

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
 Date Stamp (received)
 NOV 16 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0481
 Date: 10-27-12
 Amount Paid: \$310.11-1612
 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.

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: ROGER NELSON Mailing Address: 1004 RUMMER LN SW RECHSTER, MN 55902 Telephone: _____

Address of Property: 45875 THACKRAY DR RD City/State/Zip: CABLE, WI 54821 Call Phone: 507-261-0525

Contractor: PAK YERHAST BUILDERS Contractor Phone: 507-273-8127 Plumber: BARBARA RUMBERG Plumber Phone: 715-682-0650

Authorized Agent: (Person Signing Application on behalf of Owner(s)) PAK YERHAST Agent Phone: SAME Agent Mailing Address (include City/State/Zip): 2083 STEWART DR SW Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, NE 1/4 Gov't Lot: 1 Lot(s): _____ CSM: _____ Vol. & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume 611 Page(s) 143

Section 3, Township 43 N, Range 7 W Town of: CABLE Lot Size: _____ Acreage: 1.269

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/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 37 feet

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
\$80,000	<input 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 type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Concrete Sewer</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: _____ 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)	()	()
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<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) <u>14x24 ADDED</u>	(<u>16x34</u>)	<u>384</u>
	Accessory Building (specify) <u>reconfiguring bedrooms</u>	()	()
	Accessory Building Addition/Alteration (specify) <u>ADDED gain</u>	()	()
	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 at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____

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

Authorized Agent: Richard W. Yerhast Date: 11/12/12

(If PAK YERHAST BUILDERS on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 2083 STEWART DR SW RECHSTER MN 55902 Copy of Tax Statement

DEC 27 2012 If you recently purchased the property send your Recorded Deed

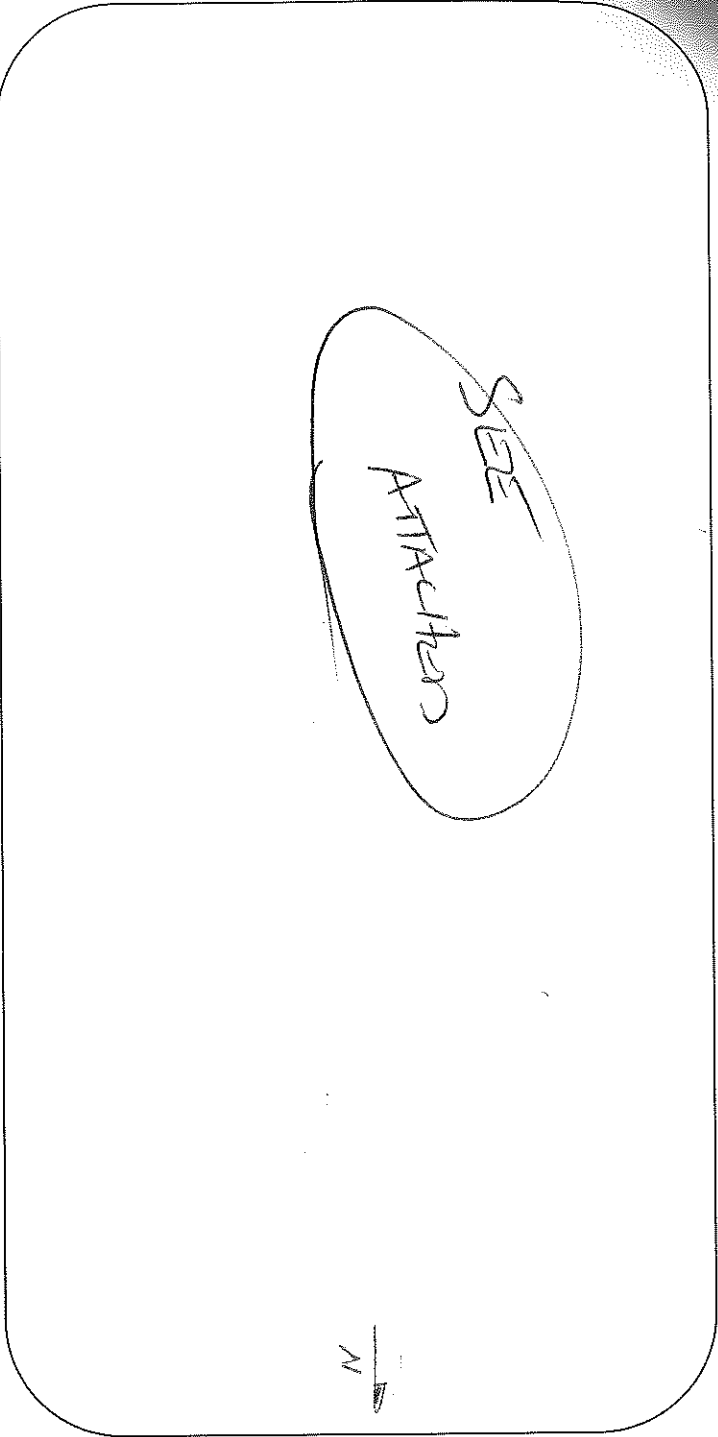
03-026 Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach

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

- Show Location of:
- (1) Show / Indicate: 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	200 Feet	Setback from the Lake (ordinary high-water mark)	37 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	55 Feet		
Setback from the South Lot Line	16 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	37 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	207 Feet	Setback to Well	12 Feet
Setback to Drain Field	207 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: _____

Permit # 19-0481 Permit Date: 10-27-10

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Yes (Fused/Contiguous Lots) No No No

Is Parcel in Common Ownership Yes No No No

Is Structure Non-Conforming Yes No No 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 Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Inspection Record: Meets all requirements of ACT 170.

Date of Inspection: 11-8-12 Inspected by: M. Furtak

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

All recorded affidavits from Permit (LUP# 03-0026)

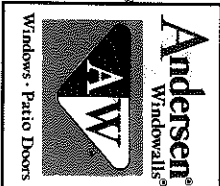
All necessary requirements previously met.

Signature of Inspector: M. Furtak Date of Approval: 11-16-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____

Hold For Fees: _____

N 379, 367 - 6-29-83 - W 277 - 2140 V 225, P. 482



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Come home to Andersen.

JAY YOUNG
ANDERSEN ARCHITECTURAL SPECIALIST
MORGAN DISTRIBUTION

717-697-0346

(45875 THREDAWAY DR)

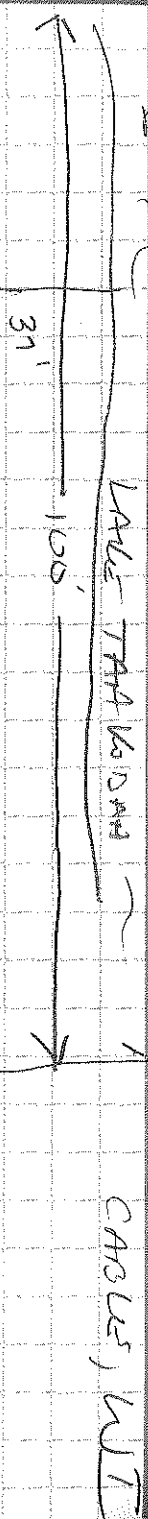
DATE

11/12/12

JOB

ROGER V BEV NESSON

CHARLES, WIT



55' +/-

10'



44' HOUSE
34'

16' PATIO
ADDITION

24'

500' +/-
TO LOT LINE

North

ANDERSEN PERMA-SHIELD WINDOWS & PATIO DOORS FOR COMMERCIAL & INSTITUTIONAL USE