

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 01 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-0375
 Date: 10-3-14
 Amount Paid: \$329.50
 Refund: 10-3-14

\$ 375

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: McKinney Revocable Trust
 Address of Property: 43050 US Hwy 63
 Contractor: self
 Authorized Agent: Mike Wiebe
 Agent Phone: 413-0431
 Agent Mailing Address: 300 W. Worden Ave. Cable, WI 54894
 City/State/Zip: Cable, WI 54821
 City/State/Zip: Cable, WI 54821
 Contractor Phone: 798-3645
 Plumber: Cable, WI 54821
 Plumber Phone: 798-3645

PROJECT LOCATION: NW 1/4, NE 1/4
 Legal Description: Gov't Lot 7, Lot(s) 7, CSM, Vol & Page, Lot(s) No., Block(s) No., Subdivision: 129' x 366', Acreage 64-3.38

Section 24, Township 43 N, Range 8 W, Town of: Cable

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ 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: 07-19-203-000-30000
 Volume: 941
 Page(s): 842

Non-Shoreland

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue -->

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes--continue -->

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
\$ 125,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" 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: _____ <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None

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 X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/>	with Loft	(X X)	
<input type="checkbox"/>	with a Porch	(X X)	
<input type="checkbox"/>	with (2 nd) Porch	(X X)	
<input checked="" type="checkbox"/>	Commercial Use with (2 nd) Deck with Attached Garage	(X X)	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X X)	
<input type="checkbox"/>	Addition/Alteration (specify) _____	(X X)	
<input type="checkbox"/>	Accessory Building (specify) _____	(X X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X X)	
<input type="checkbox"/>	Special Use: (explain) _____	(X X)	
<input checked="" type="checkbox"/>	Conditional Use: (explain) Bulk L.P. Storage	(9' x 68')	612
<input type="checkbox"/>	Other: (explain) _____	(X X)	

Rec'd for Issuance OCT 03 2014

Secretariat Staff

FAILURE TO OBTAIN A PERMIT OF 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): McKinney
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Mike Wiebe 24 4/26
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 300 W. Worden Ave., Ladysmith, WI 54894
 (If you recently purchased the property send your Recorded Deed

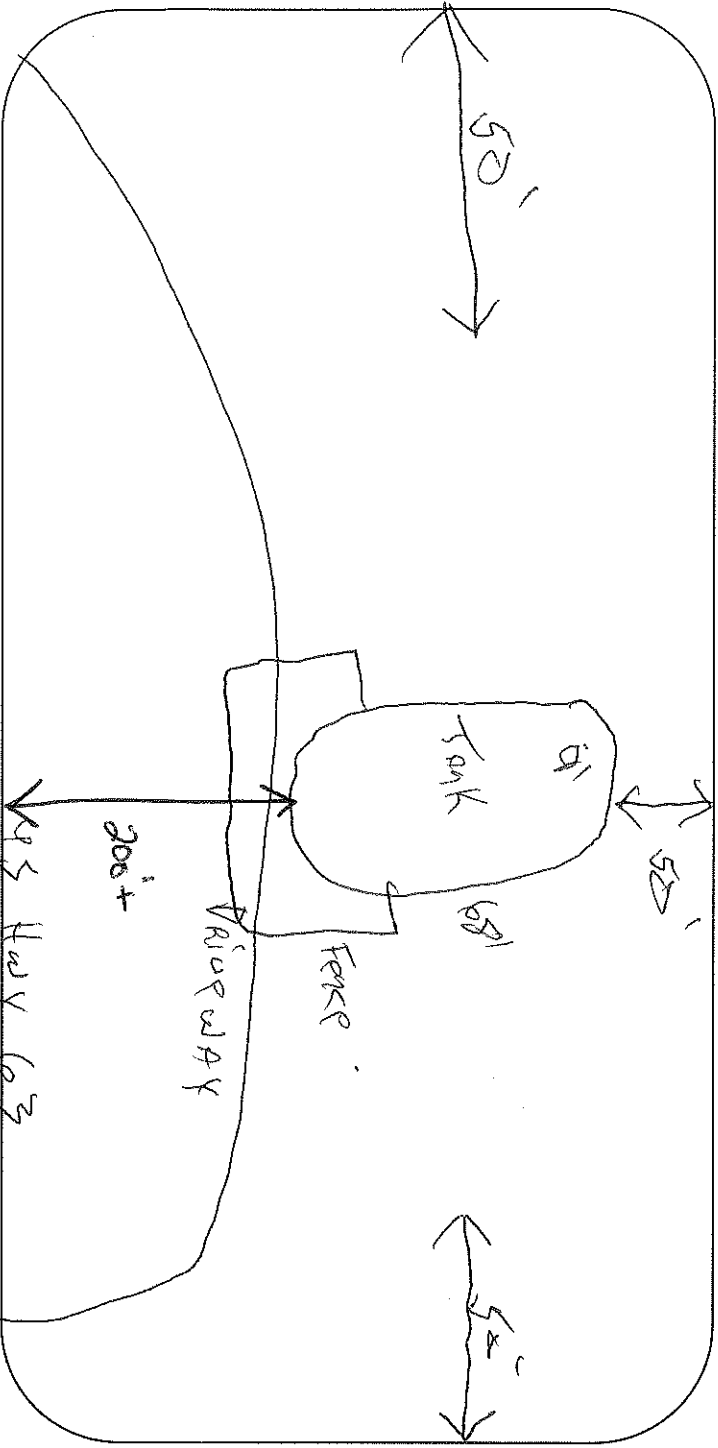
Attach Copy of Tax Statement
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Date: 7-30-14



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	800+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	150+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	50+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	50+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	50+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0375	Permit Date: 10-3-14			
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 Lot(s))	<input 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 #:	Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:		Zoning District (Q)		
Well Staked. Meets all setbacks.		Lakes Classification (NA)		
Date of Inspection: 8-14-14	10-2-14	Inspected by: MM. Fuchs	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
See affidavit & ZC meeting minutes				
Signature of Inspector: Michael Fuchs	Date of Approval: 10-3-14			8-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



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)
 OCT 03 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0397
 Date: 10-6-14
 Amount Paid: \$4500
 Refund: \$4500
 (MWF) 10-3-14

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: Cheryl & Timothy Faust
 Address of Property: 10215 Old Lake Rd
 City/State/Zip: 5314 Spicebush Ln, Madison, WI
 Contractor: SELF
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: Section 27, Township 43 N, Range 8 W
 Legal Description: (Use Tax Statement) _____
 PIN: (23 digits) 04-012-2-43-08-27-203-000-40000
 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol. & Page: _____
 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Town of: Cable
 Lot Size: _____ Acreage: 8.5

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: \$500
 * include donated time & material

Project: _____ # of Stories and/or basement: _____ Use: _____ # of bedrooms: _____
 What Type of Sewer/Sanitary System is on the property? _____

Non-Shoreland Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? Yes--continue No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes--continue No

New Construction 1-Story Seasonal 1 Municipal/City City
 Addition/Alteration 1-Story + Loft Year Round 2 (New) Sanitary Specify Type: _____
 Conversion 2-Story _____ 3 Sanitary (Exists) Specify Type: _____
 Relocate (existing bldg) Basement _____ Privy (Pit) or _____ Vaulted (min 200 gallon)
 Run a Business on Property No Basement None Portable (w/service contract)
 Foundation _____ Compost Toilet None

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 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Rec'd for Issuance	Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
	Special User: (explain)	() X ()	
	Conditional User: (explain)	() X ()	
	Other: (explain) Walkway to lake	(4' x 80')	320

I (we) declare that this application (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) 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 the 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): Cheryl & Timothy Faust Date 10-3-14

(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 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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%

See attachment.

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	NA	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	NA	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	50+
Setback from the West Lot Line	50+	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	50+	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	100+	Setback to Well	100+
Setback to Drain Field	100+		
Setback to Privy (Portable, Composting)	NA		

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:		
Permit #: 14-08779	Permit Date: 10-16-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record (Filed/Contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	<i>Meets all requirements</i>		Zoning District (F-1)	Lakes Classification (3)
Date of Inspection: 10-2-14	Inspected by: MM. Faust	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
<i>Must use best management practices to prevent erosion and for sitation of the lake on wetlands.</i>				
Signature of Inspector: <i>Michael Gunkel</i>				Date of Approval: 10-16-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

4525

SW-NW

27-43-8

BAYFIELD COUNTY PLAT OF SURVEY

LOCATED IN THE SW 1/4-NW 1/4, SECTION 27, T43N, R8W,
TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN.



BEARINGS ARE REFERENCED TO THE WEST LINE OF THE NW 1/4 SECTION 27, T43N, R8W ASSUMED TO BEAR N01°04'42"W

- LEGEND
- = SET 5/8"x18" IRON BAR MIN. WT. 1.33#/LIN. FT.
 - = EXISTING 1 1/4" IRON PIPE
 - = EXISTING 1" IRON PIPE
- UNLESS OTHERWISE NOTED

SURVEYORS CERTIFICATE:
I, JEFF W. MULOCK, WISCONSIN REGISTERED LAND SURVEYOR, HEREBY CERTIFY THAT I HAVE SURVEYED AND MAPPED A SURVEY LOCATED IN THE SW 1/4-NW 1/4 OF SECTION 27, T43N, R8W, TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN.

I HAVE SURVEYED AND MAPPED THE LAND HEREIN DESCRIBED, AND THE MAP IS A CORRECT REPRESENTATION OF THE SURVEY MADE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS SURVEY WAS MADE UNDER THE DIRECTION OF JOHN AND JUDY SABO.

Jeff W. Mulock 09/07/07
JEFF W. MULOCK WISCONSIN LAND SURVEYOR #2318 DATE:



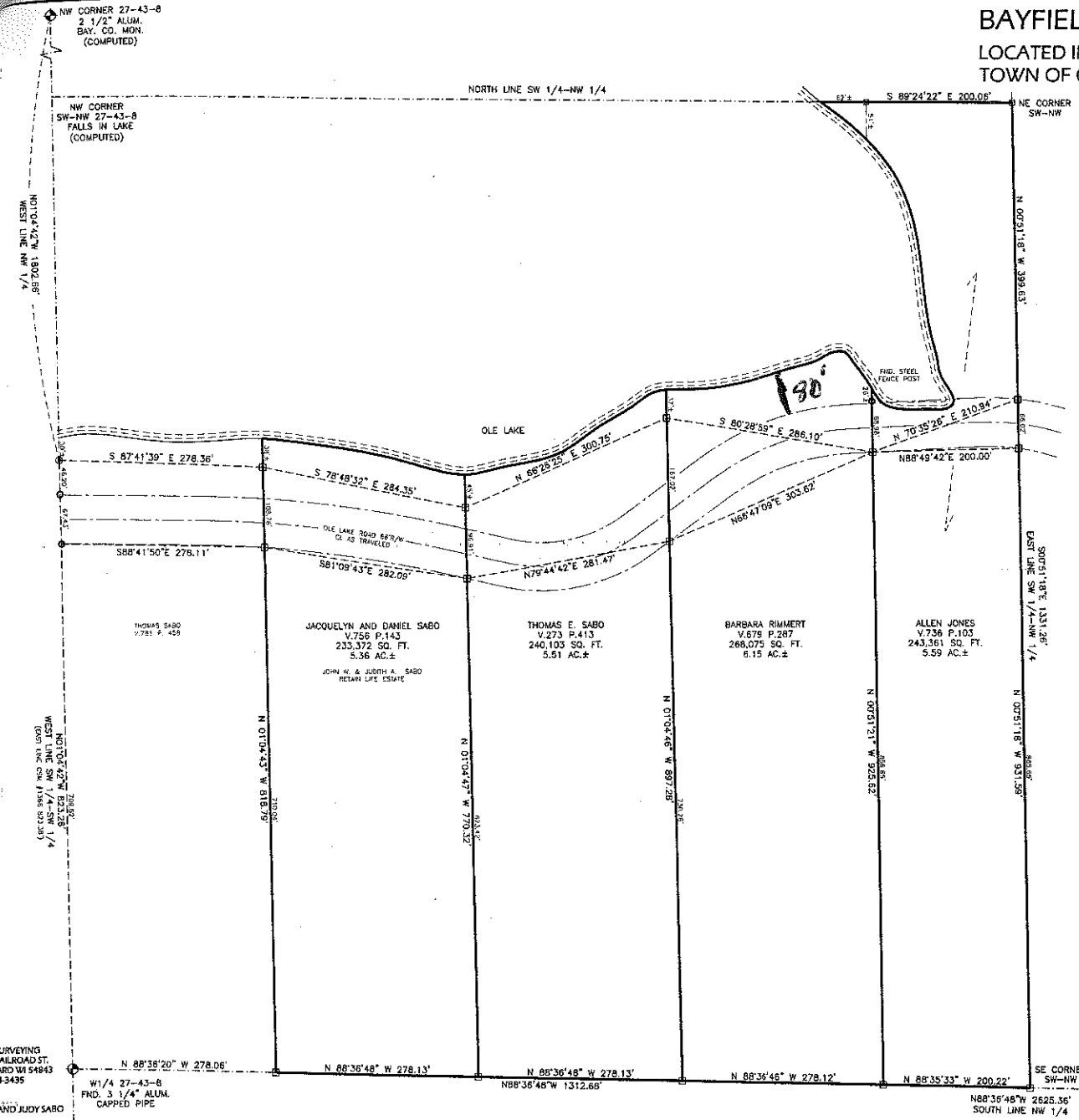
N1/4 27-43-8
FND. IRON PIPE W/ 3" O.D.
STAMPED CAP

SOUTH LINE SW 1/4-NW 1/4 LINE

LOCALLY ACCEPTED C1/4
FND. 3/4" REBAR TIPPED
SET BY R.L.S. 5-1339 1979

E1/4 27-43-8
FND. 3/4 REBAR

N88°42'03"W 2633.85'
SOUTH LINE NE 1/4



APEX SURVEYING
15621 RAILROAD ST.
HAYWARD WI 54843
715-634-3435

CLIENT
JOHN AND JUDY SABO

SHEET 1 OF 1
08/28/07
09/07/07 REV.
70115AB

W1/4 27-43-8
FND. 3 1/4" ALUM.
CAPPED PIPE

N88°36'48"W 2625.35'
SOUTH LINE NW 1/4