

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 Rec'd (Received)
JUL 30 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0305
 Date: 8-01-12
 Amount Paid: \$75.00 PD5
 Refund: 7/31/12

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: Dan A. Hambrecht Mailing Address: 1535 Hambrecht Rd. Cable, WI 54821 Telephone: 798-3697

Address of Property: 16690 S. Tahkodah Lake Rd City/State/Zip: Cable, WI 54821 Cell Phone: _____

Contractor: SELF Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot _____ Lot(s) 3 CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: East Lake Sub-Division Recorded Document: (ie: Property Ownership) 04-012-2-43-07-23-1 00-164-0300 Volume 863 Page(s) 777

Section 3, Township 43 N, Range 7 W Town of: Cable Lot Size _____ Acreage .688

Shoreland Non-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: 35 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
\$ 1,000	<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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Clay</u> <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: _____ 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.) with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Deck	() X ()	()
	with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify) <u>enlarge kitchen room</u>	() X ()	<u>80</u>
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	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 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): Dan A. Hambrecht Date: 7/27/12

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

Authorized Agent: _____ Attach _____

(If you 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

Lake

Pin

NHUM ↑

steep bank

24'

Remove

← Native Veg →

Remove Deck

D Humbrecht
16690 S Takodah N

Addition is 92' from OHUM.

Prop line

2

h

10'

42'

11'

11'

10'

7'

38'

addition
8' x 10'

8'

10'

16'

10'

11'

11'

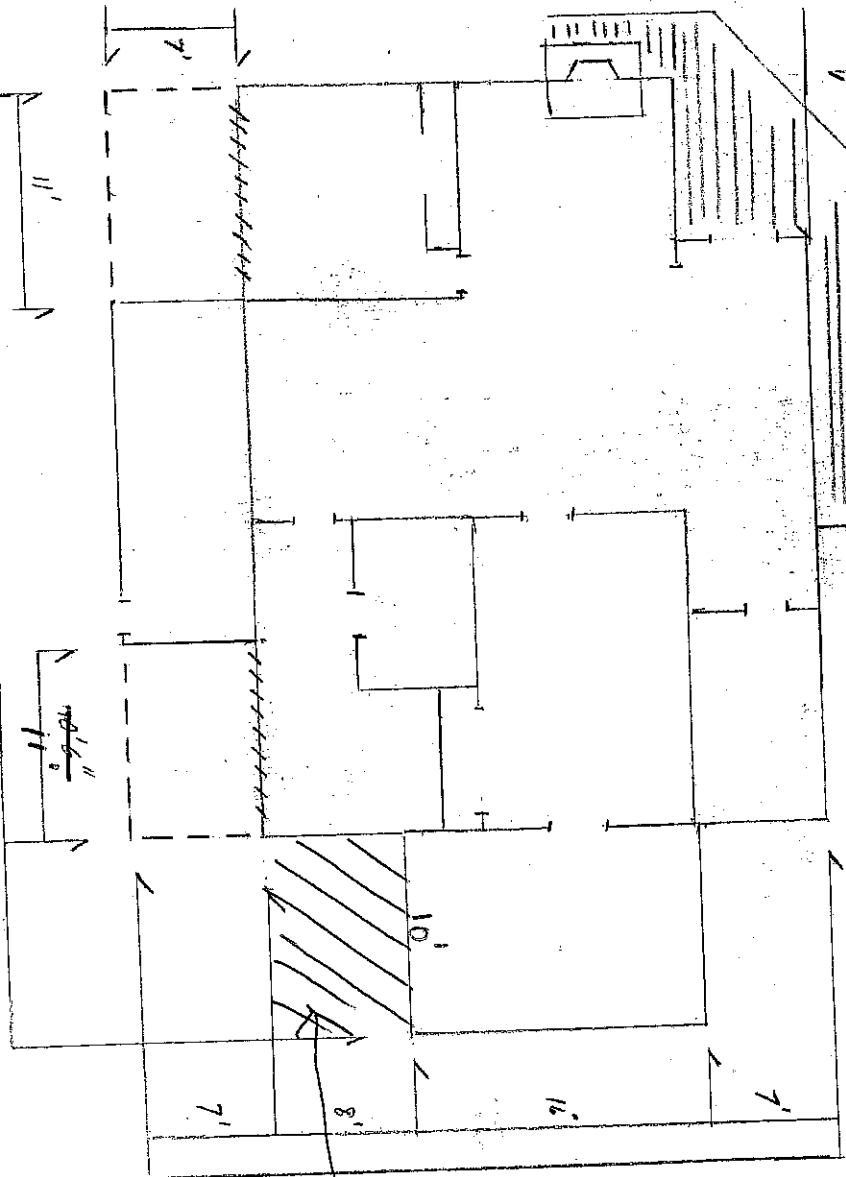
11'

11'

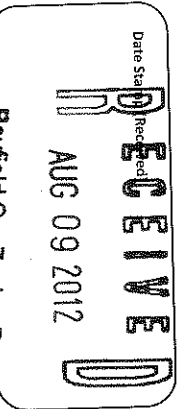
7'

92'

440'



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 PO Box 58
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Permit #:	12-0284	ENTERED
Date:	8-31-12	
Amount Paid:	\$185 8-7-10	
Refund:		

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TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Bayfield County Forestry
 Address of Property: 117 E 5th St Washburn, WI 54891
 City/State/Zip: Washburn, WI 54891
 Telephone: 798-3599
 Cell Phone: 798-3599

Contractor: SELF of Ron Bergin
 Authorized Agent: (Person Signing Application on Behalf of Owner(s))
 North End Ski Club
 Agent Phone: 798-3599 P.O. Box 192, Cable WI
 City/State/Zip: Cable WI 54821
 Plumber Phone: Plumber:
 Written Authorization Attached: Yes No

PROJECT LOCATION: S1/2 1/4 NE 1/4
 Legal Description: (Use Tax Statement)
 Section 30, Township 43 N, Range 7 W, Town of: Cable

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain? Yes No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Value at Time of Completion * include donated time & material \$ 10,000	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

Existing Structure: (if permit being applied for is relevant to it)
 Length: 20 Width: 20 Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Commercial Use	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> Municipal Use	with Loft	() ()	()
	with a Porch	() ()	()
	with a Deck	() ()	()
	with (2nd) Deck	() ()	()
	with Attached Garage	() ()	()
	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
<input checked="" type="checkbox"/> Commercial Use	Addition/Alteration (specify) <u>equipment storage</u>	(20 x 20)	400
	Accessory Building (specify) _____	() ()	()
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

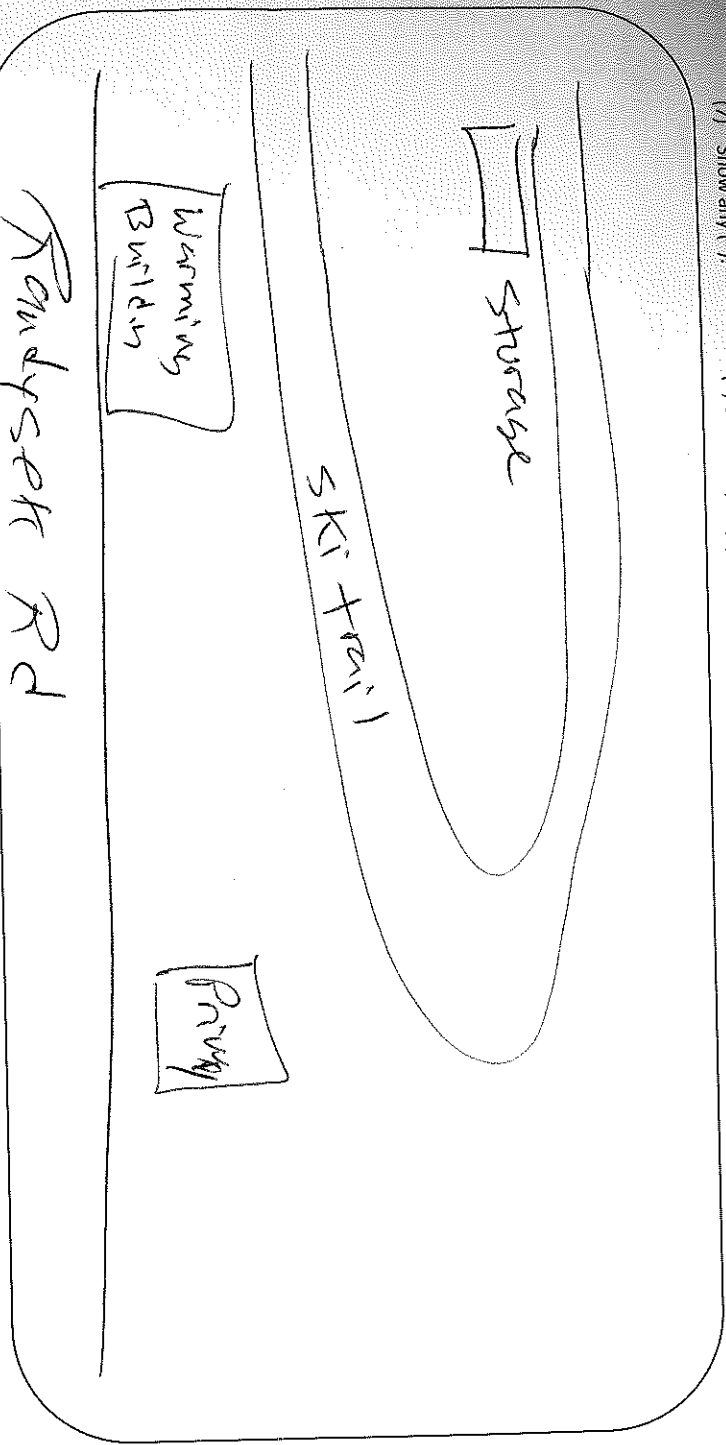
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
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Owner(s): _____ Date: 8-9-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Ronald J. ... Attach
 Record for Issuance: North End Ski Club, P.O. Box 192, Cable, WI 54821 Copy of Tax Statement
 Address to send permit: North End Ski Club, P.O. Box 192, Cable, WI 54821 If you recently purchased the property send Your Recorded Deed
 31 AUG 21 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Use of what you are applying for:

- (*) Show Location of (*)
- (*) Driveaway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and;
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%

SB Permit
class (B)



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	90ft Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	90ft Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	600ft Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	550ft Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	1000ft Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	35ft 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. Privy

Issuance Information (County Use Only)

Sanitary Number: 99-347 # of bedpans: NA Sanitary Date: 8-24-98

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0304 Permit Date: 8-31-10

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No

Is Structure Non-Conforming Yes No

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

Were Property Lines Represented by Owner Yes No

Inspected by: M. Fuchs

Inspection Record: All setbacks.

Date of Inspection: 8-20-12

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

May not be used for human habitation. No water under pressure in structure.

Signature of Inspector: Michael Fuchs

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

Date of Re-inspection: _____