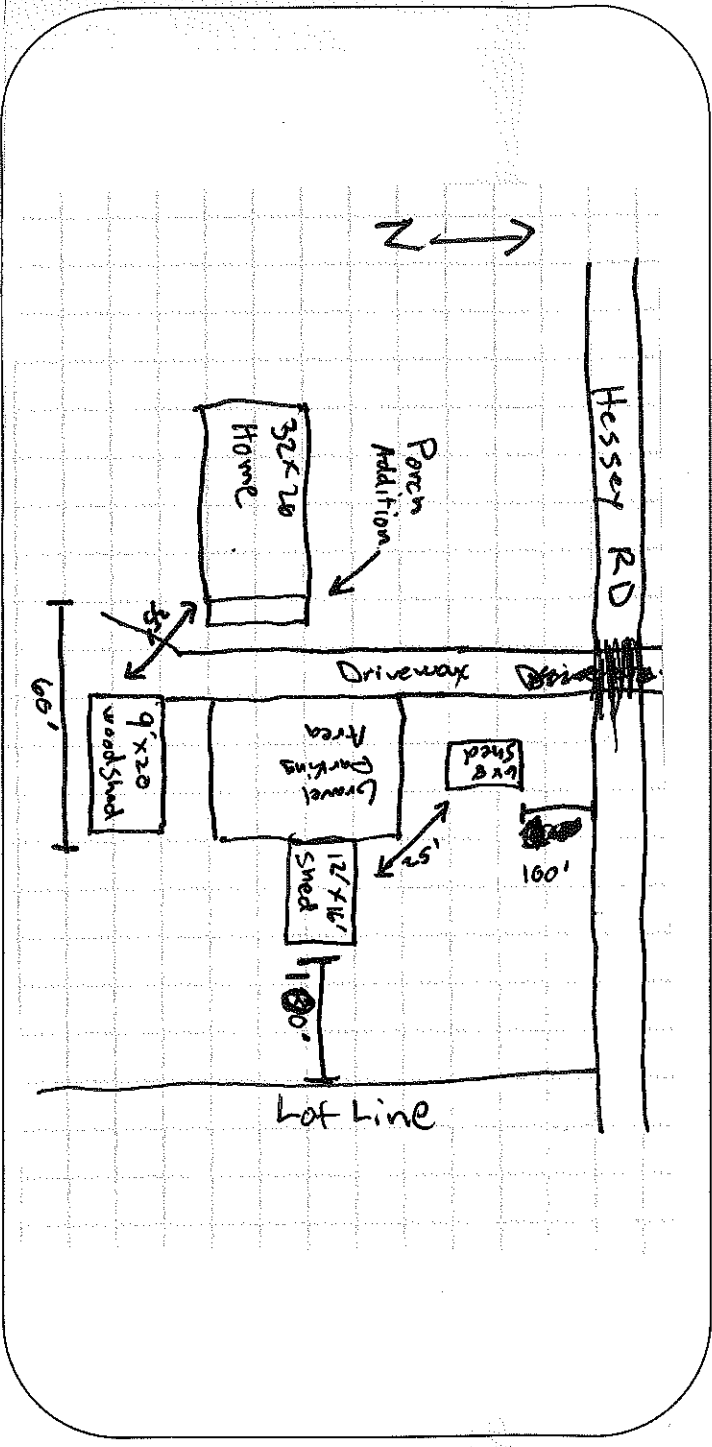


checkbox below: Draw or Sketch your Property (regardless of what you are applying for)

- (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	160 160 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	130 130 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1000 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	500 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	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.

Issuance Information (County Use Only) Sanitary Number: 06-0324 # of bedrooms: Sanitary Date: 6-13-06
 Permit Denied (Date): Reason for Denial:

Permit #: 14-0894 Permit Date: 10-21-14

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous lots) No No
 Is Structure Non-Conforming Yes No Mitigation Required Yes No Affidavit Required Yes No
 Granted by Variance (B.O.A.) Yes No Previously Granted by Variance (B.O.A.) Yes No Case #:

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: owner present at time of inspection
to represent project + property lines
 Date of Inspection: 10-14-14 Inspected by: J. WOODBORN - MURPHY Zoning District: (F-1)
CONDITIONS: TOWN COMMITTEE OF BOARD CONDITIONS ATTACHED? YES NO (If No they need to be attached)
BUILDING SHALL NOT BE RUNSIN AFTER FOR PLUMBING TREATMENTS
UNLESS SAID STRUCTURE IS SERVED BY A SUFFICIENT + APPROVED
ONSITE WASTEWATER TREATMENT SYSTEM.
 Signature of Inspector: [Signature] Date of Approval: 10-20-14

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

vault privy not installed per previous permit - getting app for composting toilet + privy permit.

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
 SEP 25 2014
 Bayfield Co. Zoning Dept

ENTERED

Permit #:	14-0700
Date:	10-22-14
Amount Paid:	\$759.20-14
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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **Nicholas D. Compton** Mailing Address: **Same as Below** City/State/Zip: **Same as Below** Telephone: **715-372-5530**

Address of Property: **8450 County Hwy A** City/State/Zip: **Iron River, WI 54847** Cell Phone: **715-817-8612**

Contractor: **Bill Long** Contractor Phone: **715 688 9300** Plumber: **N/A** Plumber Phone: **N/A** Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **N/A** Agent Mailing Address (include City/State/Zip): **N/A**

PROJECT LOCATION: **SE 1/4, SW 1/4 Parcel in** Legal Description: (Use Tax Statement) **04-048-2-48-08-20-3 04-000-2000** PIN: (23 digits) **04-048-2-48-08-20-3 04-000-2000** Recorded Document: (i.e. Property Ownership) **1031** Page(s) **245**

Gov't Lot: Gov't Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Lot Size: Acreage: **9.550**

Section **20**, Township **48** N, Range **08** W, Town of: **Tripp**

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: _____ 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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>20,000</u>	<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 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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specified Type: <u>400 Gallon Septic</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 type="checkbox"/> City <input checked="" type="checkbox"/> Well
Existing Structure: (if permit being applied for is relevant to it)	Length: 50' Width: 17'6"	Length: 50' Width: 10'	Height: 12'6" Height: 6'			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<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)	() ()	()
	Mobile Home (manufactured date)	() ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) Bathroom/Hallway and Trusses	(17'6" X 10')	175
	Accessory Building (specify) ATF	(14 X 15'6")	62
	Accessory Building Addition/Alteration (specify) ATF	(11 X 30)	330
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain)	() ()	()

Permit for Issuance: **OCT 22 2014**

Secretary: **Stah**

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): **NDC** Date: **9/23/14**

(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: see above Attach _____

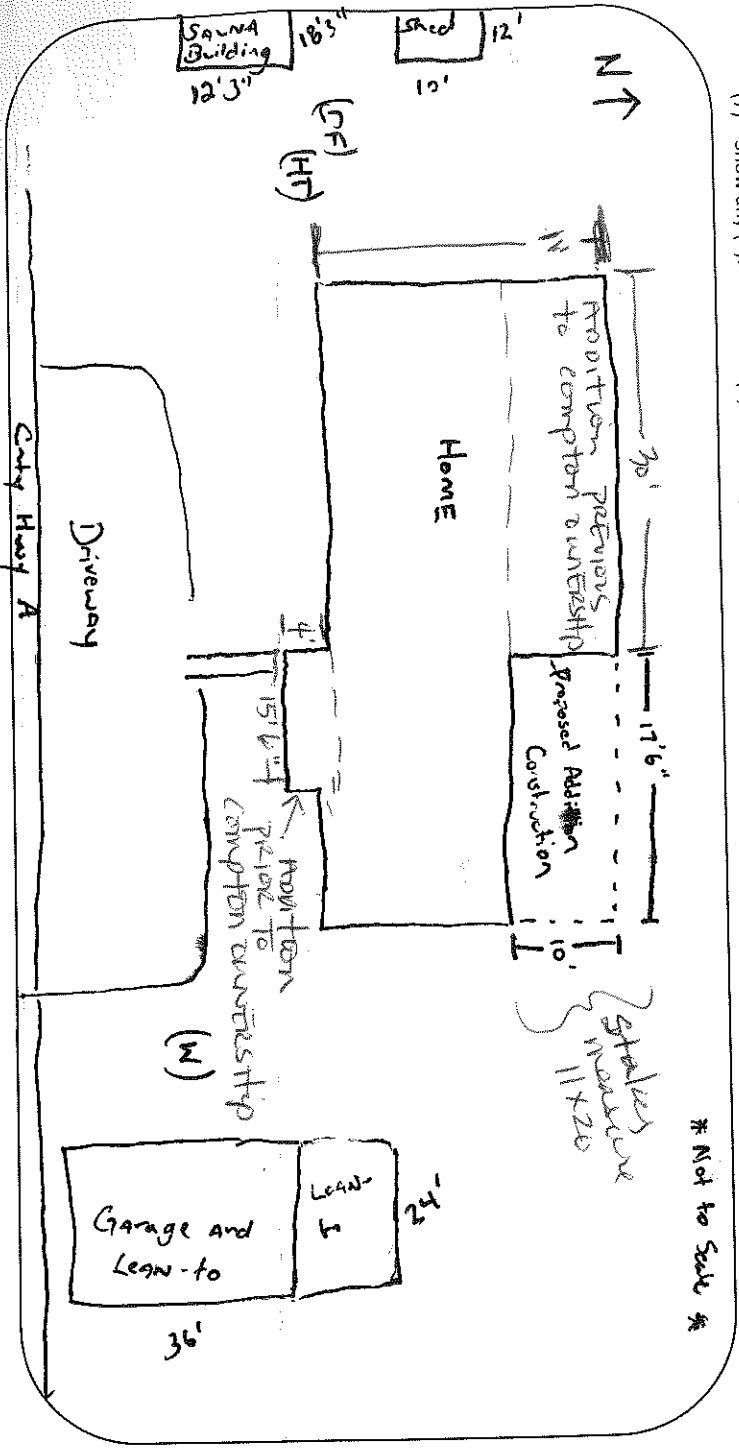
Copy of Tax Statement

NICK.COMPTON@EMBROIDERAPPLICANT.COM PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	13'4" Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	9'2" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	4'20" Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	9'20" Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1'20" Feet	20% Slope Area on property	20% Slope Area on property
Setback from the East Lot Line	3'8" Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	6'1" Feet	Setback to Well	2'9" Feet
Setback to Drain Field	6'1" Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

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Issuance Information (County Use Only)	Sanitary Number: 14-1008	# of bedrooms: 3	Sanitary Date: 10-22-14
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0400	Permit Date: 10-23-14		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: OLD SEPTIC TANK REQUIRED TO BE REPLETED PERMIT ISSUED FOR 2520 G.H.T. + 250 sq. addition in HT	REMOVED FROM PERMIT	Zoning District: (A-1)	Lakes Classification: (N/A)
Date of Inspection: 9-30-14	Inspected by: CLARENCE MURPHY	Date of Re-Inspection:	
Conditions: Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)			
NEW SANITARY SYSTEM SHALL BE INSTALLED PRIOR TO SANITARY PERMIT EXPIRATION (W/IN 2 YEARS)			
Signature of Inspector:		Date of Approval: 10-22-14	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

@ October 2013
 IN TOWN APPROVED AS MURPHY HOME, HOWEVER
 MURPHY HOME NO LONGER PRESENT. STAKE BUILT STRUCTURE PER OWNER