

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  
 JUL 25 2012



Permit #:	12-02716
Date:	8-8-12
Amount Paid:	\$1350.00
Refund:	7142/12

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)

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <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: <u>Gene &amp; Kim Hueth</u>	Mailing Address: <u>8845 108th Lane Forest Lake MN 55005</u>	City/State/Zip: <u>Forest Lake MN 55005</u>	Telephone: <u>651-982-0145</u>			
Address of Property: <u>50455 Peninsula Rd</u>	Contractor Phone: <u>715-795-2358</u>	Plumber: <u>Don Mathley</u>	Cell Phone: <u>651-249-3188</u>			
Contractor: <u>Dave Christenson</u>	Agent Phone: <u>715-795-2358</u>	Agent Mailing Address (include city/state/zip): <u>715-739-6255</u>	Written Authorization Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Dave Christenson</u>	PIN: (23 digits) <u>04-004-244-09-09-100-172-03000</u>		Recorded Document: (i.e. Property Ownership) <u>309</u>	Page(s) <u>279</u>		
PROJECT LOCATION: <u>1/4, 1/4</u>	Gov't Lot: <u>2</u>	Lot(s): <u>2</u>	CSM: <u>196</u>	Vol & Page: <u>2 P. 242</u>	Lot(s) No.: <u>5</u>	Block(s) No.: <u>3</u>
Section: <u>09</u> , Township: <u>44</u> N, Range: <u>09</u> W	Town of: <u>Barnes</u>		Subdivision: <u>Earl Claire Lake Park</u>	Volume: <u>150' x 366'</u>	Lot Size: <u>150' x 366'</u>	Acreage: <u>1.350</u>

<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?	<input type="checkbox"/> If yes---continue	Distance Structure is from Shoreline: <u>150</u> feet	<input type="checkbox"/> 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"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If yes---continue	Distance Structure is from Shoreline: <u>150</u> 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
\$450,000	<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 checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Drain Field</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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	Principal Structure (first structure on property)	( <u>166</u> x <u>261</u> )	<u>1888</u>
	Residence (i.e. cabin, hunting shack, etc.) with Loft	( <u>106' x 8'</u> )	<u>104</u>
	with a Porch	( <u>37</u> x <u>18</u> )	<u>666</u>
	with a Deck	( <u>30</u> x <u>28</u> )	<u>896</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)	( _____ )	( _____ )
	Mobile Home (manufactured date)	( _____ )	( _____ )
	Addition/Alteration (specify)	( _____ )	( _____ )
	Accessory Building (specify)	( _____ )	( _____ )
	Accessory Building Addition/Alteration (specify)	( _____ )	( _____ )
	Special Use: (explain)	( _____ )	( _____ )
	Conditional Use: (explain)	( _____ )	( _____ )
	Other: (explain)	( _____ )	( _____ )

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 for reasonable time for the purpose of inspection.

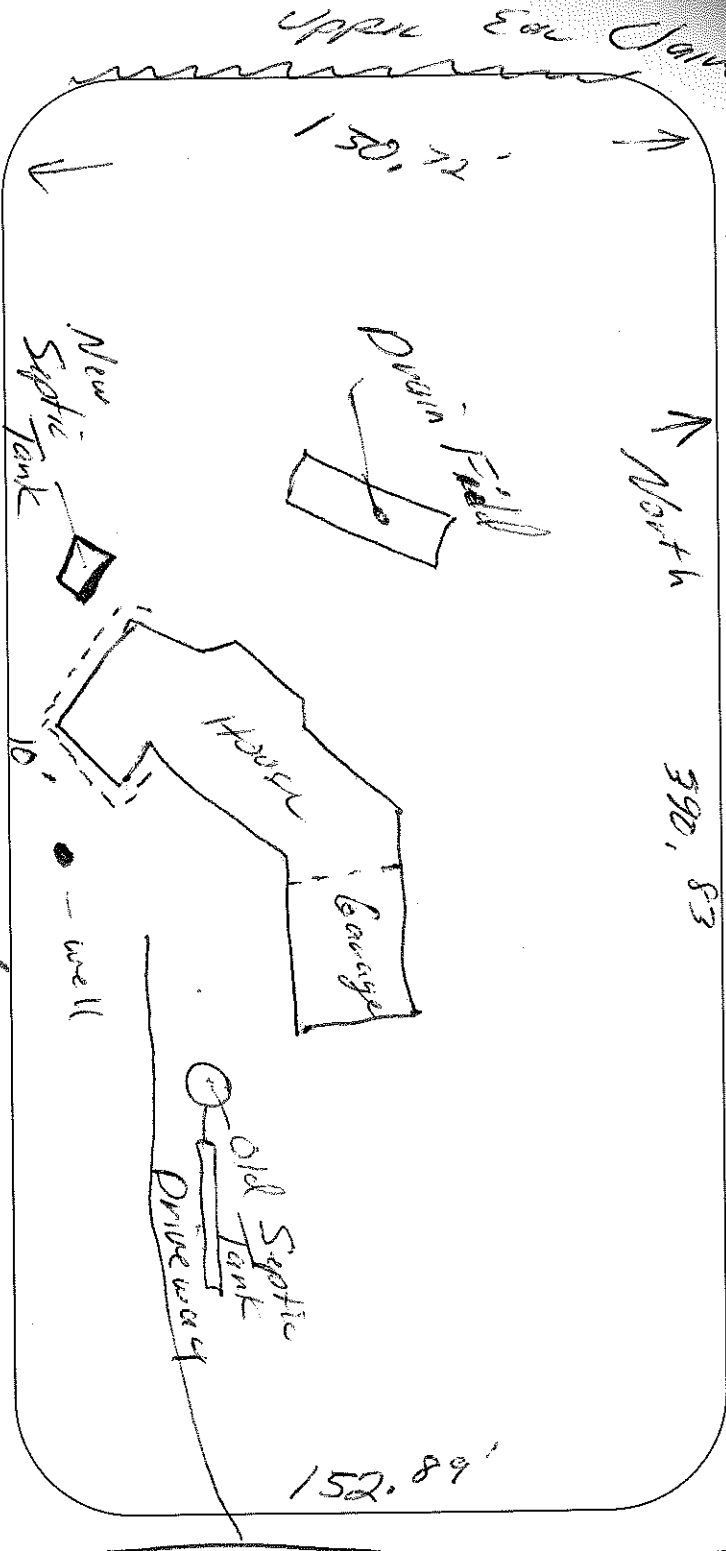
Owner(s): Gene & Kim Hueth Date: 7-24-12  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Kevin Hueth Date: \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address: ABG permit Attach  Copy of Tax Statement  
ABG permit If you recently purchased the property send your Recorded Deed

Below: 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)  
 (8) Setbacks: (measured to the closest point)  
 359'± changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100'± Feet	Setback from the Lake (ordinary high-water mark)	150' Feet
Setback from the Established Right-of-Way	100'± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	75' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	10' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	140' Feet	Setback from 20% Slope Area	15' Feet
Setback from the East Lot Line	165' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	15' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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 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: 12-775 # of bedrooms: 3 Sanitary Date: 8-2-12  
 Reason for Denial: \_\_\_\_\_

Permit #: 12-0276 Permit Date: 8-8-12

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

Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner  Yes  No  
 Was Proposed Building Site Delineated  Yes  No Was Property Surveyed  Yes  No

Inspection Record: well staked. Metals all staked. Property lines per contractor's representations. Inspected by: M. Fuchs

Date of Inspection: 8-1-12

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

Signature of Inspector: Michael Swade Date of Approval: 8-3-12

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