

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 Stamp (Received)  
 FEB 18 2014  
 Bayfield Co. Zoning Dept.

Permit #: 14-0325  
 Date: 9.15.14  
 Amount Paid: \$300.00-14  
 Refund:

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: David & Char Duvstad Mailing Address: PO Box 365 City/State/Zip: Black Earth, WI Telephone: \_\_\_\_\_  
 Address of Property: XXX City/State/Zip: Cable, WI 54821 Call Phone: 608  
 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: 1/4, 1/4 Gov't Lot \_\_\_\_\_ Lot(s) 1 CSM 1847 Vol & Page 11, 41-42 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume 1120 Page(s) 559

Section 4, Township 43 N, Range 7 W Town of: Cable Lot Size \_\_\_\_\_ Acreage 8.70

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

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
\$40,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" 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 checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bid)	<input type="checkbox"/> Basement		<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
					<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: 24' Width: 24' Height: 20'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <u>with lake</u> <u>with a Porch</u> <u>with (2<sup>nd</sup>) Porch</u> <u>with a Deck</u> <u>with (2<sup>nd</sup>) Deck</u> <u>with Attached Garage</u>	<u>16' x 36'</u> <u>10' x 6'</u> <u>6' x 24'</u> <u>132</u>	<u>576</u> <u>60</u> <u>132</u>
<input type="checkbox"/> Commercial Use	<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"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date)		
	<input type="checkbox"/> Addition/Alteration (specify) _____		
	<input type="checkbox"/> Accessory Building (specify) _____		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		
	<input checked="" type="checkbox"/> Special Use: (explain) <u>Class A - Residence in F-1</u>		<u>636</u>
	<input type="checkbox"/> Conditional Use: (explain) _____		
	<input type="checkbox"/> Other: (explain) _____		

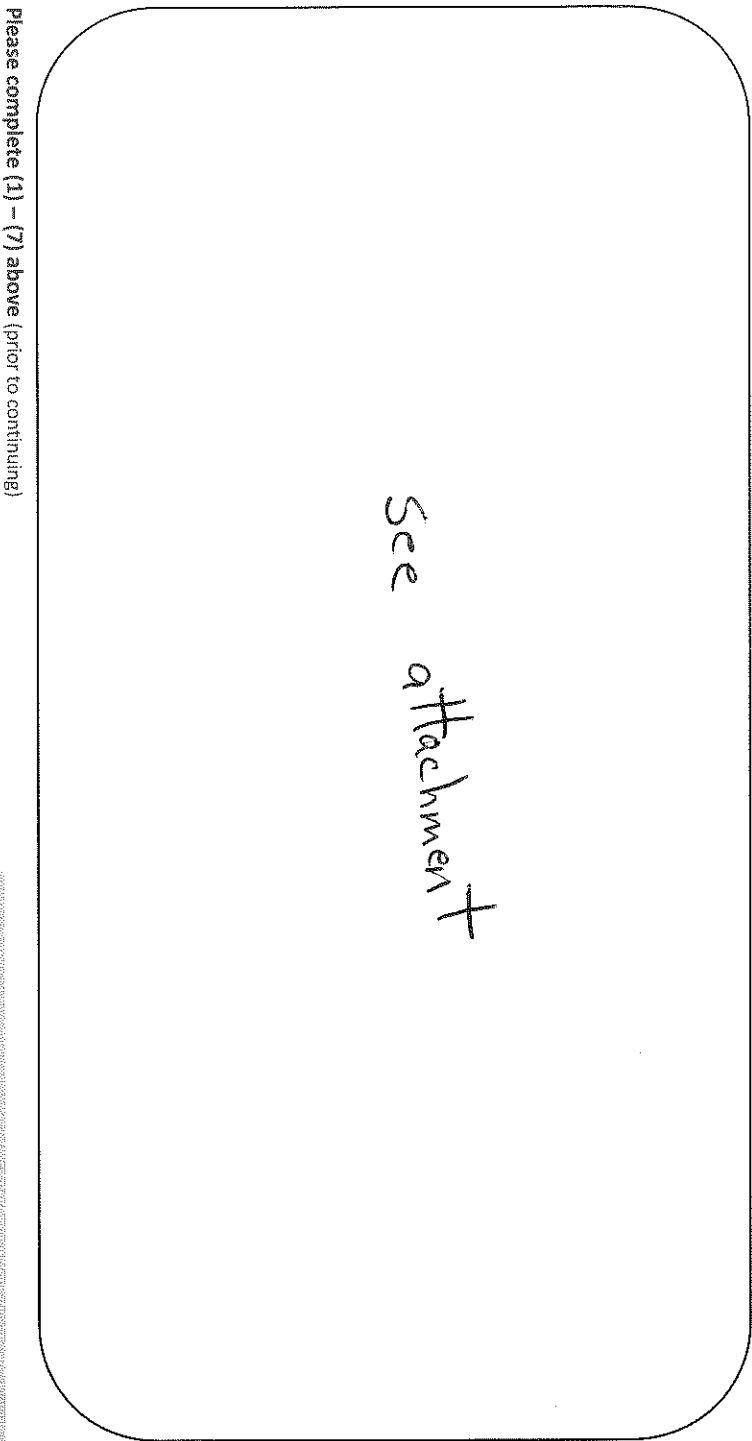
FAILURE TO OBTAIN PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) acknowledge that I (we) consent to county officials charged with administering county ordinances to have access to the above described property and to release liability for the purpose of inspection.

Owner(s): David & Char Duvstad Charles E Duvstad Date: 2/11/14  
 (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: same as above Attach \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed \_\_\_\_\_  
 Copy of Tax Statement \_\_\_\_\_  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- 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 attachment



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	100+ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	140+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	400+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	300+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A 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).

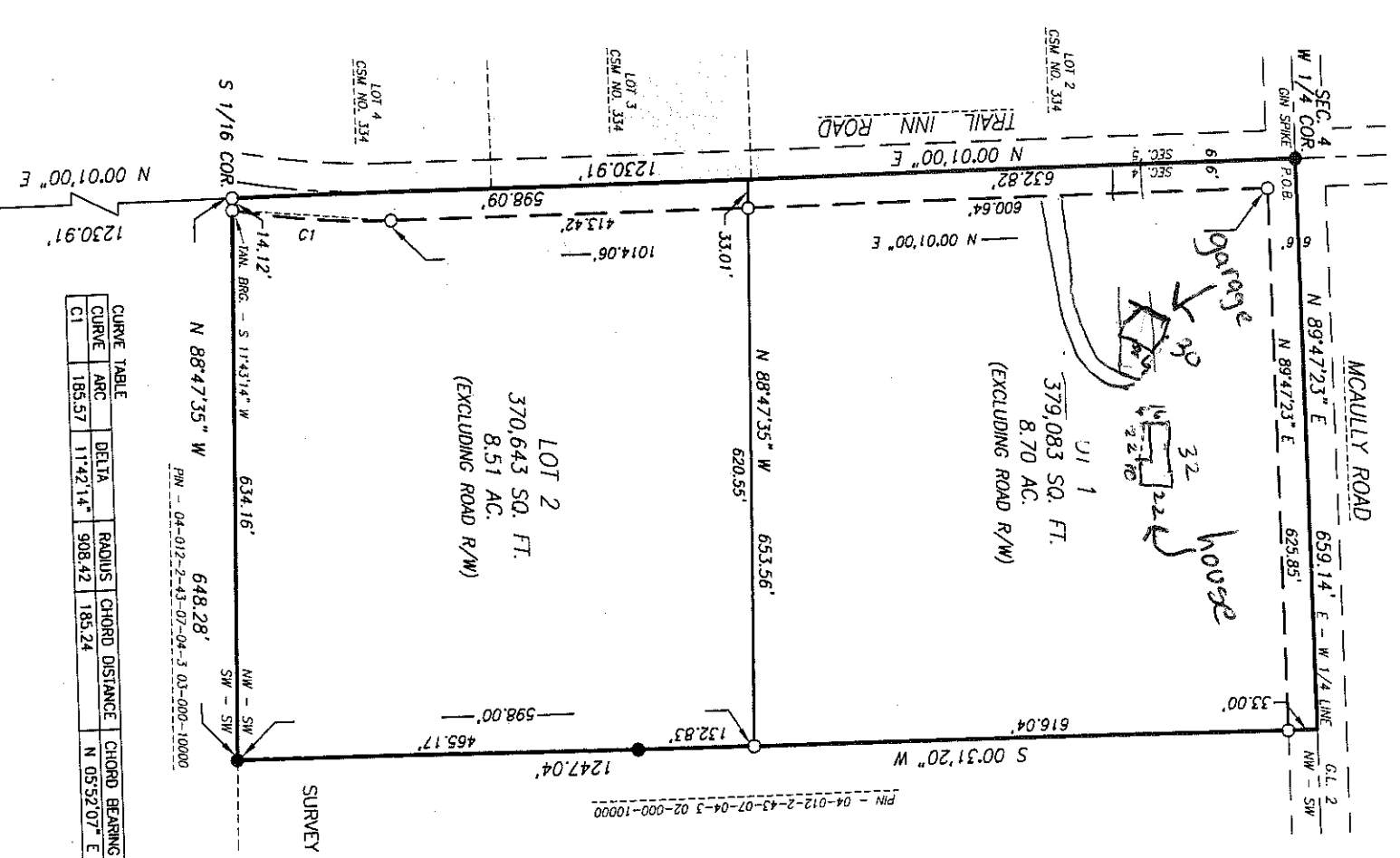
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 14-828	# of bedrooms: 2	Sanitary Date: 9-15-14	
Permit Denied (Date):	Reason for Denial:				
Permit #: 14-0828	Permit Date: 9-15-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots) <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		
Granted by Variance (B.O.A.)	Case #:	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 Parcel Legally Created	<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:	Well staked. Metcally setbacks.				
Date of inspection: 9-4-14	Inspected by: M. Fustala	Zoning District (F-1)	Date of Re-Inspection: (N/A)		
Condition(s): 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: Michael Fustala	Date of Approval: 9-5-14				
Hold For Sanitary: <input checked="" type="checkbox"/> OK	Hold For TBA: <input checked="" type="checkbox"/> OK	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

**BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 18477**  
 LOCATED IN THE NW 1/4 - SW 1/4, SECTION 4, T. 43 N., R. 7 W., IN  
 THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN



**LEGEND**  
 ● FOUND, 1-1/4" IRON PIPE, UNLESS NOTED  
 ○ 1-1/4"(OD) X 18" IRON PIPE SET,  
 WEIGHT = 1.68 LB/FT  
 ( ) RECORDED DATA

**CLIENT: GEORGE SANDSTROM**  
 JOB NO: H13/062  
 DRAFTED BY: JRN  
 JUNE 26, 2013  
 NB, 395'/PG. 16  
 SCALE: 1" = 200'

**FILE: H/143UR7W/SEC4**  
 ACAD: H13\_062  
 PAC: H13\_062  
 SHEET 1 OF 2 SHEETS

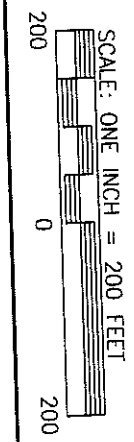
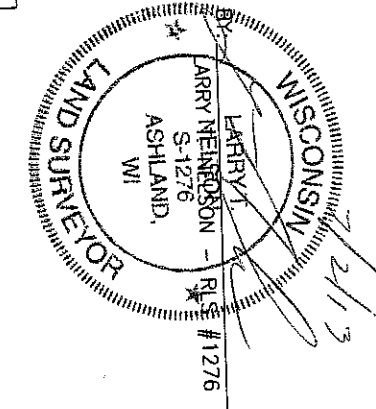
**HEART OF THE NORTH**  
 SURVEYING OF HAYWARD, INC.

PH: 715/634-2442  
 FAX: 715/634-6444  
 10339 N. DUFFY ROAD  
 HAYWARD, WI, 54843  
 WWW.HONSURVEYING.COM

HEART OF THE NORTH  
 SURVEYING OF HAYWARD, INC.

BEARINGS ARE REFERENCED TO  
 THE WEST LINE OF THE SW 1/4 OF  
 SECTION 4, BEARING N 00°01'00" E

**TOTAL AREA**  
 749,726 SQ. FT.  
 17.21 AC.  
 (EXCLUDING ROAD R/W)



Vol. 11 as m Pg 41-42

2013R-55032B  
 07/03/2013 11:38AM  
 TF EXEMPT #: \_\_\_\_\_  
 RECORDING FEE: 30.00  
 PAGES: 2

PATRICIA A OLSON  
 BAYFIELD COUNTY, WI  
 REGISTER OF DEEDS