

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
 MAR 30 2012

| | |
|--------------|-------------------------|
| Permit #: | B-0096 |
| Date: | 5-3-12 |
| Amount Paid: | \$125.00 PDS 4/25/12 |
| 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 BY BAYFIELD CO. ZONING DEPT. 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: Coster L. ROGERS Mailing Address: 3039 15th Ave. S. Minneapolis MN 55407 City/State/Zip: Minneapolis MN 55407 Telephone: 612-782-8449
 Address of Property: LENA STOCKHOUSE-ROGERS City/State/Zip: Barnes WI, 54873 City/State/Zip: Minneapolis MN 55407 Cell Phone: 612-214-0690
 N. Beaver 1 Badger trail Contractor Phone: Plumber: Plumber Phone:
 Contractor: Unknown Right Now Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes No
 Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: IRONDIS ADD TO Pothukoni PIN: (23 digits) 04 004-2-45-09-17-2-00-205 2700 sq
 Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot Lot(s) GSM Vol & Page Lot(s) No. 30 Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume INV 1059 Page(s) P12440
 Section 17, Township 45 N, Range 9 W Town of: Barnes WI. Lot Size 8150 x 250 Acreage 0.803

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/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: feet
 Non-Shoreland

| 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 |
|--|--|--|--|--|---|--|
| \$ <u>10,000</u> | <input checked="" type="checkbox"/> New Construction | <input 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 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 type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input checked="" type="checkbox"/> None |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <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"/> Foundation | <input type="checkbox"/> _____ | | <input type="checkbox"/> Compost Toilet | |

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:
 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) <u>Garage</u> | <u>20 x 22</u> | <u>440</u> |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (<u> </u> x <u> </u>) | |
| | <input type="checkbox"/> with Loft | (<u> </u> x <u> </u>) | |
| | <input type="checkbox"/> with a Porch | (<u> </u> x <u> </u>) | |
| | <input type="checkbox"/> with (2 nd) Deck | (<u> </u> x <u> </u>) | |
| | <input type="checkbox"/> with a Deck | (<u> </u> x <u> </u>) | |
| | <input type="checkbox"/> with (2 nd) Deck | (<u> </u> x <u> </u>) | |
| | <input type="checkbox"/> with Attached Garage | (<u> </u> x <u> </u>) | |
| <input type="checkbox"/> Commercial Use | 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>) | |
| | Mobile Home (manufactured date) _____ | (<u> </u> x <u> </u>) | |
| | Addition/Alteration (specify) _____ | (<u> </u> x <u> </u>) | |
| | Accessory Building (specify) _____ | (<u> </u> x <u> </u>) | |
| | Accessory Building Addition/Alteration (specify) _____ | (<u> </u> x <u> </u>) | |
| <input type="checkbox"/> Municipal Use | Special User: (explain) _____ | (<u> </u> x <u> </u>) | |
| | Conditional Use: (explain) _____ | (<u> </u> x <u> </u>) | |
| | Other: (explain) _____ | (<u> </u> x <u> </u>) | |

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): Coster L. ROGERS Coster L. ROGERS Date 3-9-2012
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

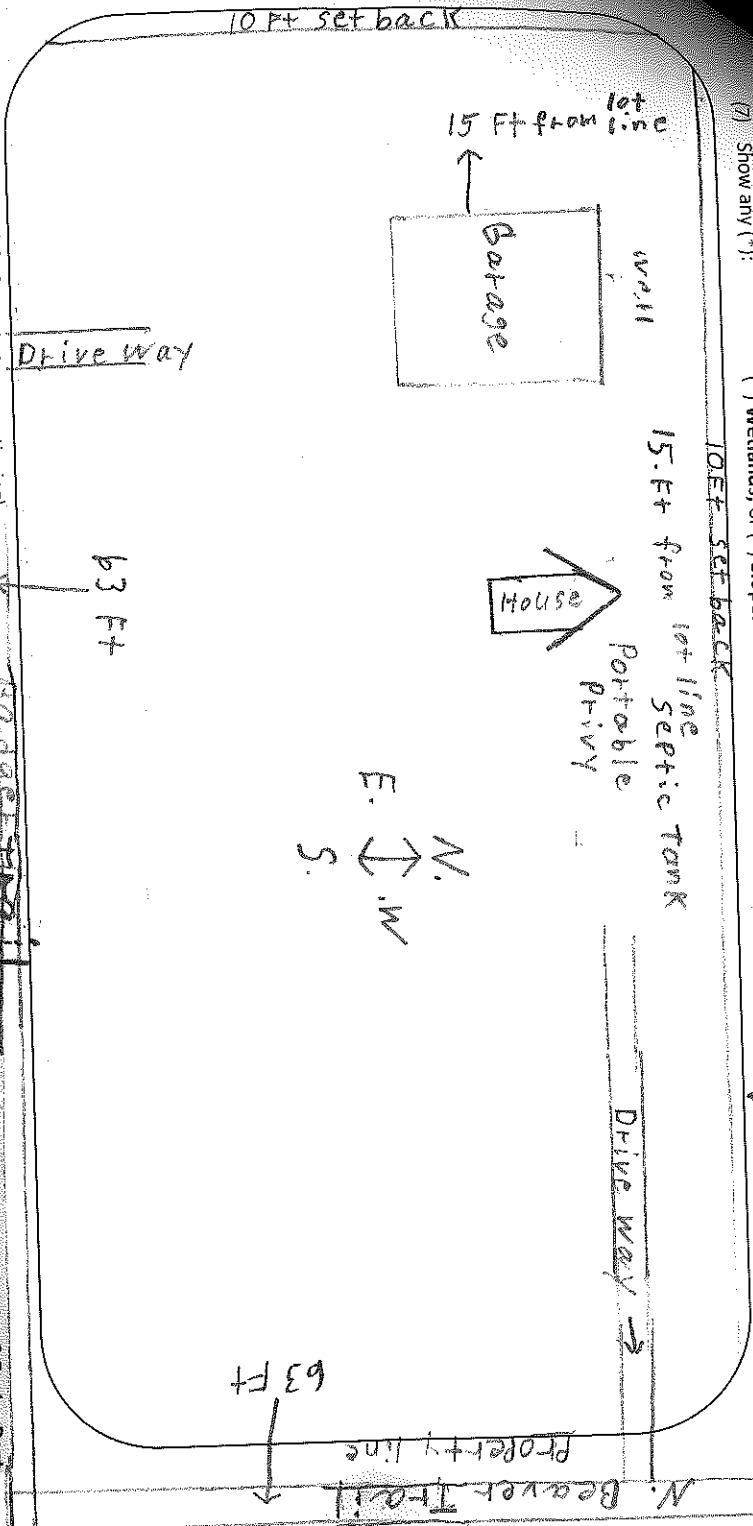
Authorized Agent: Coster L. ROGERS Date 3-9-2012
 (If you are signing on behalf of the Owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance 3039 15th Ave. South Minneapolis, MN 55407 Copy of Tax Statement OK
 Address to send permit MAY 3 2012 Applicant - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 155/12
 Attach OK
5/12
KLK

Secretarial Staff

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

- Proposed Construction
- (*) North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) Wetlands; or (*) Slopes over 20%
- Property line ↓



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 | 63 FT Foot | Setback from the Lake (ordinary high-water mark) | Foot |
| Setback from the Established Right-of-Way | NA Foot | Setback from the River, Stream, Creek | Foot |
| Setback from the North Lot Line | 15 FT Foot | Setback from the Bank or Bluff | Foot |
| Setback from the South Lot Line | 63 FT Foot | Setback from Wetland | Foot |
| Setback from the West Lot Line | 63 FT Foot | Setback from 20% Slope Area | Foot |
| Setback from the East Lot Line | 15 Foot | Elevation of Floodplain | Foot |
| Setback to Septic Tank or Holding Tank | 15 Foot | Setback to Well | Foot |
| Setback to Drain Field | 15 Foot | | |
| Setback to Privy (Portable, Composting) | 15 Foot | | |

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 of the structure, or must be 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit # 19-00916 Permit Date: 5-3-12

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (fused/contiguous lots) 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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Affidavit Attached Yes No Yes No

Inspection Record:

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspected by: Michael Stucke Inspected by: M. Finkbe

Date of Inspection: 4-3-12 Date of Re-Inspection: _____

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

Not to be used for human habitation.

Signature of Inspector: Michael Stucke Date of Approval: 4-5-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: 4125/112

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION
 (Please Print All Information)
 Property Owner's Name: Lena Stackhouse-Rogers
 Property Owner's Mailing Address: Badger Trail and N Beaver Trail
 City, State: Minneapolis, MN. Zip Code: 55407 Phone Number: 612 732 8949

Soil Type: D **RECEIVED** Bayfield County Permit No: 12-0092
 APR 10 2012
 County: Bayfield
 Property: Bayfield Co. Zoning Dept 1/4 S 11 T45 N.R. 9
 Township: Barnes Block #: 30 Parcel ID: 30 Subdivision Name or CSM #:

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms: _____
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)
 A) New Replacement County Private Interceptor
 B) Reconnection Repair Revision Transfer of Owner (List Previous Owner below)
 C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)
 D) Portable Privy (RV **Temporary Use Only**) Composting Toilets Incinerating Toilet

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above.
 A Sanitary Permit was previously issued. **Previous Permit Number:** _____ Date Issued: _____

V. ABSORPTION SYSTEM INFORMATION:

| 1. Gallons Per Day | 2. Absorp. Area Required (Sq.Ft.) | 3. Absorp. Area Proposed (Sq. Ft.) | 4. Loading Rate (Gals. / Day / Sq.Ft.) | 5. Perc. Rate (Min. Inch) | 6. System Elev. (Feet) | 7. Final Grade Elev. (Feet) | | | | |
|--------------------|-----------------------------------|------------------------------------|--|---------------------------|------------------------|-----------------------------|---------------------|----------------|---------------|------------|
| | | | | | | | Capacity In Gallons | Existing Tanks | Total Gallons | # of Tanks |
| | | | | | | | | | | |

VI. TANK INFORMATION:

| Capacity In Gallons | Existing Tanks | Total Gallons | # of Tanks | Manufacturer's Name | Prefab. Concrete | Site Constructed | Steel | Fiber-glass | Plastic | Exper. App. |
|---------------------|----------------|---------------|------------|---------------------|------------------|------------------|-------|-------------|---------|-------------|
| | | | | | | | | | | |

VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's / **Owner's** Name: (Print) Caster L. Rogers Plumber's / **Owner's** Signature: (No Stamps) Lena Stackhouse-Rogers
 Plumber's Address: Lena Stackhouse-Rogers Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY

| | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Disapproved | Sanitary Permit/Transfer Fee: <u>\$150.00</u> | Date Issued: <u>5-3-12</u> | Issuing Agent's Signature / Date: <u>MM Truchb 4-16-12</u> |
| <input checked="" type="checkbox"/> Approved | Owner Given Initial <u>LR</u> | Adverse Determination <u>4/10/12</u> | |

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:
No water under pressure in RV