

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  
 DEPT. OF PUBLIC WORKS  
 Date Submitted (Received)  
 OCT 1 1 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-0412
Date:	10-17-12
Amount Paid:	\$75
Refund:	10-12-12

ENTERED

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: Francis Tyson Mailing Address: 12513W Moreland Rd Hayward, WI 54843 Telephone: 715 462-3285

Address of Property: 45100 St Hwy 27 City/State/Zip: Barnes, WI 54821 Cell Phone:

Contractor: SEH/ITW YODER → Contractor Phone: 634-0537 Plumber: 558-3470 cell Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: SW 1/4, SE 1/4 Gov't Lot Lot(s) CSM Val & Page Lot(s) No. Block(s) No. Subdivision: Lot Size: 41.245 Acreage

Section 4, Township 43 N, Range 9 W Town of: Barnes

Legal Description: (Use Tax Statement) SW 1/4, SE 1/4 PIN: (23 digits) 04 004-3-43-09-04-403-000-1000 Volume 780 Page(s) 987

Recorded Document: (i.e. Property Ownership) 780 Page(s) 987

Shoreland →  Is Property/Land within 1000 feet of Lake, Pond or Flowage  
 If yes---continue →  If yes---continue →

Distance Structure is from Shoreline: 150+ feet  
 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
\$ <u>19,000</u>	<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 type="checkbox"/> (New) Sanitary Specify Type: <u>        </u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u>        </u>	<input type="checkbox"/> 3	Sanitary (Exists) Specify Type: <u>        </u>	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u>        </u>	<input type="checkbox"/> 3	Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> <u>        </u>	<input type="checkbox"/> None	Compost Toilet	

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

Proposed Construction: Length: 40 Width: 24 Height: 12'

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	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) <u>        </u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Addition/Alteration (specify) <u>        </u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify) <u>Storage</u>	( <u>24 x 40</u> )	<u>960 sq ft</u>
	Accessory Building Addition/Alteration (specify) <u>        </u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Special Use: (explain) <u>        </u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain) <u>        </u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain) <u>        </u>	( <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): Francis Tyson Date 10-11-12  
 (If there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)

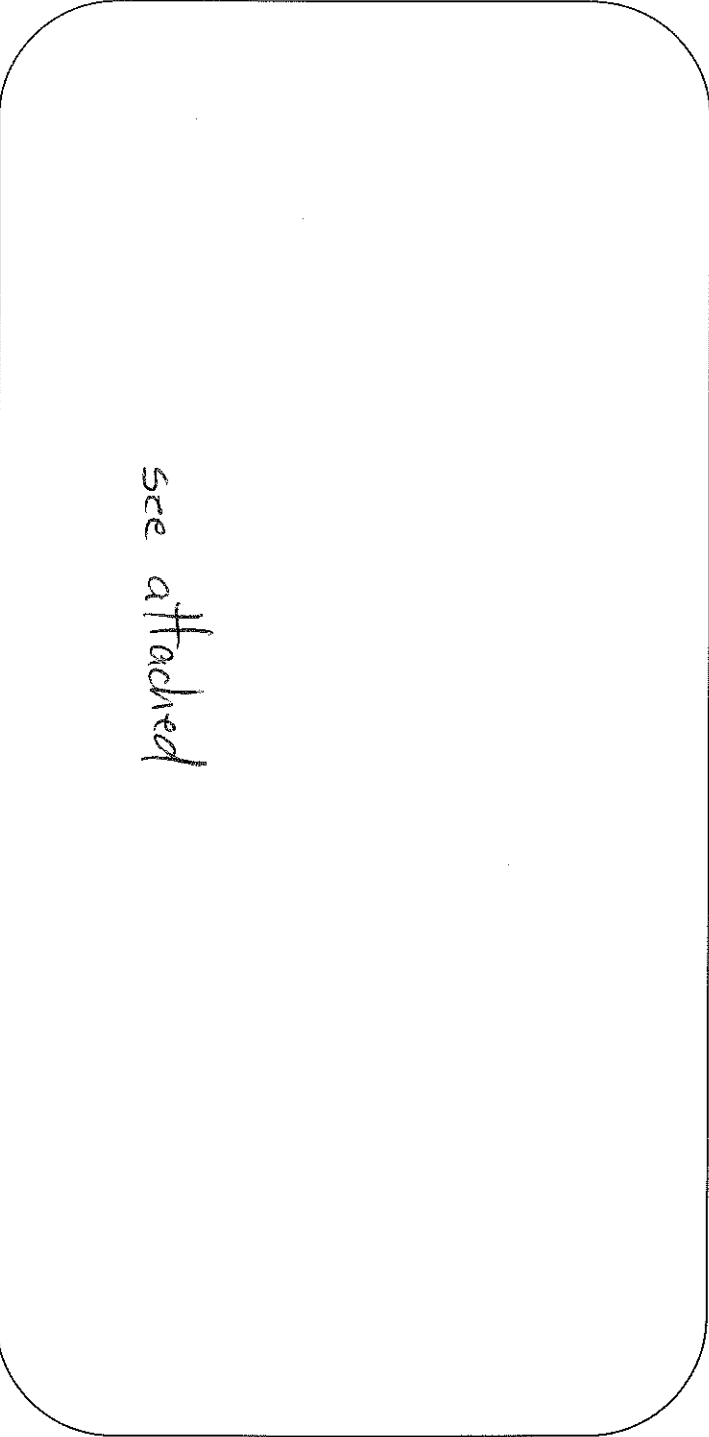
Authorized Agent:          Date           
 (If there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)

Rec'd for Issuance          are signing on behalf of the owner(s) a letter of authorization must accompany this application  
 Address to send permit same as above Copy of Tax Statement   
Oct 17 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Check box 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)

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	5000+ Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	5000+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	6000+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	5000+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	3000+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	5000+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	500 Feet	Setback to Well	N/A 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 Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <b>12-0412</b>	Permit Date: <b>10-17-12</b>		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inspection Record:</b> Date of Inspection: <b>10-16-12</b> Inspected by: <b>M. J. Fustale</b> Zoning District: <b>(E-1)</b> Lakes Classification: <b>(3)</b>	<b>Well Stakes! Metall setholes!</b> <b>No water under pressure in structure. May not be used for human habitation.</b> Signature of Inspector: <b>Michael Stuhl</b> Date of Approval: <b>10-17-12</b>		
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

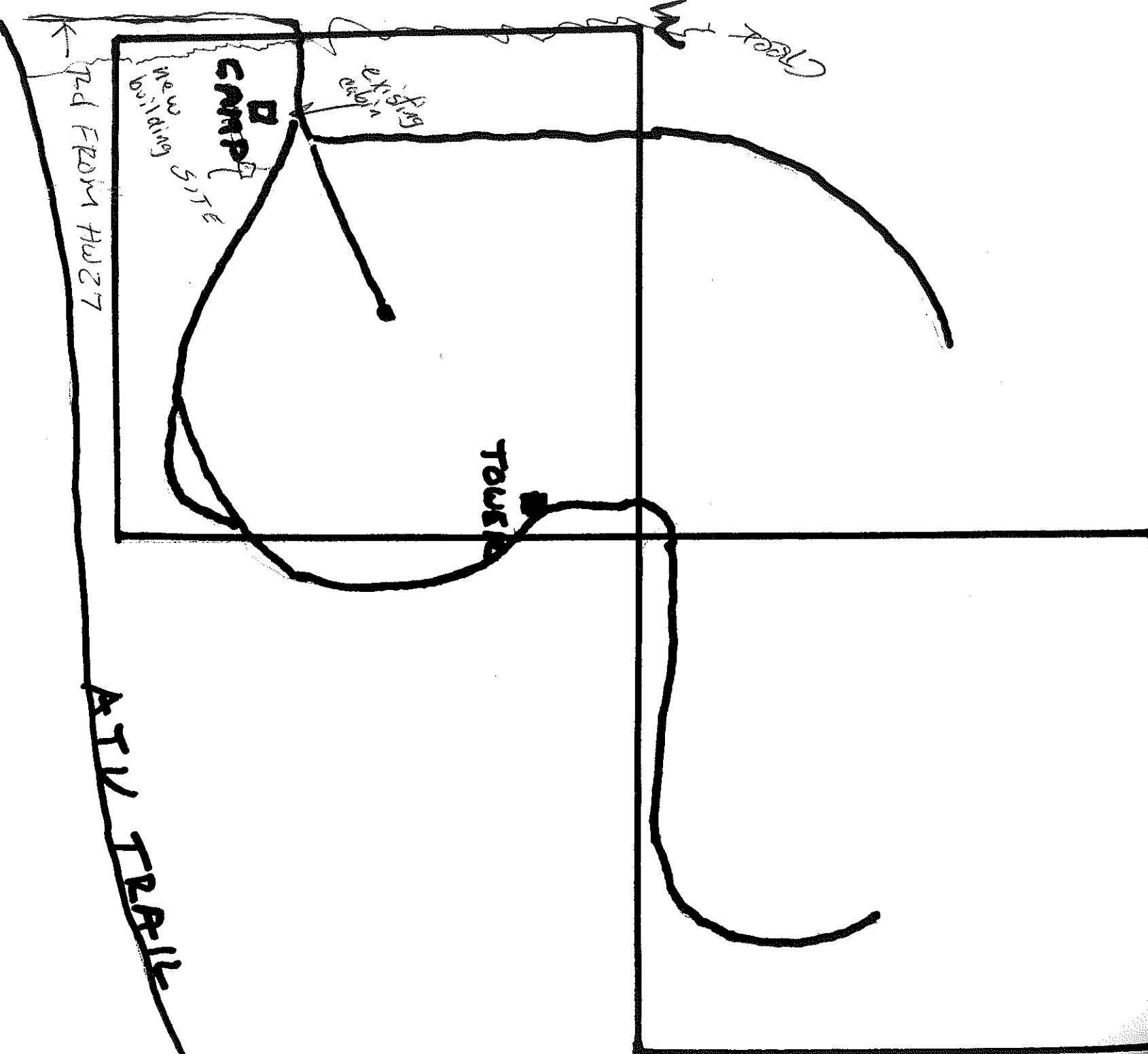
F. T. 5041

462-3289

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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  
 Stamp (Received)  
 OCT 09 2012  
 Bayfield Co. Zoning Dept.

Permit #: 12-0116  
 Date: 10-19-12  
 Amount Paid: \$75.00 PDS  
 10/9/12  
 Refund:   
 ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are made payable to: Bayfield County Zoning Department.  
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TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Marcia Lovengren et al.  
 Address of Property: 1660 Lower Lake Rd.  
 City/State/Zip: Barnev, WI 54873  
 Telephone: 340 589-3434  
 Cell Phone:

Contractor: self  
 Contractor Phone: \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Name: \_\_\_\_\_  
 Agent Phone: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: N 250' of S 589' of of 110' of S 339' of of  
 Legal Description: (Use Tax Statement) 04-004-2-44-09-30-1 05-001-60000  
 PIN: (23 digits) 04-004-2-44-09-30-1 05-001-60000  
 Recorded Document: (i.e. Property Ownership) Volume 167 Page(s) 580-81

Section 30, Township 44 N, Range 9 W  
 Town of: BARNEV

Gov't Lot: 1 Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Lot Size: \_\_\_\_\_ Acreage: 14.864

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: \_\_\_\_\_ feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage  
 Distance Structure Is from Shoreline: 100'+  
 If Yes--continue -->

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
\$6,000	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<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"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u> <input checked="" type="checkbox"/> Privy (Pit) or 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: \_\_\_\_\_ 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)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
	with Loft	( ) X ( )	( )
	with a Porch	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
	with a Deck	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>SCREEN PORCH + KITCHEN</u>	( ) X ( )	( )
	Accessory Building (specify)	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
	Special Use: (explain)	( ) X ( )	( )
	Conditional Use: (explain)	( ) X ( )	( )
	Other: (explain)	( ) X ( )	( )

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

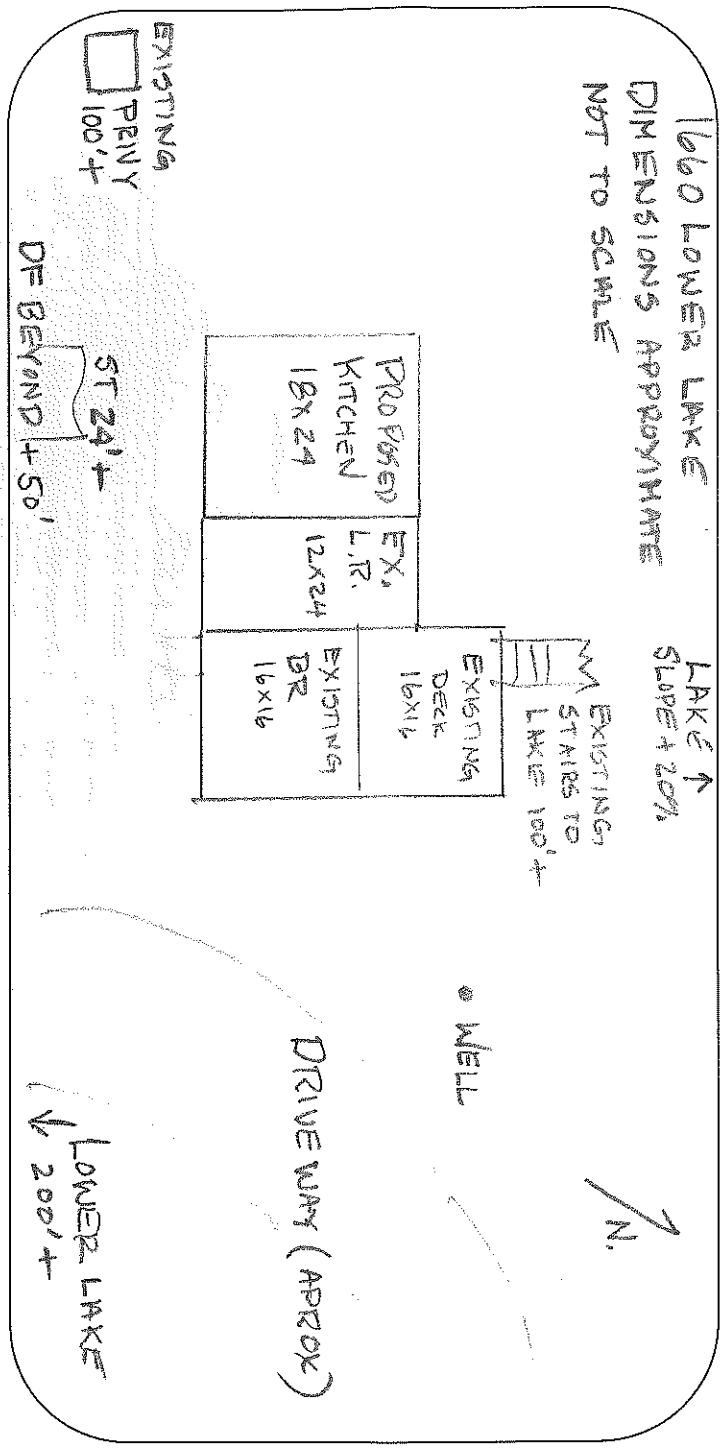
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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 design property at any reasonable time for the purpose of inspection.

Owner(s): Marcia Lovengren John M. Carlson  
 (if there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Date: 8-1-12

Authorized Agent: \_\_\_\_\_ (if you are signing on behalf of the owner) Letter of authorization must accompany this application  
 Address to send permit: Same as above  
 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)

- 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)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300+ Feet	Setback from the Lake (ordinary high-water mark)	100+ Feet
Setback from the Established Right-of-Way	190+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	100+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	140+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	20+ Feet
Setback from the East Lot Line	1,700+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	24' Feet	Setback to Well	30+ Feet
Setback to Drain Field	50+ Feet		
Setback to Privy (Portable Composting)	100+ 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.

**Issuance Information (County Use Only)** Sanitary Number: 12-625 # of bedrooms: 1 Sanitary Date: 7-6-12

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

Permit #: 12-0416 Permit Date: 10-19-12

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 Case #: \_\_\_\_\_ 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: Mets all setbacks. Impervious surface not a concern 15% of Zoning District: (R-3)

Date of Inspection: 10-16-12 Inspected by: M. Fuchs Lakes Classification: (1)

Condition(s) Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.) Date of Re-Inspection: \_\_\_\_\_

Signature of Inspector: Michael Fuchs Date of Approval: 10-18-12

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