

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 (Required)  
 SEP 27 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-0348  
 Date: 10-10-13  
 Amount Paid: \$309  
 Refund: 9-27-13



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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Robert COCO Mailing Address: 1825 SE 41st St Cape Coral, FL 33904 Telephone: 389-541-2430

Address of Property: Raymond Barnes Add to Patawatomie City/State/Zip: Barnes, W: 54873 Cell Phone: \_\_\_\_\_

Lot 9 Raymond Barnes Add to Patawatomie Contractor Phone: 715-795-3399 Plumber: Ulsoky Plumbing & Heating Plumber Phone: 715-748-3885

Contractor: Raymond Barnes Const Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-795-3399 Agent Mailing Address (include City/State/Zip): 2160 Birch Tree Tr, Barnes, WI 54873 Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, \_\_\_\_\_ 1/4 PIN: (23 digits) 04-004-2-45-09-07-00-0110-0400 Recorded Document: (i.e. Property Ownership) 1114 Page(s) 568

Section 501, Township 45N, Range 09 W Town of: Barnes Lot Size \_\_\_\_\_ Average \_\_\_\_\_

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? No If Yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? No If Yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$103,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<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 type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 33' Width: 33' Height: 23'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( <u>33</u> X <u>33</u> )	<u>1034</u>
<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( <u>   </u> X <u>   </u> )	<u>   </u>
	with Loft	( <u>   </u> X <u>   </u> )	<u>   </u>
	with a Porch	( <u>   </u> X <u>   </u> )	<u>   </u>
	with (2 <sup>nd</sup> ) Deck	( <u>8</u> X <u>33</u> )	<u>256</u>
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( <u>32</u> X <u>33</u> )	<u>1034</u>
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Mobile Home (manufactured date) _____	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Addition/Alteration (specify) _____	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Accessory Building (specify) _____	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Special Use: (explain) _____	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Conditional Use: (explain) _____	( <u>   </u> X <u>   </u> )	<u>   </u>
<input type="checkbox"/>	Other: (explain) _____	( <u>   </u> X <u>   </u> )	<u>   </u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) hereby certify 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) shall be liable for the accuracy 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: 9-22-13

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

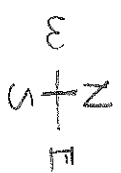
Authorized Agent: Raymond Barnes Attach \_\_\_\_\_

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

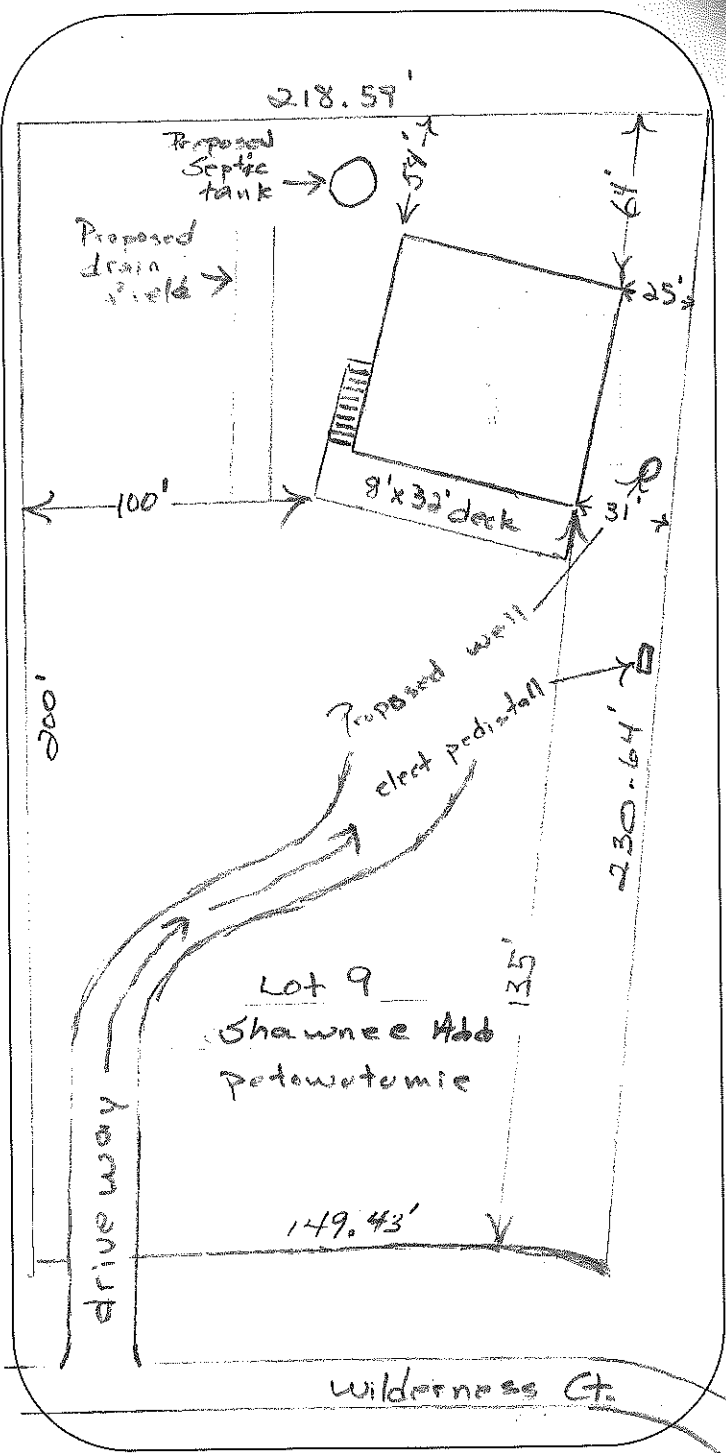
Address to send permit 2160 Birch Tree Tr, Barnes, WI 54873 Copy of Tax Statement \_\_\_\_\_

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 (\*):



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	120+	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	135	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	95	Setback from the Bank or Bluff	
Setback from the South Lot Line	100	Setback from Wetland	N/A
Setback from the West Lot Line	54	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	135	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	15	Setback to Well	15
Setback to Drain Field	18		
Setback to Privy (Portable, Composting)	N/A		

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 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)**

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit # 13-0348 Permit Date: 10-10-13 Sanitary Number: 13-117S # of bedrooms: 2 Sanitary Date: 10-10-13

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record) \_\_\_\_\_

Is Parcel in Common Ownership  Yes  No (Fused/Contiguous Lots)

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Affidavit Required  Yes  No

Affidavit Attached  Yes  No

Inspection Record: Well Staked, Metcalf set back.

Date of Inspection: 10-1-13 Inspected by: Mr. Fustal Zoning District (R-1) Lakes Classification (N/A)

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

Signature of Inspector: Michael J. Fustal Date of Approval: 10-7-13

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

A uniform dwelling code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction.

**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)  
**SEP 18 2013**  
 Bayfield Co. Zoning Dept.

Permit #:	13-0349	ENTERED
Date:	10-10-13	
Amount Paid:	\$180	
Refund:	9-23-13	

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/assp](http://www.bayfieldcounty.org/zoning/assp))

<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: Greg & Laura Smith Address of Property: 8005 Lake Rd	Mailing Address: 1594 Hillcrest Ave City/State/Zip: Barnes, WI 54873	Telephone: 651-698-2709 Cell Phone: 602-361-4838
Contractor: Greg Peterson Authorized Agent: (Person Signing Application on behalf of Owner(s)) Greg Peterson	Contractor Phone: 558-1828 Agent Phone: 715-558-1828	Plumber: 11397N Colker Rd Hayward WI
Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Recorderd Document: (i.e. Property Ownership) Volume 976 Page(s) 994	
P.D.F. LOCATION: 1/4, 1/4 Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-3-44-09-08-3-05-006-19000	
Section 8, Township 44 N, Range 9 W	Town of: Barnes	Lot Size: Acreage 468

<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Non-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 235	<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure Is from Shoreline: feet			

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$60,000	<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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<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"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 38' Width: 32' Height: 24'  
 Proposed Construction: Length: 38' Width: 32' Height: 24'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
	with Loft	( ) ( )	( )
	with a Porch	( ) ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with Attached Garage	( ) ( )	( )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(16.5' x 32')	528
	Mobile Home (manufactured date)	(15' x 16')	80
	Addition/Alteration (specify)	( ) ( )	( )
	Accessory Building (specify)	garage	896
	Accessory Building Addition/Alteration (specify)	CON - TO	320
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance			
OCT 10 2013			
Secretarial Staff			

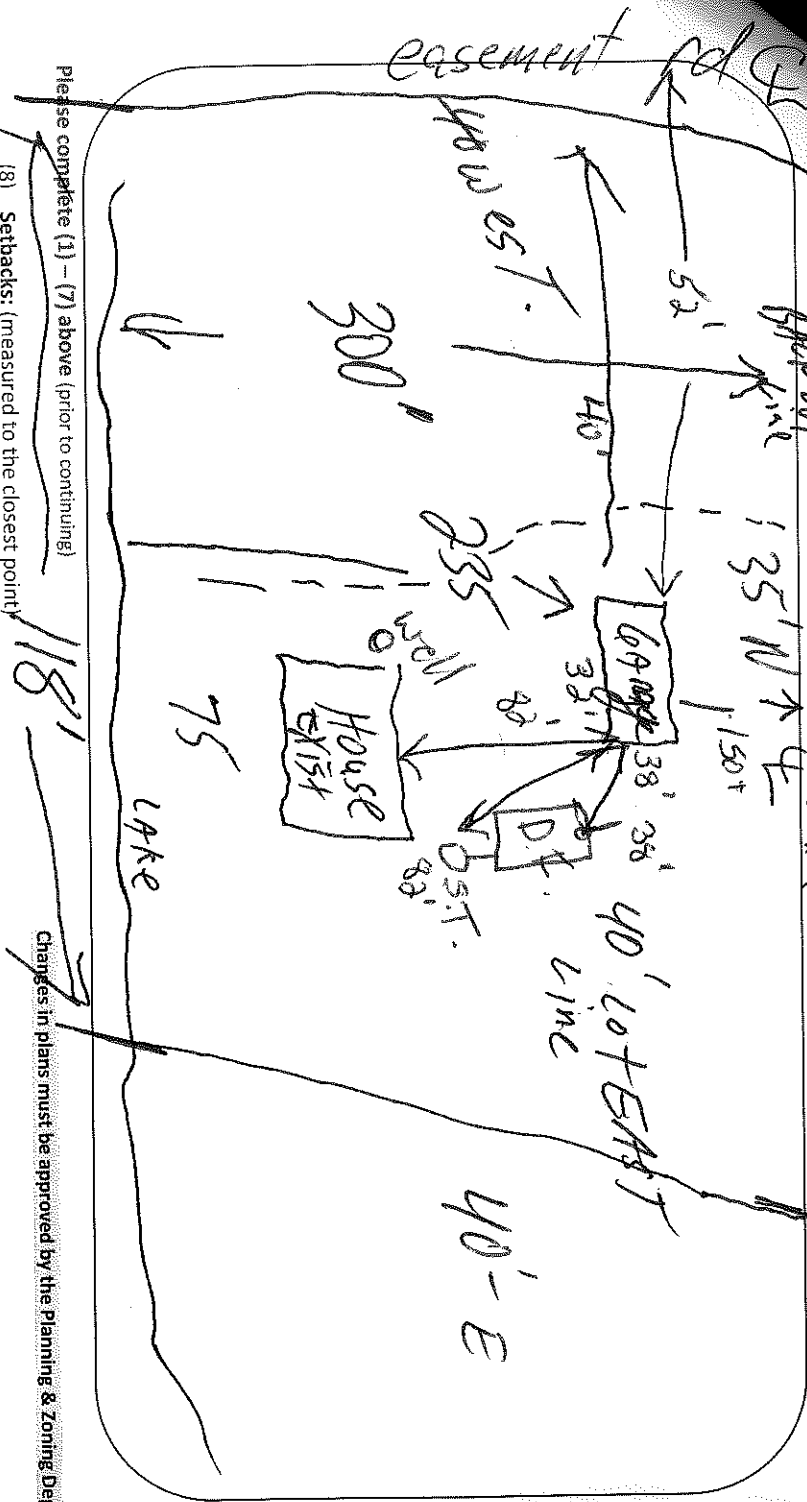
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 the 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): Greg Peterson Date 9-10-13  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Greg Peterson Date 9-12-13  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit 11397 N Company Lake Rd, Hayward, WI 54843 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)

Lake Road

- Proposed Construction
- (1) Show / Indicate: North (N) on Plot Plan
  - (2) Show Location of (\*): 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% Lake Rd



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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600'	Setback from the Lake (ordinary high-water mark)	350' Feet
Setback from the Established Right-of-Way	405'-00"	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	75' NA	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	35' NA	Setback from Wetland	NA Feet
Setback from the West Lot Line	40' NA	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	40' NA	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30' 38' Feet	Setback to Well	30' 4' Feet
Setback to Drain Field	30' 38' 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 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Permit #: 13-03349 Permit Date: 10-10-13

Is Parcel a Sub-Standard Lot:  Yes  No (Deed of Record)  Yes  No

Is Parcel in Common Ownership:  Yes (Fused/Contiguous Lots)  No

Is Structure Non-Conforming:  Yes  No

Granted by Variance (B.O.A.): \_\_\_\_\_ Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.):  Yes  No

Was Parcel Legally Created:  Yes  No

Were Property Lines Represented by Owner:  Yes  No

Was Proposed Building Site Delineated:  Yes  No

Was Property Lines Represented by Owner:  Yes  No

Inspection Record: Well staked. Mistake of setbacks.

Date of Inspection: 10-8-13 Inspected by: M. Furtak

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

A residential accessory structure or part of a residential accessory structure with or without plumbing which is used as temporary sleeping quarters only; no cooking or food preparation facilities; and no greater than 500 sq. ft. of enclosed dwelling space.

Signature of Inspector: Michael Furtak Date of Approval: 10-10-13

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_