

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 Rec'd (Received)  
**APR 25 2012**  
 Bayfield Co. Zoning Dept.

Permit #:	12-0116	ENTERED
Date:	5-9-12	
Amount Paid:	\$675.00 ROS	
Refund:	4/25/12	

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: **LAURENCE H HENDRICKSON** Mailing Address: **City West Pkwy** City/State/Zip: **ESSEN PRVIE MN 55344-3245** Telephone: **612-333-4251**

Address of Property: **51945 Pease Rd** City/State/Zip: **BARNES WIS 54873** Cell Phone: **612-889-3426**

Contractor: **Sjostrom cont FNC** Contractor Phone: **715-434-4427** Plumber: **ANDRY RASMUSSEN + SONS** Plumber Phone: **715-798-3355**

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
**TRAK Sjostrom** Agent Phone: **cell 715-558-1440** Agent Mailing Address (include City/State/Zip): **13027 N LARSEN RD HAYWARD WIS 54843** Written Authorization Attached  Yes  No

PROJECT LOCATION: **NE 1/4, NW 1/4** Gov't Lot: **2** Lot(s): **2** CSM: **04-001-2-44-09-01-205-002** Block(s) No.: **1000** Volume: **693** Subdivision: **268** Recorded Document: (i.e. Property Ownership) **268** Pages(s)

Section **1**, Township **44** N, Range **9** W Town of: **BARNES** Lot Size: **18.75** Acreage

Shoreland  Non-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: **175** feet

Is Property/Land within 1000 Feet of Lake, Pond or Flowage?  If yes---continue  Distance Structure is from Shoreline: **175** 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
<b>\$225,000.</b>	<input 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 checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>Le Bed</b>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: **39'4"** Width: **27'4"** Height: **27'**

Proposed Construction: Length: **39'4"** Width: **27'4"** Height: **27'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( <input type="checkbox"/> X <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"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Addition/Alteration (specify) <b>5 Bedroom Addition</b>	( <b>39'4" X 27'4"</b> )	<b>1075</b>
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building Addition/Alteration (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Special Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

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): \_\_\_\_\_ Date: **4-24-2012**

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

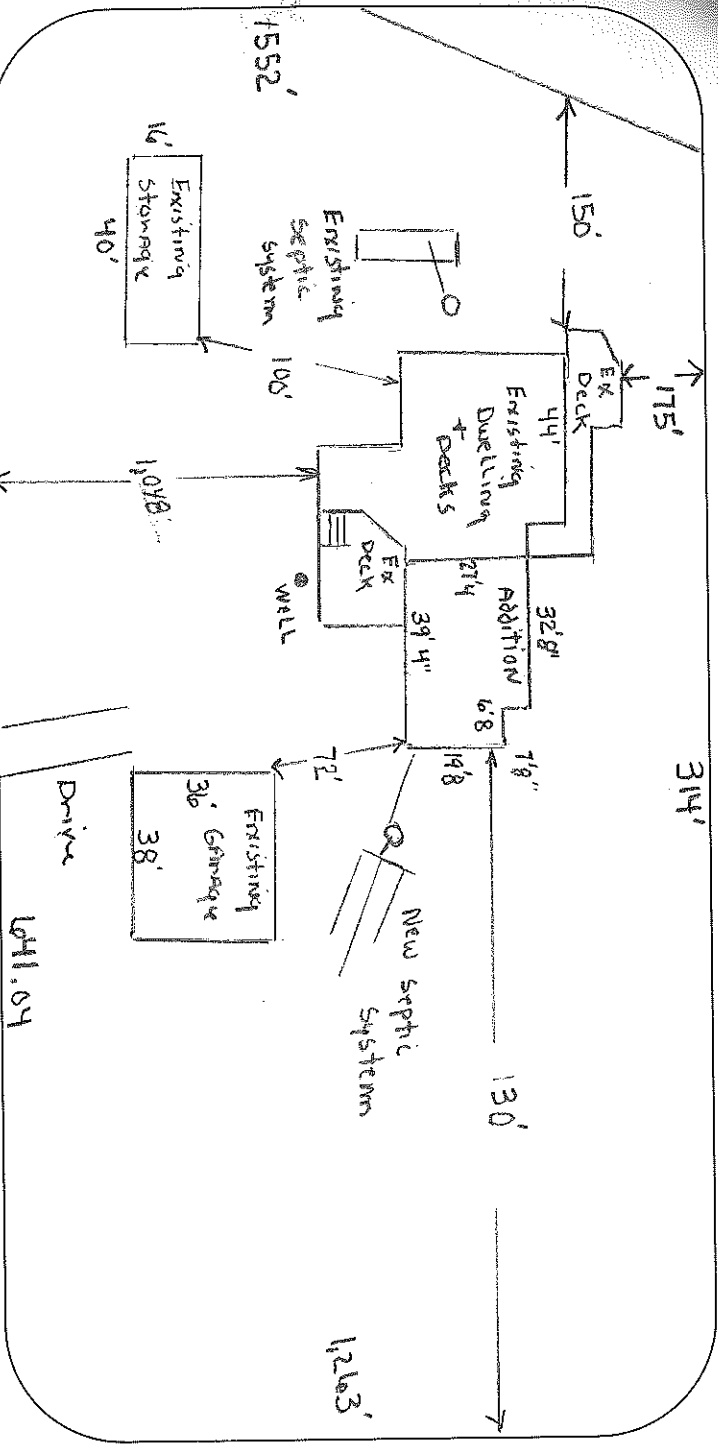
Authorized Agent: **Trak Sjostrom** (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date: **4-24-2012**

Rec'd for Issuance: **13027 N LARSEN RD HAYWARD WIS 54843** Attach Copy of Tax Statement

Address to send permit: \_\_\_\_\_ If you recently purchased the property send your Recorded Deed

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

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: 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%



Please complete (1) - (7) above (prior to continuing) Perse Road 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	1175' Feet	Setback from the Lake (ordinary high-water mark)	175' Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	160' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	150' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	175' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	1048' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	3' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA 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 Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits. 5-7-01

**Issuance Information (County Use Only)** Sanitary Number: 367659 # of bedrooms: 5 Sanitary Date: 5-9-12  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: B-0116 Permit Date: 5-9-12

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	We're 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 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: Well Staked Meta all setbacks M. Fustak  
 Date of inspection: 4-26-12 Inspected by: M. Fustak  
 Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

Signature of Inspector: Michael Fustak Date of Approval: 4-26-12  
 Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: