

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  
 AUG 22 2013

Permit #: 13-05883  
 Date: 9-3-13  
 Amount Paid: \$75  
 Refund: 8-23-13

**ENTERED**

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 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: David + Kathleen Broadwell  
 Address of Property: 9385 Gust Road  
 City/State/Zip: Port Wing, WI 54865  
 Mailing Address: P.O. Box 512  
 City/State/Zip: Alcester, SD, 57001  
 Telephone: 605-934-2733

Contractor: Jeff Owen Construction  
 Authorized Agent: Jeff Owen  
 Contract Phone: 218-570-4664  
 Agent Phone: 218-570-4664  
 Agent Mailing Address: N. Lovelake Rd, Iron River, WI 54877  
 Written Authorization Attached: Yes

PROJECT LOCATION: 1/4, 1/4  
 Legal Description: (Use Tax Statement)  
 Gov't Lot: 1-3  
 Lots: 1319  
 Vol & Page: 1-2+3  
 Lot(s) No.: 1-2+3  
 Block(s) No.:  
 Subdivision:  
 Lot Size: 320' x 125'  
 Acreage: 1.09

Section 28, Township 50 N, Range 08 W  
 Town of: Port Wing

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 750' +/- feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Value at Time of Completion: \$ 18,000  
 \* include donated time & material

Project and/or basement:  New Construction  Addition/Alteration  Conversion  Relocate (existing bldg)  Run a Business on Property

Use:  1-Story  Seasonal  Year Round  2-Story  Basement  No Basement  Foundation

# of Stories and/or basement: 1

# of bedrooms: 1

What Type of Sewer/Sanitary System Is on the property?  Municipal/City  (New) Sanitary  Sanitary (Exists)  Privy (pit) or Vaulted (min 200 gallon)  Portable (w/service contract)  Compost Toilet  None

Water:  City  Well

Existing Structure: (if permit being applied for is relevant to it)  
 Length: 24 Width: 24 Height: 1 1/2 Story  
 Proposed Construction: Length: 24 Width: 24 Height: 1 Story

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.) with Loft	( )	( )
<input checked="" type="checkbox"/>	Residential Use with a Porch with (2 <sup>nd</sup> ) Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( )	( )
<input type="checkbox"/>	Commercial Use Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/>	Municipal Use Mobile Home (manufactured date)	( )	( )
<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) Garage	( 24 x 24 )	576
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/>	Special User: (explain)	( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( )	( )
<input type="checkbox"/>	Other: (explain)	( )	( )

Rec'd for Issuance  
 SEP 03 2013

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.

Owners: David + Kathleen Broadwell Date: 8-6-13  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

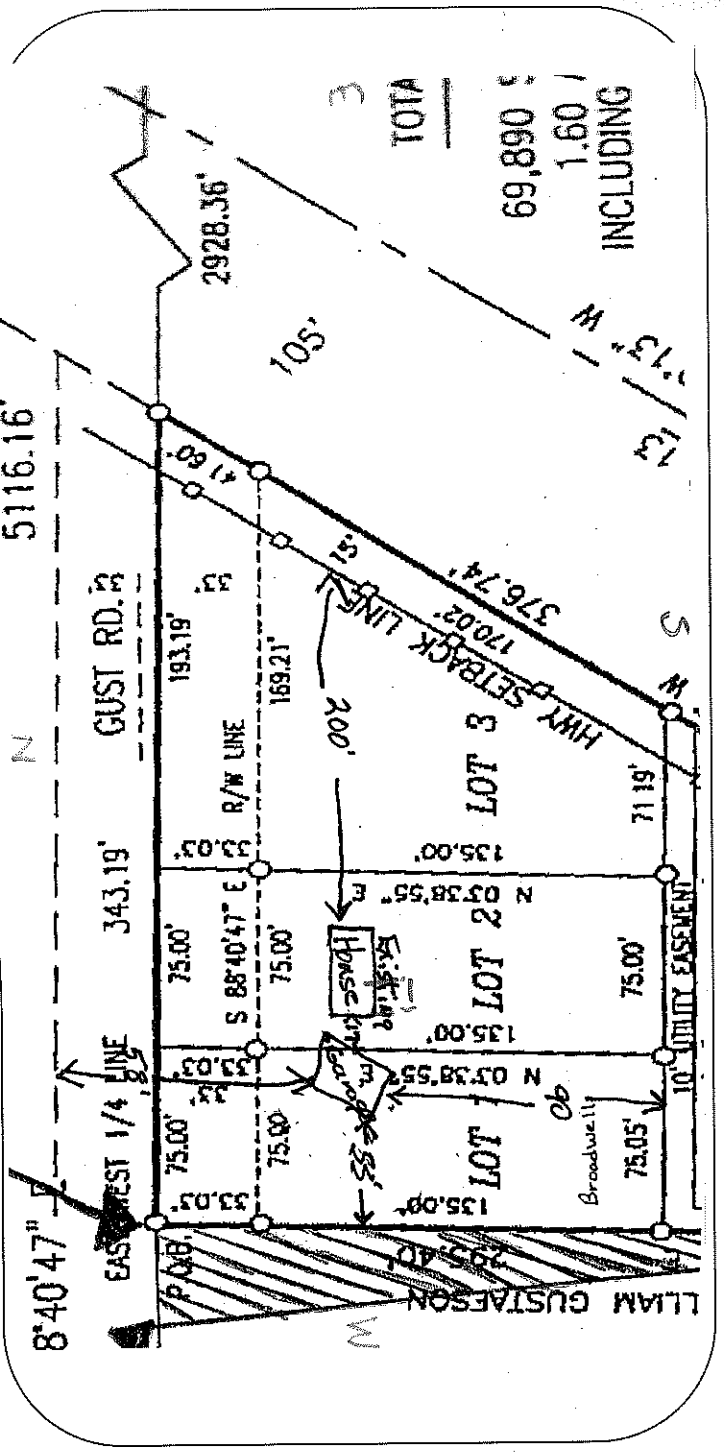
Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed

Copy of Tax Statement  
 Attach  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box 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: (\*), 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	15 Feet	Setback from the Lake (ordinary high-water mark)	15 Feet
Setback from the Established Right-of-Way	15 Feet	Setback from the River, Stream, Creek	15 Feet
Setback from the North Lot Line	15 Feet	Setback from the Bank or Bluff	15 Feet
Setback from the South Lot Line	90 Feet	Setback from Wetland	15 Feet
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	15 Feet
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	15 Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	15 Feet
Setback to Drain Field	15 Feet	Setback to Well	15 Feet
Setback to Privy (Portable, Composting)	15 Feet	Setback to Well	15 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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>MAV161P AZ</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <u>9-3-13</u>		
Permit #: <u>13-02883</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <u>NA</u>	Case #: <u>NA</u>	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CSM Lots 1-3</u>	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>48</u>		
Inspection Record:	STAKES AT SITE OF EXISTING WELLS AND 65' TO CENTER OF DRAIN ROAD.			Zoning District
Plot Plans	DOES NOT REPRESENT EXISTING PLACEMENT. CONTRACTOR CONTRACTED.			Lakes Classification
Date of Inspection:	<u>8-27-13</u>	Inspected by:	<u>J. CROSBY/BAK. MURPHY</u>	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(if No they need to be attached)		
<u>REMOVE + COVER + ALL EXTENSIONS MUST BE AT LEAST 10 FT FROM RIMLIT</u>				
<u>DI WAYS</u>				
<u>WAYS NOT BE USED FOR HABITATION WITHOUT NECESSARY PERMIT(S).</u>				
Signature of Inspector:	_____			Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	
				<u>8-29-13</u>

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 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
 AUG 22 2013

Permit #:	13-0884	ENTERED
Date:	9-3-13	
Amount Paid:	\$75	
Refund:	8-23-13	

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 BY THE COUNTY. 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: David & Kathleen Bradwell  
 Address of Property: 9385 Gust Rd  
 Mailing Address: P.O. Box 512 Alcester, S.D. 57001  
 City/State/Zip: Port Wing, WI 54865

Contractor: Jeff Oprea Construction  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Contractor Phone: 218-590-4664  
 Agent Phone: 715-848-4775  
 Agent Mailing Address: 11315 N. LONG RIVER, WISCONSIN 54884

Telephone: 605-934-2733  
 Cell Phone:  
 Plumber Phone:

PROJECT LOCATION: Section 28, Township 50 N, Range 08 W  
 Legal Description: (Use Tax Statement) Gov't Lot 1/4, 1/4 Lot(s) 1-3 CSM 1319 Vol & Page 1-2+3 Lot(s) No. 1-2+3 Block(s) No. Subdivision: Lot Size 320'x135' Acreage 1.09

Distance Structure is from Shoreline: 700 +/- feet  
 Distance Structure is from Shoreline: 700 +/- feet  
 Distance Structure is from Shoreline: feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Written Authorization Attached  Yes  No

Recorded Document: (i.e. Property Ownership) PIN: (23 digits) 04-042-2-50-08-28-3 01-000-0400-01098 Volume 1098 Page(s) 372

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
\$ 12,000	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 42' Width: 24' Height: 1 1/2 story  
 Proposed Construction: Length: 16' Width: 22' Height: 1 story

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 type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/>	with Attached Garage	( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	16x22' Addition to Existing 612sf	358
<input type="checkbox"/>	Accessory Building (specify)	( )	( )
<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)	( )	( )

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 SEP 03 2013

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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.

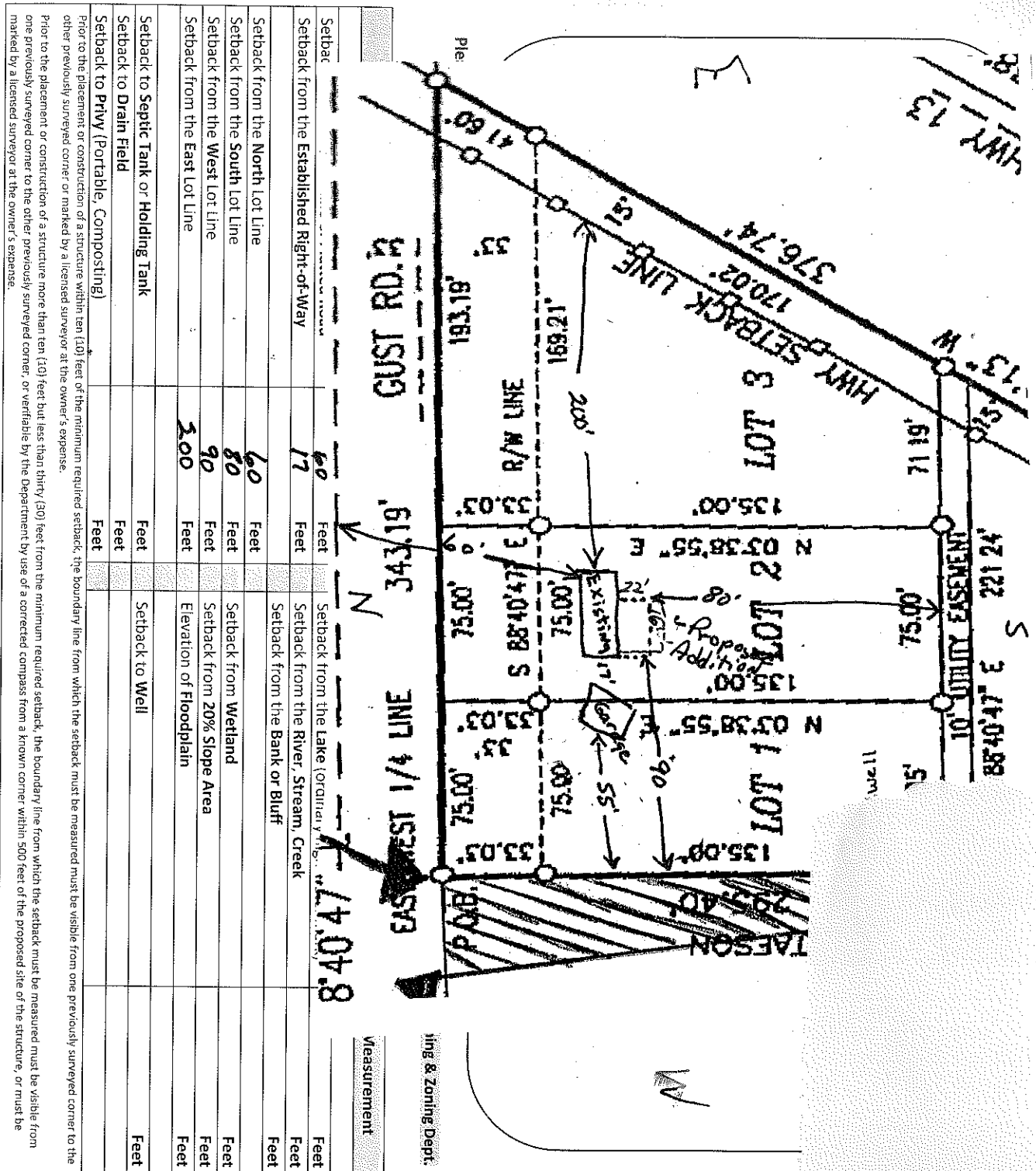
Owner(s): Jeff Oprea  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Kathleen Bradwell  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 8-6-13

Address to send permit: \_\_\_\_\_  
 Copy of Tax Statement Attach  
 If you recently purchased the property send your Recorded Deed  
 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); (\*\*) H. Lake; (\*\*) River; (\*\*) Stream/Creek; or (\*\*) Pond
  - (6) Show any (\*): (\*\*) Wetlands; or (\*\*) Slopes over 20%
  - (7) Show any (\*):



	Setback	Measurement
Setback from the Established Right-of-Way	60	Feet
Setback from the Lake (Or other water body)	17	Feet
Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	60	Feet
Setback from the South Lot Line	80	Feet
Setback from the West Lot Line	90	Feet
Setback from the East Lot Line	200	Feet
Setback to Septic Tank or Holding Tank		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.

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(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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial: <i>Municipal</i>		
Permit #: <i>13-00884</i>	Permit Date: <i>9-3-13</i>			
<input type="checkbox"/> Parcel as Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous lot(s)) <input type="checkbox"/> No	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <i>N/A</i>	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <i>N/A</i>	
<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"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (Ref Summary/Inspection) Lakes Classification		
Date of Inspection: <i>8-27-13</i>		Date of Re-Inspection: <i>N/A</i>		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)				
<i>PROPERTY OWNER MUST CONTACT DOC INSPECTOR FOR ANY NECESSARY PERMITS PRIOR TO START.</i>				
Signature of Inspector:		Date of Approval: <i>9-2-13</i>		
Hold For Sanitary: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>