

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

Permit #: 12-0018
 Date: 3/9/12
 Amount Paid: 212412 ROS
 Refund: \$ 54.00

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: EDWARD S NOTERBAANT
 Address of Property: 87505-4113
 City/State/Zip: Bayfield WI 54804
 Contractor: F-13 CONTRACTORS
 Contractor Phone: 715 755 3531
 Plumber: ~~04-006-2-50-05-06-2~~
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

Project Location: 1/4, _____ 1/4
 Legal Description: (Use Tax Statement)
 Section: G, Township SD N, Range 3 W, Town of: BAYFIELD
 PIN: (23 digits) 04-006-2-50-03-06-200
 04-156-09700/109600
 Recorded Document: (i.e. Property Ownership) Volume 434 Page(s) 24
 Subdivision: DAKRYNQUE
 Lot Size _____ Acreage _____

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →
 Distance Structure is from Shoreline: _____ 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
\$28,000	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
	Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Catman s/n</u>	<input type="checkbox"/> _____
	Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) or _____ Vaulted (min 200 gallon)	<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"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

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.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2" Porch	() X ()	()
	with a Deck	() X ()	()
	with (2" Deck	() X ()	()
<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)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify) <u>STAKE</u>	(52 X 6)	2880 DRD
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

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.

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

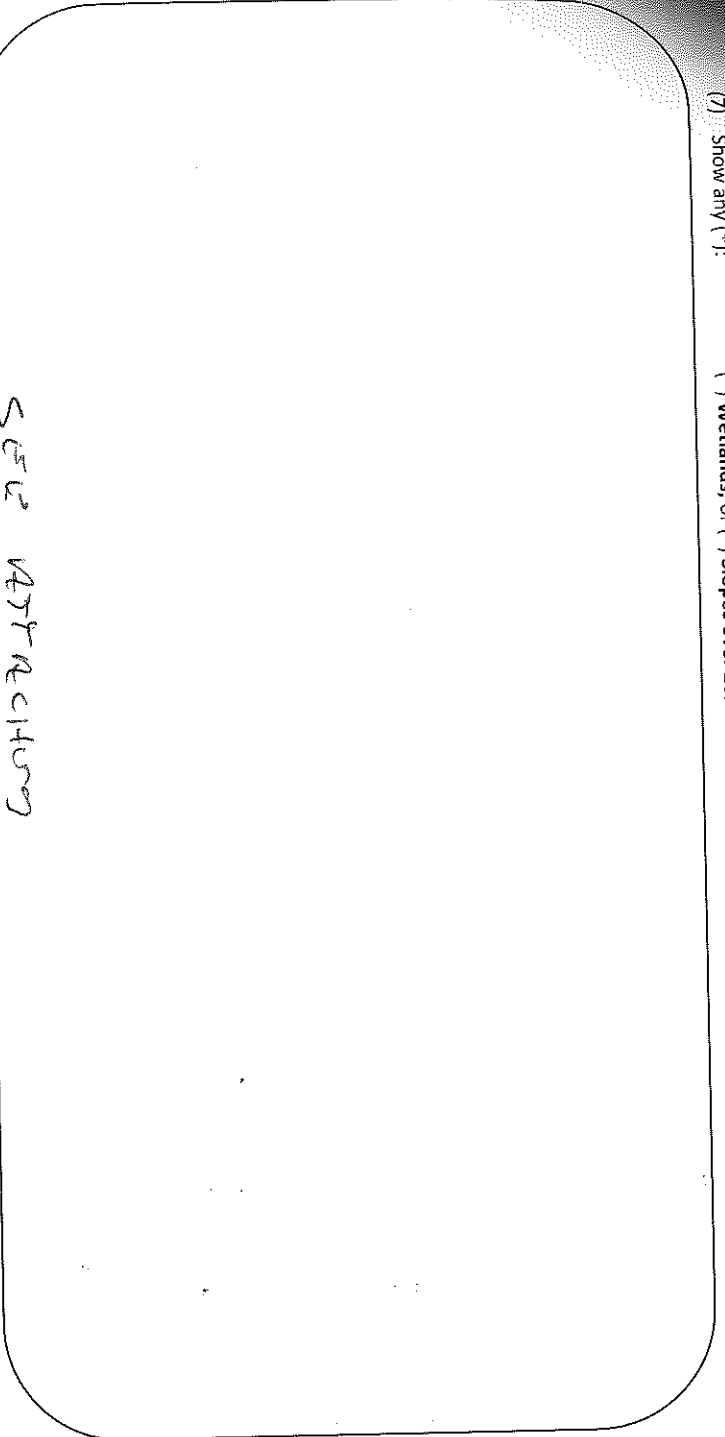
Owner(s): Edward S Noterbaant
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date: 2/10/2012

Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Received for Issuance: 1463 MARY ST N MAPLEWOOD MN 55709 Attach
 Address to send permit: MAR 9 2012 Copy of Tax Statement
 55719 OK TO ISS
 Secetarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 3/8/12

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	60' ± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	80' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	270' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	240' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	— Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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: _____ # of bedrooms: _____ Sanitary Date: _____

Permit # 12-0018 Permit Date: 3/9/10

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Yes No Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: RESURVEY DONE ON DRAINAGE WASSED RESIDUAL KEY BOX KS VERIFIED
BY OWNER READY TO MARK ALL SETBACKS

Date of Inspection: DL 2/23/12 Inspected by: DL

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

Signature of Inspector: _____ Date of Approval: _____

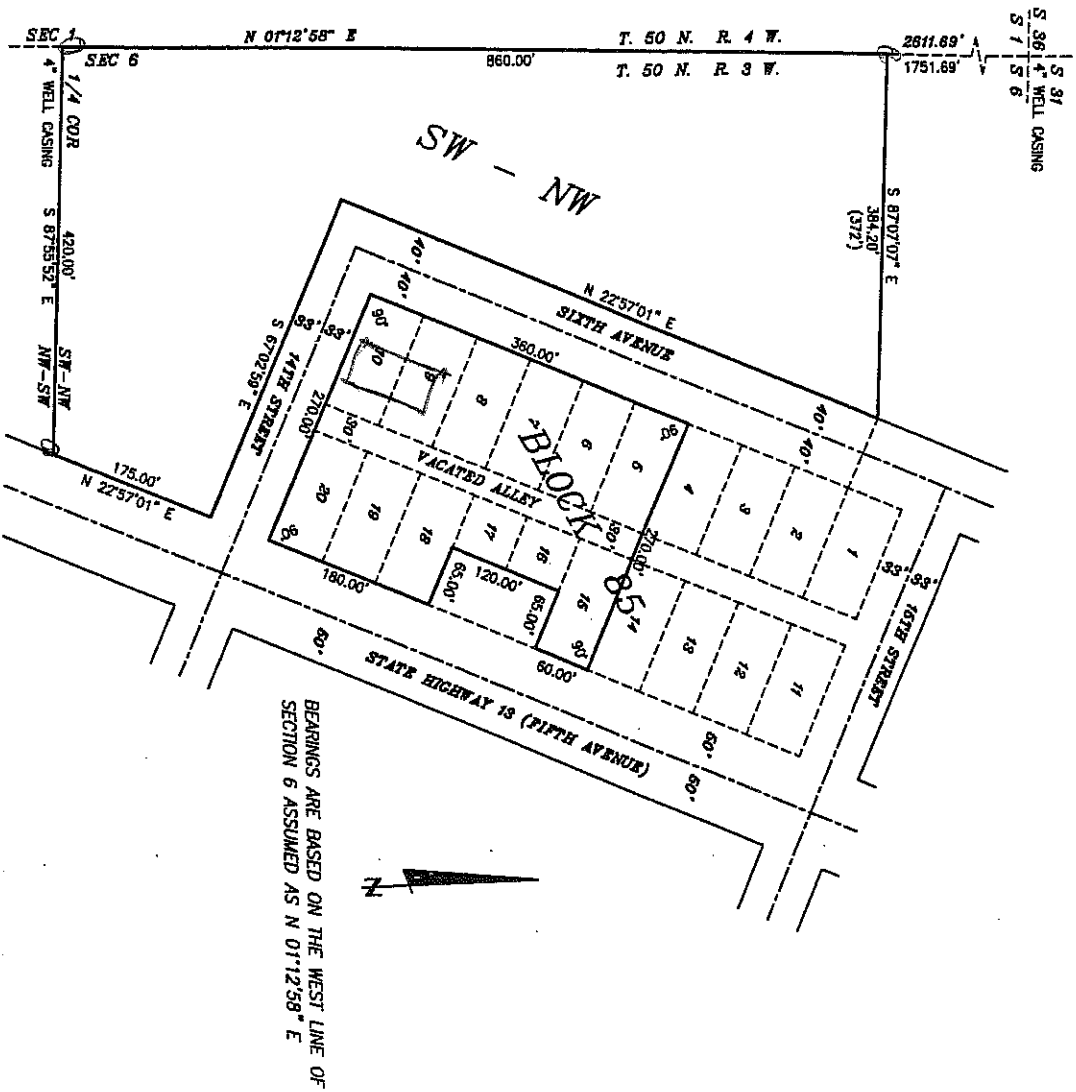
Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

SKETCH OF PARCEL

LOTS 5-10, LOT 15, LOTS 16&17, LESS THE EASTERLY 65 FEET AND LOTS 18-20 ALL IN BLOCK 85 OF DALRYMPLE ADDITION AND PART OF THE SW-NW, ALL IN SECTION 6, T. 50 N., R. 3 W., TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN

NOTE

INFORMATION SHOWN ON THIS MAP IS TAKEN FROM EXISTING MAPS AND PLATS. NO GUARANTEE OF THE ACCURACY OF THE DIMENSIONS SHOWN CAN BE MADE WITHOUT PERFORMING A FIELD SURVEY. THIS MAP SHOULD BE USED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE CONSTRUED TO BE NOR IS IT REPRESENTED TO BE ACCURATE.



PIPE DIMENSIONS ARE OUTSIDE DIAMETER

LEGEND

MONUMENT AS NOTED,
FOUND IN PLACE
1" x 18" IRON PIPE,
SET THIS SURVEY
(RECORDED AS MEASUREMENTS)

CLIENT: MICHAEL SCHULTZ

JOB: 04_182
SCALE: 1"=200'
DATE: 11/07/05
DRAFTED BY: GJB NB, 000 PG. 000

FILE: N/TSONR3M/SEC6
/PSD&ACD/ND04182

NELSON SURVEYING INCORPORATED

101 W. MAIN STREET
STATE ST. WISCONSIN 54808
TEL: (715) 882-5100
FAX: (715) 882-5100
SURVEYING NORTHERN WISCONSIN SINCE 1884
MAP NO. CSN 1451