

SMIR: 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  
 OCT 22 2012  
 Bayfield Co. Zoning Dept  
 HOW DO I FILE THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #: 19-0416 ENTERED  
 Date: 11-21-12  
 Amount Paid: \$175.00 205  
 Refund: 10/22/12

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.

Bayfield Co. Zoning Dept  
 HOW DO I FILE 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: Bill and Helen Berger  
 Address of Property: Lot 5 Beach Road  
 City/State/Zip: Port Wing, WI 54885  
 Contractor: Bill Gustafson  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Mailing Address: 5711 Orchard Ave White Bear Lake, MN  
 Contractor Phone: 715-774-3137  
 Agent Phone: Plumber:  
 Agent Mailing Address (include City/State/Zip):  
 Telephone: 55110  
 651-426-3504  
 Call Phone:  
 Plumber Phone:  
 Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 5 Lots 5 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Sand Beach  
 Section 21, Township 50 N, Range 8 W Town of: Port Wing  
 PIN: (23 digits) 04-042-2-50-08-21-300-272-504  
 Recorded Document: (i.e. Property Ownership) 2, 912 R - 545844-091-362  
 Volume: 2, 912 R - 545844-091-362  
 Pages: 2

Distance Structure is from Shoreline:  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:  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
\$ 3,000.00	<input 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"/> Grading	<input 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 type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <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 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.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) 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)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/> Municipal Use	Special Use: (explain) <u>grading</u>	( ) 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): Bill and Helen Berger WMT Berger  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: 10/20/12  
 Attached Copy of Tax Statement

Record for Issuance: 5711 Orchard Ave, White Bear Lake, MN 55110  
 Address to send permit: NOV 21 2012  
 If you recently purchased the property send your Recorded Deed

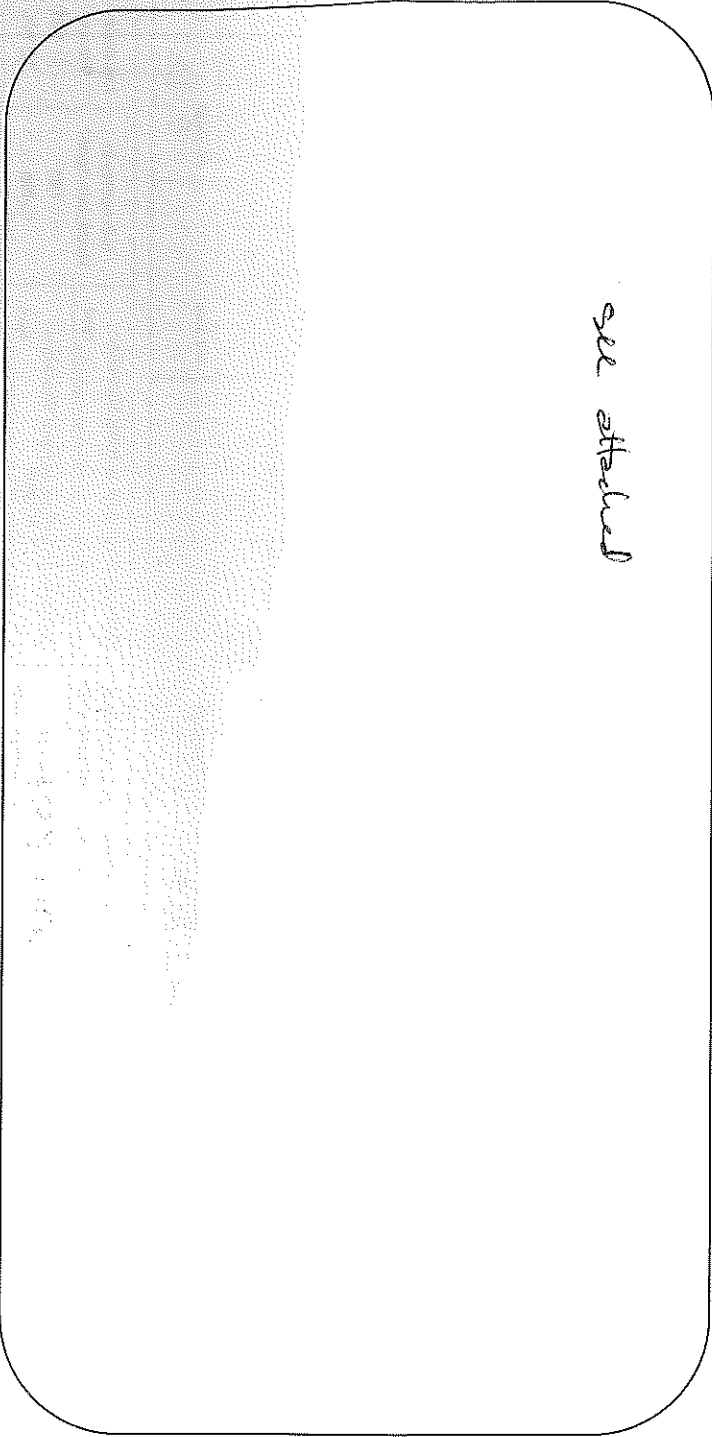
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%

see attached



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	ft	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	ft	Setback from the River, Stream, Creek	50 Feet
Setback from the North Lot Line	ft	Setback from the Bank or Bluff	ft
Setback from the South Lot Line	ft	Setback from Wetland	ft
Setback from the West Lot Line	ft	Setback from 20% Slope Area	ft
Setback from the East Lot Line	ft	Elevation of Floodplain	ft
Setback to Septic Tank or Holding Tank	ft	Setback to Well	ft
Setback to Drain Field	ft		ft
Setback to Privy (Portable, Composting)	ft		ft

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 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 12-0461 Permit Date: 1-21-12

Is Parcel a Sub-Standard Lot  Yes  No

Is Parcel In Common Ownership  Yes (Deed of Record)  No

Is Structure Non-Conforming  Yes (Fused/Contiguous Lot(s))  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

Was Proposed Building Site Delineated  Yes  No

Inspection Record: Site Under Review After Denial of Staff

Inspected by: DDC

Date of Inspection: 10-23-12

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

Review letter & sketches marks Disturbed & Not part of the property.

Signature of Inspector: [Signature] Date of Approval: 10-23-12

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

Berget Grading Project  
Lot 5 Sand Beach, Port Wing



12 foot driveway/road change indicated by X's