

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 26 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-0334
 Date: 9-16-14
 Amount Paid: \$185.
 Refund: 8-27-14

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

Owner's Name: Teck Martinsen Mailing Address: 66530 Bayfront City/State/Zip: Ashland WI 54806 Telephone: 715 682-4038

Address of Property: Tax ID: 619 Twp of Parkside City/State/Zip: Contractor Phone: 715 292-1641 Plumber:

Contractor: WH s/c 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) SF 1/4, SE 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume 1124 Page(s) 392

Section 24, Township 49N, Range 06 W Town of: Parkside Lot Size: Acreage: 80

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 → Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>15000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (If permit being applied for is relevant to it) Length: 14' Width: 14' Height: 14'

Proposed Construction: Length: 22 Feet Width: 32 Feet Height: 15 Feet

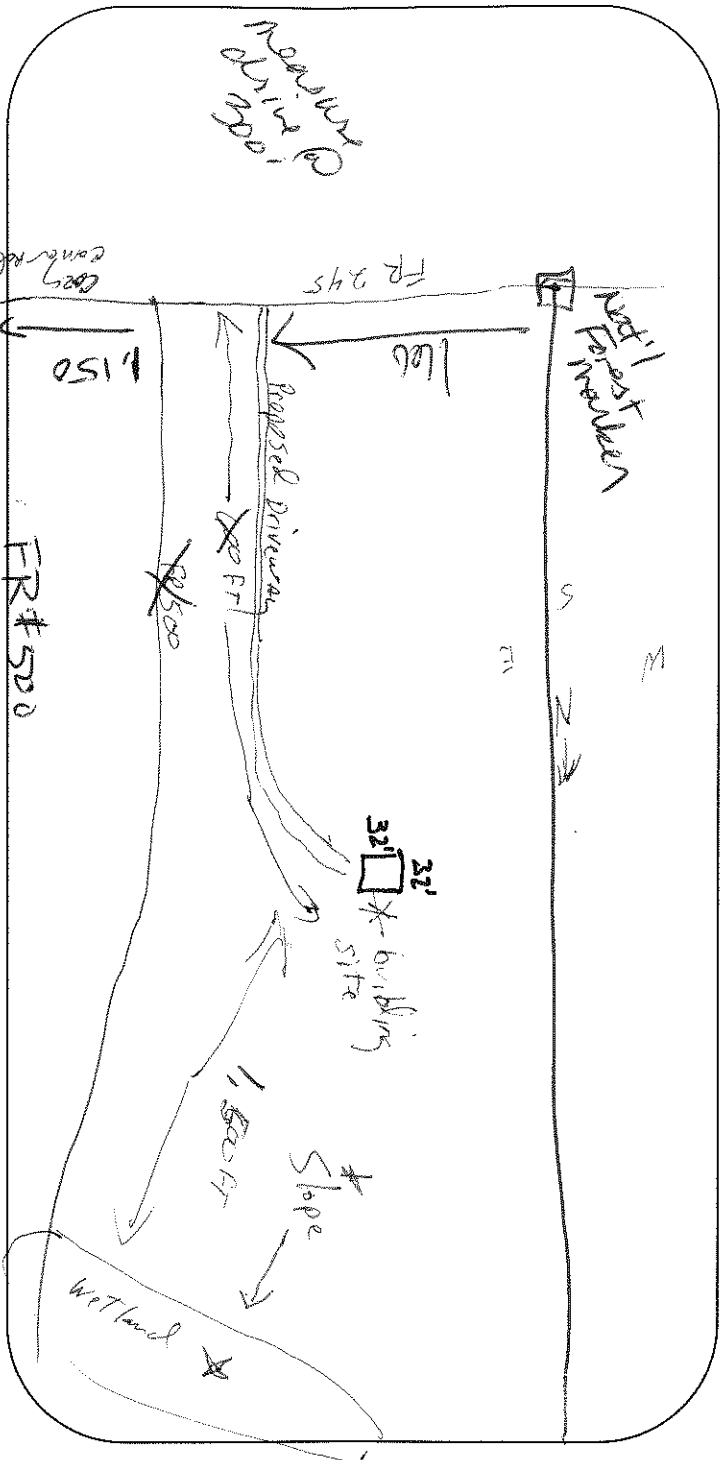
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	<input type="checkbox"/> with Loft	() ()	()
	<input type="checkbox"/> with a Porch	() ()	()
	<input type="checkbox"/> with (2 nd) Porch	() ()	()
	<input type="checkbox"/> with a Deck	() ()	()
	<input type="checkbox"/> with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <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) _____	() ()	()
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage</u>	(32' X 32')	()
	<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 at any reasonable time for the purpose of inspection.

Owner(s): Teck Martinsen Date: 8-26-2014
 (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: _____ Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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)

(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	300 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	150 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	500 Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 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		

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: <u>NA</u>	# of bedrooms: <u>NA</u>	Sanitary Date: <u>NA</u>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <u>14-0334</u>	Permit Date: <u>9-16-14</u>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fused/contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit 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	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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						
Inspection Record:	<u>SITE WAS STAKED. BUILDING SITE MARKS & PLOT PLAN CORRECTED TO SUIT.</u>		Zoning District	<u>(F-1)</u>			
Date of Inspection:	<u>9-15-14</u>	Inspected by:	<u>Clemens Murphy</u>	Lakes Classification	<u>NA</u>		
Conditions(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
<u>NOT APPROVED FOR THRU INSTALLATION OR SEWING QUARTERS. NOT APPROVED FOR INDOOR PUMBING FIXTURES OR PRESSURE WATERS UNLESS APPROVED CONVERTION TO APPROVED POINTS.</u>							
Signature of Inspector:	<u>[Signature]</u>			Date of Approval:	<u>9-15-14</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TR: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
 Date Stamp (Required)
 SEP 04 2014
 Bayfield Co. Zoning Dept.



Permit #:	1403413
Date:	9-18-14
Amount Paid:	\$175 94-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
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HOW DO I FILL 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: **William Geths & LINDA NELSON** Mailing Address: **72910 Hwy 13 Ashland, WI 54806** Telephone: **612-245-5682**

Address of Property: **SAME AS ABOVE** City/State/Zip: **72910 Hwy 13 Ashland, WI 54806** Cell Phone: **612-839-1247**

Contractor: **SAME AS ABOVE** 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 Govt Lot 1 Lot(s) CSM Vol & Page 1073 Block(s) No. Subdivision: P122 Q2B** Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section **19**, Township **48** N, Range **04** W Town of: **BAYESDALE** Lot Size **3.3704** Acreage **3.552**

Shoreland → Non-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: **SD** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → 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>5,000.00</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 type="checkbox"/> Patio	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<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 <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</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 checked="" 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"/>	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/>	with Loft	() X ()	()
<input type="checkbox"/>	with a Porch	() X ()	()
<input type="checkbox"/>	with (2 nd) Deck	() X ()	()
<input type="checkbox"/>	with (2 nd) Deck	() X ()	()
<input type="checkbox"/>	with Attached Garage	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Municipal Use	() X ()	()
<input type="checkbox"/>	Special Use: (explain) <u>Shoreland Land disturbing activity</u>	(18 X 18)	324 SF
<input type="checkbox"/>	Conditional Use: (explain) _____	() X ()	()
<input type="checkbox"/>	Other: (explain) _____	() X ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that the information (including an 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) and the contractor(s) shall be held responsible for the 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): William Geths & Linda Nelson Date 9/4/14

(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 _____

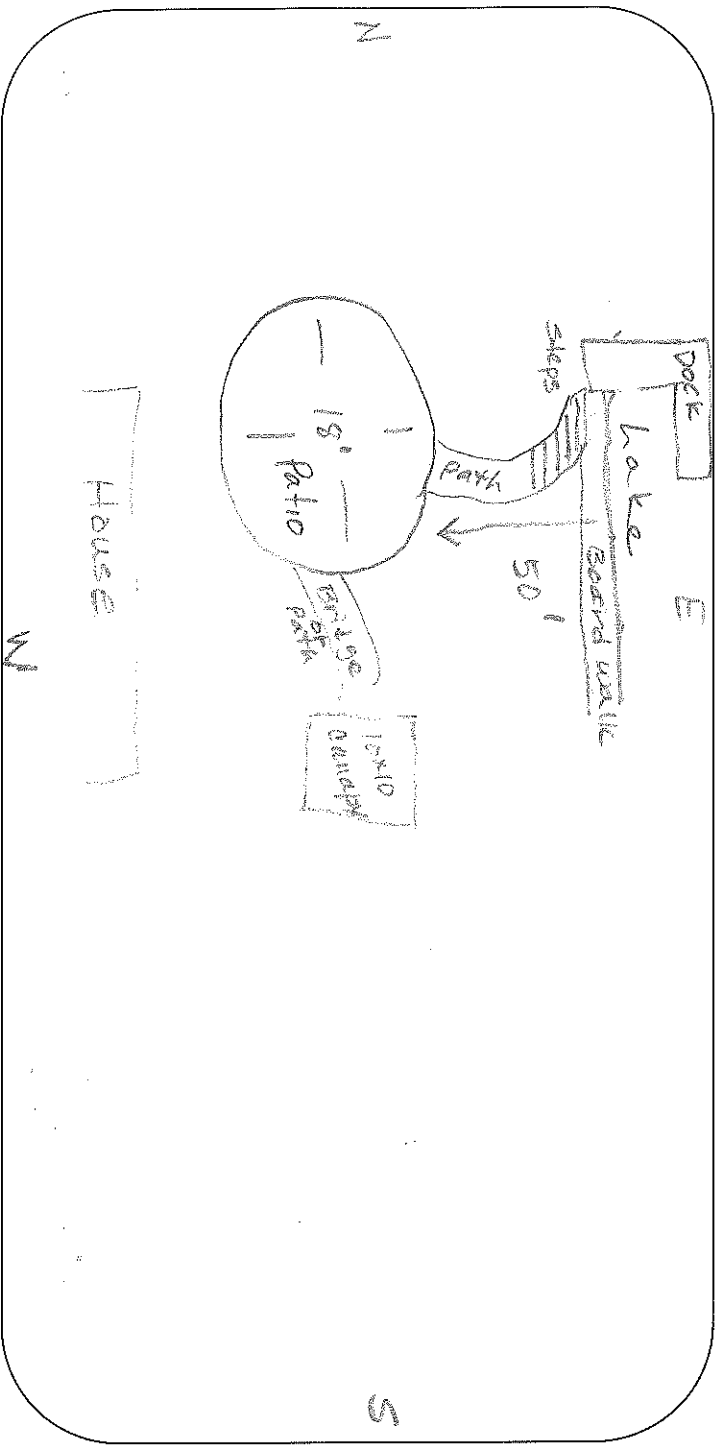
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 72910 State Hwy 13 Ashland WI 54806 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Look 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		Setback from the Lake (ordinary high-water mark)	50 Feet
Setback from the Established Right-of-Way	750 Feet	Setback from the River Stream, Creek	N/A Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	80 Feet	Setback from Wetland	
Setback from the West Lot Line	750 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line		Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	N/A Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

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:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:	by <u>Wetland</u>			
Permit #: <u>14-0343</u>		Permit Date:	<u>9-18-14</u>			
<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 Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <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"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Lakes Classification (1-5 sponsor)	<input type="checkbox"/> Zoning District (E-1)	<input type="checkbox"/> Date of Re-Inspection:
Date of Inspection: <u>August 19 2014</u> Inspected by: <u>Kevin B. Murphy</u>		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: <u>[Signature]</u> Date of Approval: <u>9-15-14</u>						
Hold For Sanitary: <input type="checkbox"/> <u> </u> Hold For TBA: <input type="checkbox"/> <u> </u>		Hold For Affidavit: <input type="checkbox"/> <u> </u> Hold For Fees: <input type="checkbox"/> <u> </u>		Signature of Applicant: <u>[Signature]</u> Date of Approval: <u>9-15-14</u>		

all land disturbing activities shall be at least 50' from down of lake supervision. erosion control best management practices shall be employed including silt fence/straw bales to prevent siltation. see attached BMP's.