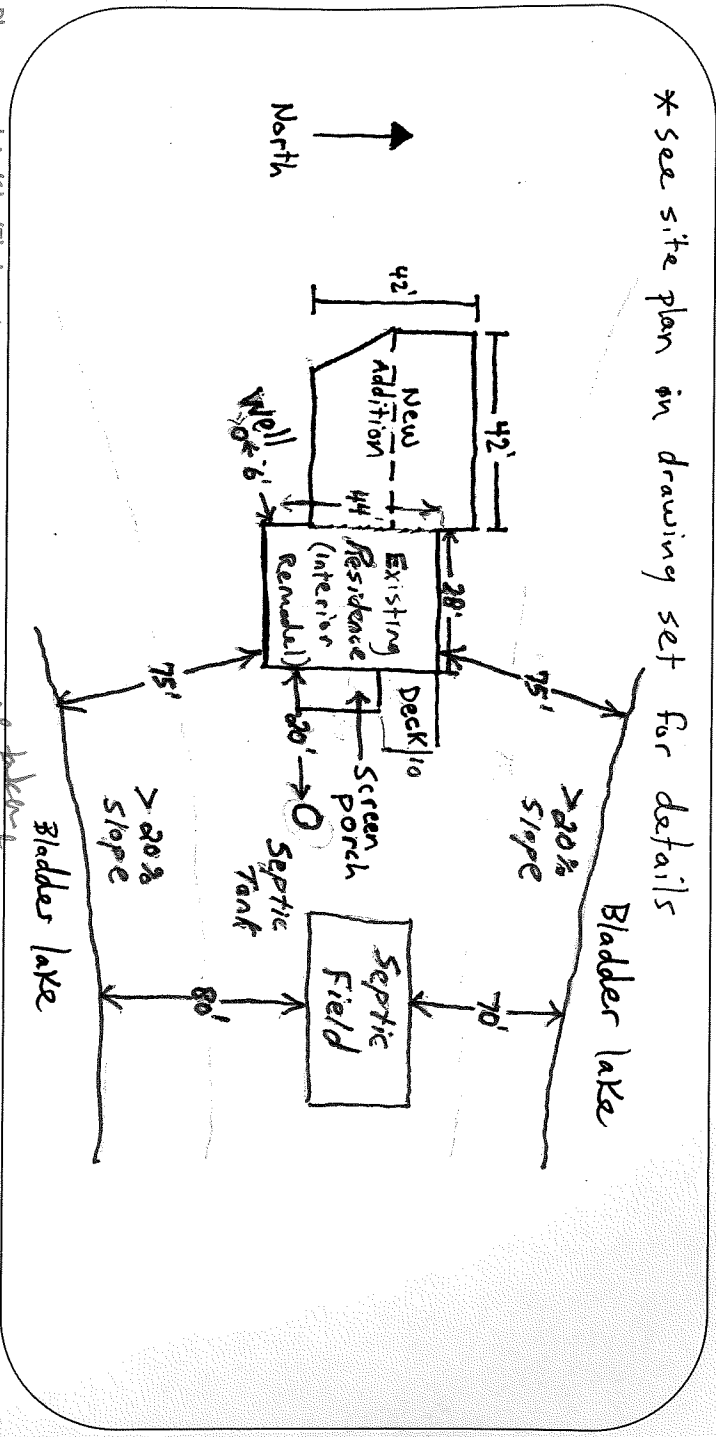
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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: [Signature] Date 9/14/17  
 Address to send permit \_\_\_\_\_  
 Attach Copy of Tax Statement if you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Imp Surface Form - Copying - they thought they attached it

- Below: Draw or Sketch your Property (regardless of what you are applying for)
- Show Location of: Proposed Construction
  - Show / Indicate: North (N) on Plot Plan
  - Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road))
  - Show: All Existing Structures on your Property
  - Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P))
  - Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond)
  - Show any (\*): (\* Wetlands; or (\* Slopes over 20%)

\* see site plan in drawing set for details  
Bladder Lake



Please complete (1) - (7) above (prior to continuing)  
Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1500 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	25 Feet
Setback from the North Lot Line	820 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	1670 Feet	Setback from Wetland	
Setback from the West Lot Line	1200 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1200 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	6 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)			

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 the 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.

Issuance Information (County Use Only)		Sanitary Number: 235442	# of bedrooms: 2	Sanitary Date: 5-26-95 (water)
Permit Denied (Date):	Reason for Denial:	Unauthorized system - 3BR on 2BR system		
Permit #: 17-0462	Permit Date: 7-25-17	11-16-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Dead or Record (Fused) Contiguous Lot(s))	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: owner states this will no longer be a rental. Inspection the system was active functioning properly after 2 BR system was used as a rental property to hold 4 people on 2 BR system. Date of Inspection: 10-18-17 Inspected by: J. W. M. P. T. Zoning District (F-1) Lakes Classification (3)				
Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached) No violations or sleeping accommodations adduced in lot. Occupancy limited to 6 persons (3 bedrooms) per undersized system at present. Units shall be replaced if it fails. Accommodation as a rental shall not exceed 6 people. Tax id 755 + 30544 shall remain in contiguous ownership + fused on a setback violation. Signature of Inspector: [Signature] Date of Approval: 11-15-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Any necessary DC permit + inspections shall be obtained + completed w/fe.

City, Village, State or Federal

Permits May Also Be Required

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X  
SANITARY – 235442 (5/26/1995)  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **17-0462** Issued To: **John & Sheila Schulz / Stephen Schraufnagel, Agent**

Location: **NW** ¼ of **SW** ¼ Section **31** Township **48** N. Range **7** W. Town of **Barksdale**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [ 1- Story; Bedroom / Great Room / Storage (48' x 46') = 1,250 sq. ft.; Covered Walkway (30' x 12') = 360 sq. ft. ] Total Overall = 1,610 sq. ft.**

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

**Condition(s):** No bedrooms or sleeping accommodations allowed in loft. Occupancy limited to 6 persons (3 bedrooms) per undersized system affidavit. POWTS shall be replaced if it fails. Accommodation as a rental shall not exceed 6 people. Tax ID #755 & #30544 shall remain in contiguous ownership and fused or a setback violation will occur. Any necessary UDC permit and inspections shall be obtained and complied with.

**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

**November 16, 2017**

Date