

**COMPLETED APPLICATION, TAX STATEMENT AND FEES TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**  
 Date Permit Received:  
**AUG 07 2013**  
 Bayfield Co. Zoning Dept.

Permit #: **13-001-001**  
 Date: **8-16-13**  
 Amount Paid: **175-89-13**  
 Refund: **None**

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: **Ronald & Linda Nemec** Mailing Address: **73605 Ondesson Rd Washburn, WI** Telephone: **715-373-2013**

Address of Property: **73605 Ondesson Rd** City/State/Zip: **Washburn, WI 54891** Cell Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ 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) **SE 1/4, NE 1/4** PIN: (23 digits) **04-002 248 8515 10400 30006** Recorded Document: (i.e. Property Ownership) \_\_\_\_\_

Section **15**, Township **48** N, Range **5** W Town of: **Barkdale** Lot Size \_\_\_\_\_ Acreage **32.060**

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: \_\_\_\_\_ feet

Non-Shoreland **INTERMITTENT STREAM PER INR WATER DATA VISITORS**

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
\$ <b>8,000</b>	<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 type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>WOOD</b> <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: **27'** Width: **30'** Height: **8'6"**

Proposed Construction: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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"/> )	
	with Attached Garage	( <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) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify) <b>Pole type structure/gasess</b>	( <b>27</b> X <b>30</b> )	<b>810</b>
	Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

Rec'd for Issuance **AUG 16 2013**

Secretarial Staff

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): **Ronald & Linda Nemec** Date **8-7-13**

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

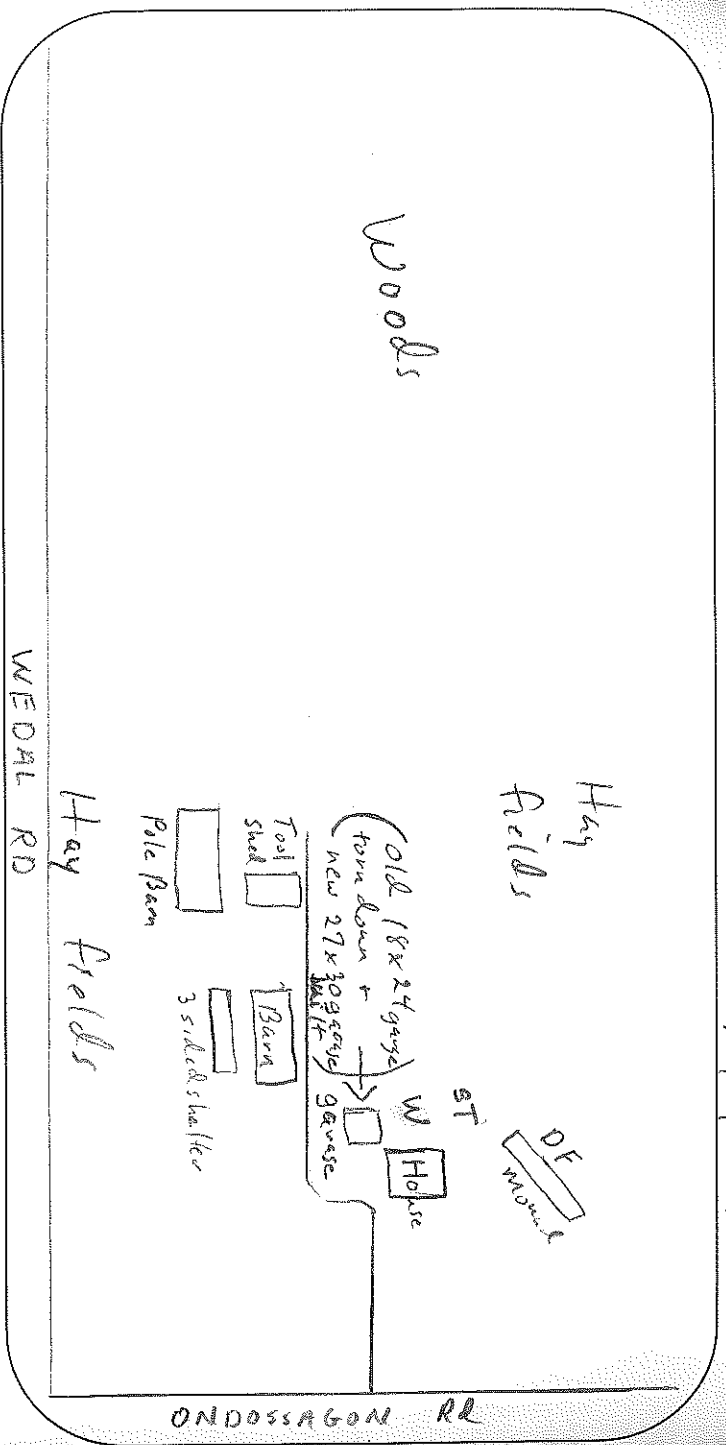
Address to send permit: \_\_\_\_\_ Attach \_\_\_\_\_

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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)

- (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	250 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	500 Feet
Setback from the North Lot Line	430 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1000 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	54 Feet	Setback to Well	25 Feet
Setback to Drain Field	150 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)** Sanitary Number: 10-895 # of bedrooms: 3 Sanitary Date: 8-25-10  
 Permit Denied (Date): Reason for Denial:  
 Permit #: 13-00145 Permit Date: 8-16-13

Is Parcel a Sub-Standard Lot?  Yes  No  
 Is Parcel in Common Ownership?  Yes  No  
 Is Structure Non-Conforming?  Yes  No

Granted by Variance (B.O.A.) Case #: N/A  
 Was Parcel Legally Created?  Yes  No  
 Was Proposed Building Site Delineated?  Yes  No

Inspection Record: Existing bldg to be removed

Date of Inspection: 8-14-13 Inspected by: JEN GREENBERG, Numpy Date of Re-Inspection: N/A

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
 Existing Building to be removed structure may not be used for habitation + shall not be serviced by indoor plumbing fixtures.

Signature of Inspector: \_\_\_\_\_ Date of Approval: 8-15-13  
 Hold For Sanitary:  Hold For TPA:  Hold For Affidavit:  Hold For Fees:

**SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN

**RECEIVED**  
 JUL 26 2013  
 Bayfield Co. Zoning Dept  
 HOW NOT FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #: **13-054** **ENTERED**  
 Date: **8-16-13**  
 Amount Paid: **\$850**  
 Refund: **7-29-13**

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.

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

Owner's Name: **John & Pamela J. Smylie** Mailing Address: **73200 Hwy 13 Washburn, WI 54891** Telephone: **218-349-9492**

Address of Property: **Star Hwy 13** City/State/Zip: **Washburn, WI 54891**

Contractor: **Chuck Whiting** Contractor Phone: **715-682-8882** Plumber: **Dennis Bachard** Plumber Phone: **373-2070**

Authorized Agent: (Person Submitting Application on behalf of Owner(s)) Agent Phone: **715-682-8882** Agent Mailing Address (include City/State/Zip): **Dennis Bachard** Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 2** PIN: (23 digits) **04-002-2-48-04-18-2 05-002-5000** Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_

Section **18**, Township **48** N, Range **4** W Town of: **Barksdale**

**Shoreland** → Property/Land within 300 feet of River, Stream (find measurement) Distance Structure is from Shoreline: **125** **125m, that feet** Is Property in Floodplain Zone?  Yes  No

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: \_\_\_\_\_ feet

Non-Shoreland

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
\$ <b>60,000</b>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" 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 type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <b>add on</b> <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: **52** Width: **24** Height: **25**

Proposed Construction: Length: \_\_\_\_\_ Width: **24** Height: **25**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <b>28</b> X <b>42</b> )	<b>1176</b>
	Residence (i.e. cabin, hunting shack, etc.) with Loft	( <b>14</b> X <b>16</b> )	<b>224</b>
	with (2 <sup>nd</sup> ) Porch	( <b>34</b> X <b>54</b> )	<b>1836</b>
	with a Deck	( <b>24</b> X <b>24</b> )	
	with Attached Garage (not built by owner)	( <b>24</b> X <b>24</b> )	
<input type="checkbox"/> Commercial Use	Bunthouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( _____ )	
	Mobile Home (manufactured date)	( _____ )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( _____ )	
	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

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 (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): **John C. Smylie Pamela Smylie** Date **7/26/13**

(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 \_\_\_\_\_

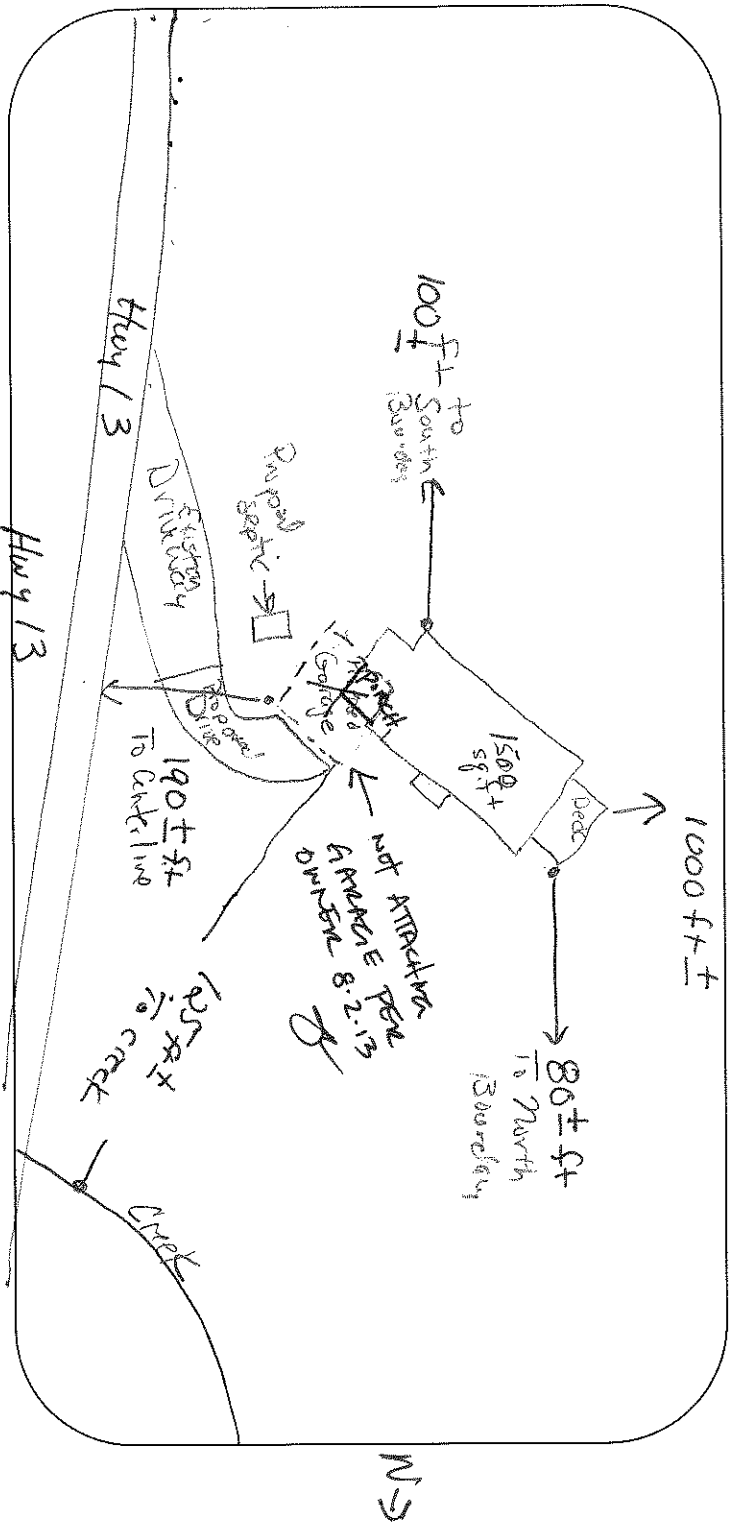
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **73200 Hwy 13, Washburn, WI 54891** Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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: All 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)

(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	190 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	105 Feet
Setback from the North Lot Line	80 ± Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 ± Feet	Setback from Wetland	172 ± Feet
Setback from the West Lot Line	1000 ± Feet	Setback from 20% Slope Area	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		

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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: 13775 # of bedrooms: 3 Sanitary Date: 8/7/13

Permit Denied (Date): Reason for Denial:

Permit #: 13-0246 Permit Date: 8-16-13

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  No

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

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: n/a

Was Parcel Legally Created  Yes  No August 1999

Was Proposed Building Site Delineated  Yes  No 5/18/77

Inspection Record: owner present during inspection.

Date of inspection: 8-2-13 Inspected by: J. Cronin, N. Murphy

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
 Move house from 73200 Hwy 13 to this property. House is currently nonconforming to standards setback any disturbance to soils shall not cause soil disturbance to standards buffer. Erosion control shall be per best management practices to minimize sedimentation. Buffer restoration with assistance Signature of Inspector: Adam Linn Conservation Dept. Strassburg Enclosure Date of Approval: 8-15-13

Hold For Sanitary:  Hold For Tax:  Hold For Affidavit:  Hold For Fees: