

**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**  
 MAR 26 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-02856
Date:	4-13-12
Amount Paid:	\$250.00 BOS
Refund:	3/29/12

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

**Owner's Name:** Asstle Hybrid Golf Course **City/State/Zip:** Bayfield, WI 54844 **Telephone:** 715-682-9096

**Address of Property:** 34745 Madeline Trail **Contractor Phone:** 715-682-0075 **Plumber:** ONE GUY PLUMBING **Plumber Phone:** 715-209-2238

**Contractor:** Campbell Construction Mgmt. **Agent Phone:** 715-682-0075 **Agent Mailing Address (include City/State/Zip):** ONE GUY PLUMBING

**Authorized Agent:** (Person Signing Application on Behalf of Owner(s)) AKES GRVES **Agent Phone:** 715-682-9096

**PROJECT LOCATION:** 1/4, 1/4 **Legal Description:** (Use Tax Statement) 04-000-2-50-04-15-4-00-111-01000 **Recorded Document:** (i.e. Property Ownership) SAINTIC ADD.

**Section:** K5, Township 50 N, Range 4 W, **Township:** BAYFIELD **Lot Size:** 447 +/-

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes--continue  No

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
\$ <u>100,000</u>	<input checked="" type="checkbox"/> New Construction <input 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"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Toile</u> <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input 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:** 68' **Width:** 40' **Height:** 10'

**Proposed Construction:**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/>	with Loft	( ) ( )	( )
<input type="checkbox"/>	with a Porch	( ) ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) ( )	( )
<input type="checkbox"/>	with a Deck	( ) ( )	( )
<input checked="" type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( ) ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) ( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	( ) ( )	( )
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Seasonal Portion-Golf Course</u>	( ) ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
<input type="checkbox"/>	Special Use: (explain)	( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) ( )	( )
<input type="checkbox"/>	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 any reasonable time for the purpose of inspection.

**Owner(s):** Thomas J. Swanson, (to NW) **Date:** 3-26-12

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

**Authorized Agent:** AKES GRVES **Date:** \_\_\_\_\_

**Record for Issuance:** you are signing on behalf of the owner(s) a letter of authorization must accompany this application

**Address to send permit:** APR 13 2012 **Copy of Tax Statement**

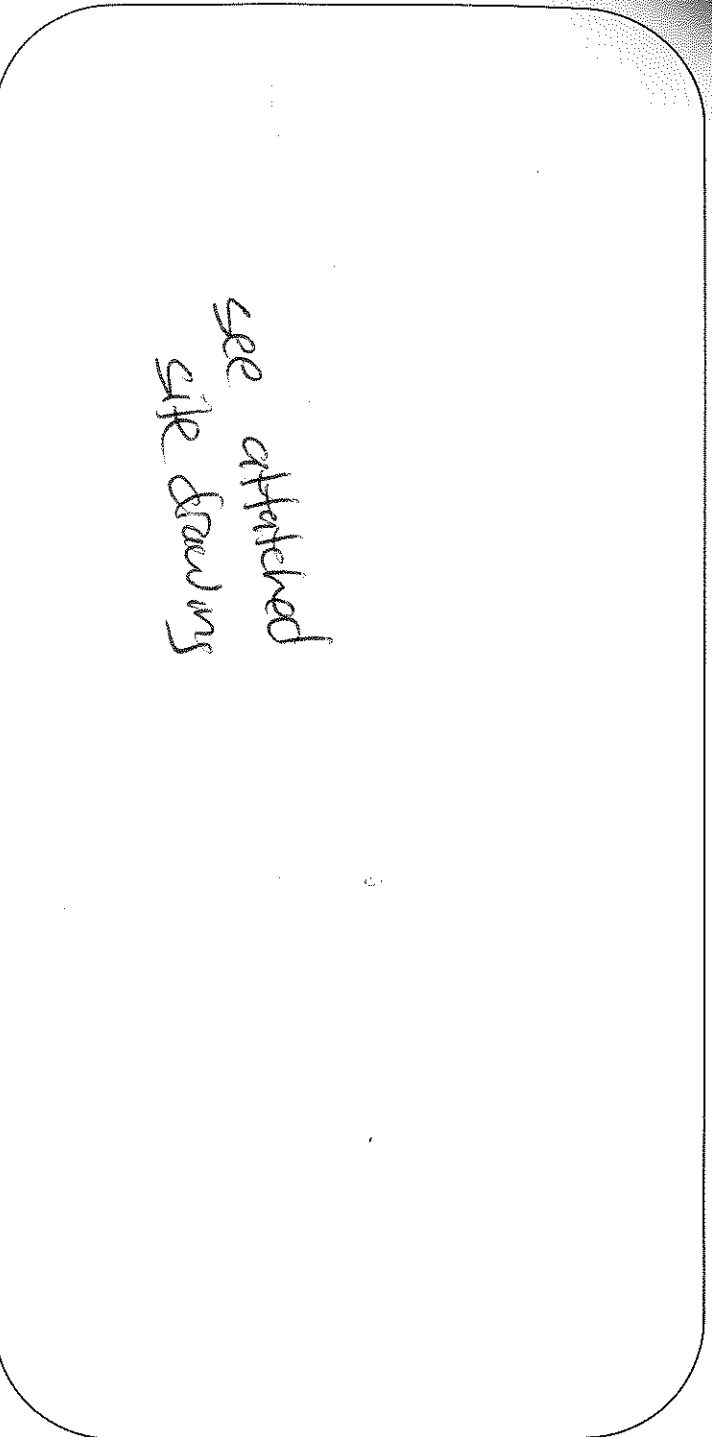
**Material Staff**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

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

- Show Location of:
- (1) Show / Indicate: North (N) on Plot Plan
  - (2) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
  - (3) Show: 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)

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	45' 6"	Setback from the Lake (Ordinary high-water mark)	NA
Setback from the Established Right-of-Way	10'	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	see plans	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	see plans	Setback from Wetland	NA
Setback from the West Lot Line	see plans	Setback from 20% Slope Area	NA
Setback from the East Lot Line	see plans	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	5'	Setback to Well	NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

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).

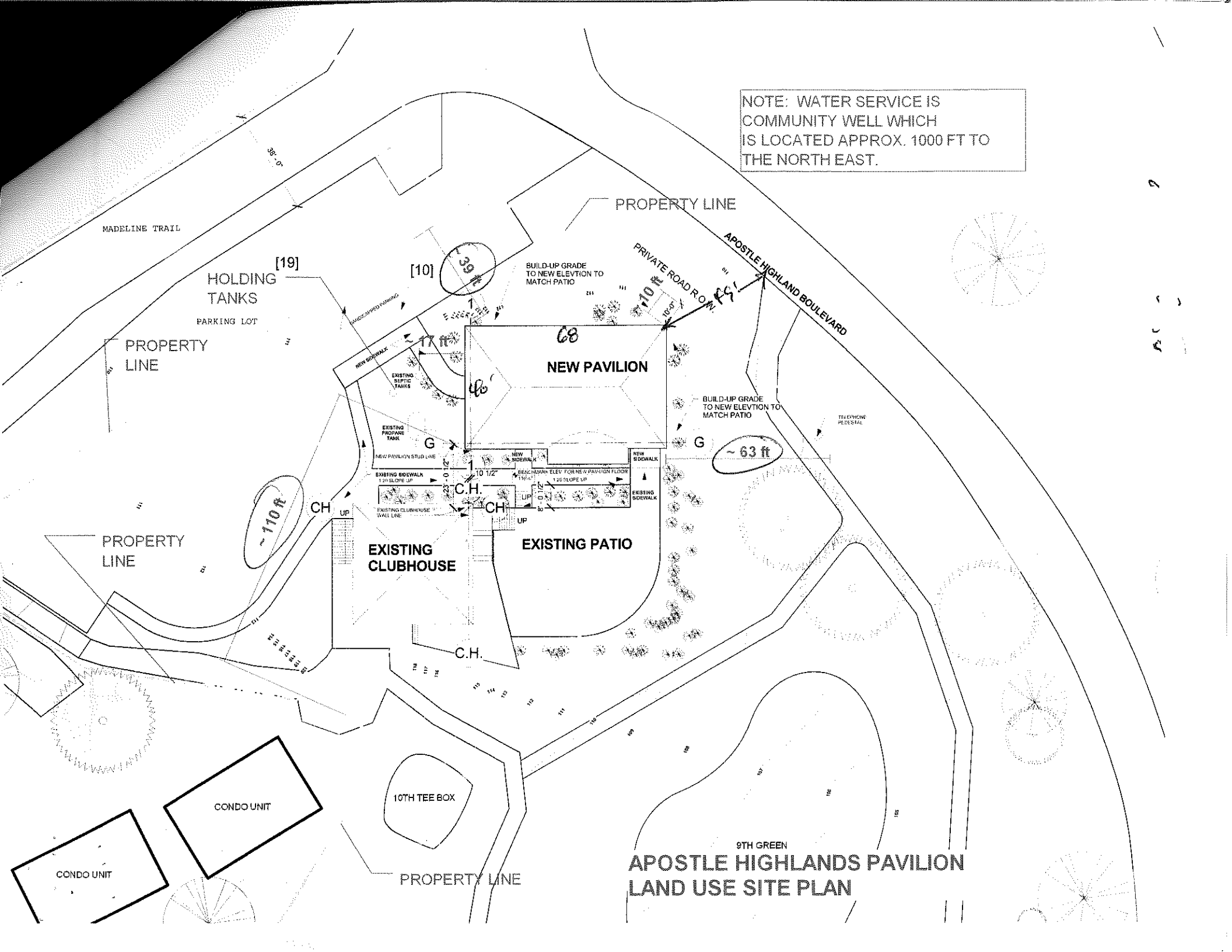
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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 Agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 120076	# of bedrooms: _____	Sanitary Date: 2/12
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: B-0055	Permit Date: 4-18-12			
<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 checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input 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"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District <input type="checkbox"/> Lakes Classification
Inspection Record: THE OWNER IS AWARE OF EXISTING USE PROPOSED STRUCTURE AND HAS BEEN ADVISED BY OTHER AGENCIES TO BE CONTACTED & OBTAIN CERTIFICATES.		Date of Inspection: 4-5-12 Inspected by: MK		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: MK	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 4-12
Hold For Sanitary: <input type="checkbox"/>				

NOTE: WATER SERVICE IS COMMUNITY WELL WHICH IS LOCATED APPROX. 1000 FT TO THE NORTH EAST.



**APOSTLE HIGHLANDS PAVILION  
LAND USE SITE PLAN**