

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
 JUN 01 2015
 Bayfield Co. Zoning Dept.

Permit #:	15-0085
Date:	7-1-15
Amount Paid:	\$400
Refund:	7-1-15

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: Lyle Anderson Mailing Address: 44763 St Hwy 110 Ashland/WI/54806 City/State/Zip: WI 54856 Telephone: 715 413 0248

Address of Property: 25440 Merygo Lk Rd. City/State/Zip: Mason WI 54856 Contractor Phone: 715 342 2155 Cell Phone: 715 342 2155

Contractor: Larson Const. Agent Phone: 715 342 2155 Plumber: Brown DR. Plumber Phone: 715 342 0024

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04-030-2-45-05-34-2 04 000 PIN: (23 digits) 04-030-2-45-05-34-2 04 000 Volume: 2008 Subdivision: _____ Recorded Document: (i.e. Property Ownership) Page(s) _____

Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Lot Size: _____ Acreage: 1.52

Section 34, Township 45 N, Range 05 W Town of: Lincoln

Shoreland 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

Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: 75 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>120,000</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding</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: 26' Width: 40' Height: 14'

Proposed Construction: _____

Proposed Issuance	Proposed Structure	Dimensions	Square Footage
JUL 01 2015	<input type="checkbox"/> Principal Structure (first structure on property) <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) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<u>26</u> X <u>40</u>) (<u>20</u> X <u>6</u>)	<u>1040</u> <u>120</u>
JUN 30 2015	<input type="checkbox"/> Commercial Use <input type="checkbox"/> Rec'd for Issuance <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) _____	(<u>_____</u> X <u>_____</u>) (<u>_____</u> X <u>_____</u>) (<u>_____</u> X <u>_____</u>) (<u>_____</u> X <u>_____</u>)	<u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u>
JUN 04 2015	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(<u>_____</u> X <u>_____</u>) (<u>_____</u> X <u>_____</u>) (<u>_____</u> X <u>_____</u>)	<u>_____</u> <u>_____</u> <u>_____</u>
Secretarial Staff	<input type="checkbox"/>	(<u>_____</u> X <u>_____</u>)	<u>_____</u>

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): Lyle A Anderson Mary Anderson Date 6/1/15
 (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

RECORDED? APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
FIRST DEED DR PUMPING (DOE 4-10-15) - PUMPED IN DONE PER DR

#2000 \$150 Imp Surface \$50 Reconnect

- 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%

Proposed construction at 28440 Merrygo Ln Rd See attached map

- includes -

- Removal of existing house
- New Slab on grade house
- Front overhang to be 75' from water
- No excavation - no erosion control needed
- New house to meet all required setbacks.

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	190 Feet	Setback from the Lake (ordinary high-water mark)	75' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100+ Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	10 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	10' Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	Feet		

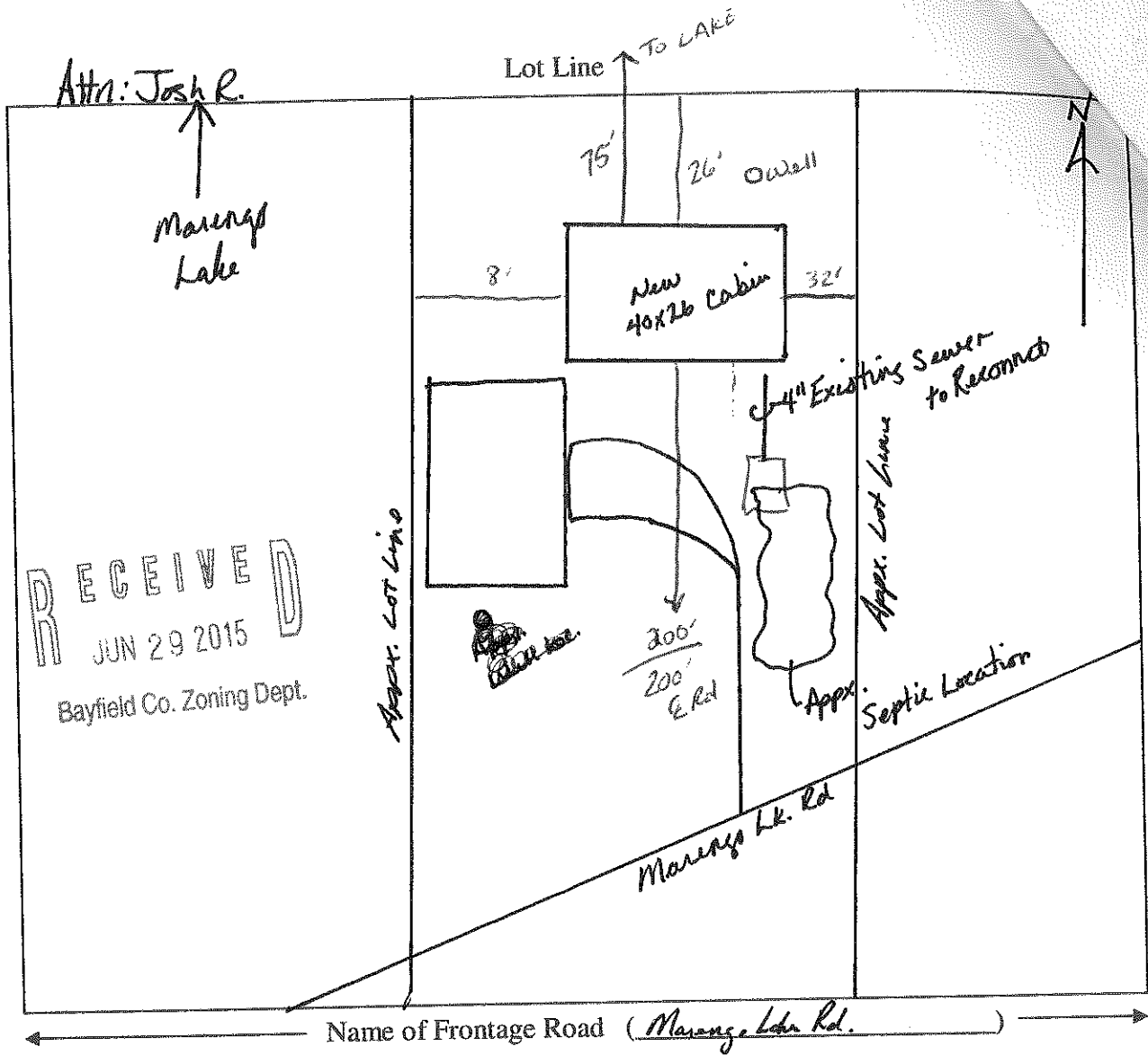
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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 Dwelling: 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:	Reason for Denial:		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):					1	1990	
Permit #: 15-00835	Permit Date: 1990	7-1-15					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	1990	0	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 (Fused/Contiguous Lot(s))			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.)	<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 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:							
Date of Inspection: 6/3	Inspected by: M. Mackley	Zoning District: (R1)	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.)		Lakes Classification: (2)					
Signature of Inspector: M. Mackley	Date of Approval: 6/1/15						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				



- ✓ Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- ✓ Show the approximate location and size of the building.
- ✓ Show the location of the well, septic tank and drain field.
- ✓ Show the location of any lake, river, stream or pond if applicable.
- ✓ Show the approximate location of other existing structures.
- ✓ Show the approximate location of any wetlands or slopes over 20 percent.
- ✓ Show dimensions in feet on the following: Do Not Know ??? → This is a reconnect!

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY

- ✓ Building to all lot lines
- ✓ Building to centerline of road
- ✓ Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line 30'
- e. Septic/holding tank to building 43'
- f. Septic / holding tank to well 90'
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line N/A 157'
- i. Privy to building N/A
- j. Privy to lake, river, stream or pond N/A
- k. Drain field to closest lot line 8'
- l. Drain field to building 73'
- m. Drain field to well 120'
- n. Drain field to lake, river, stream or pond 186'
- o. Well to building 19'

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891
(715) 373-6138

u/forms/sanitaryapplication1
June 2006

→ Lytle and Marie Anderson

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
 MAY 13 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0015
 Date: 7-10-15
 Amount Paid: \$2085
 Refund: 7-10-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
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TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Joshua Clark
 Mailing Address: 68036 City Rd C, Marengo, WI, 54855
 City/State/Zip: _____

Address of Property: Masenge River Rd
 City/State/Zip: Maseno, WI 54856
 Telephone: 715-278-3644
 Cell Phone: 920-604-3933

Contractor: Oscar Construction
 Contractor Phone: 920-604-3933
 Plumbing: Blakemore Plumbing
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Plumbing Phone: 715-682-6050
 Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 NW 1/4, NW 1/4
 Section 27, Township 45 N, Range 5 W
 Town of: Lincoln
 PIN: (23 digits) 04-030-2-45-05-27-2 020909
 Recorded Document: (i.e. Property Ownership) _____
 Volume _____ Page(s) _____

Distance Structure is from Shoreline: 100 feet
 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: \$30000
 * include donated time & material

Project: New Construction
 Addition/Alteration
 Conversion
 Relocate (existing diag)
 Run a Business on Property

of Stories and/or basement: 1-Story
 1-Story + Loft
 2-Story
 Basement
 No Basement
 Foundation

Use: Seasonal
 Year Round

of bedrooms: 1
 2
 3
 None

What Type of Sewer/Sanitary System Is on the property?
 Municipal/City
 (New) Sanitary Specify Type: DF
 Sanitary (exists) Specify Type: _____
 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)
 Proposed Construction: _____

Length: 24 Width: 20 Height: 24

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 with Attached Garage	(34 X 20) () () () () () () ()	792
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, gr () sleeping quarters, gr () cooking & food prep facilities Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	() () () () ()	() () () () ()
<input type="checkbox"/> Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	() () ()	() () ()
<input type="checkbox"/> Rec'd for Issuance	Secretarial Staff	()	()
<input type="checkbox"/> Rec'd for Issuance	Secretarial Staff	()	()

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): [Signature]
 Date: 5/11/15

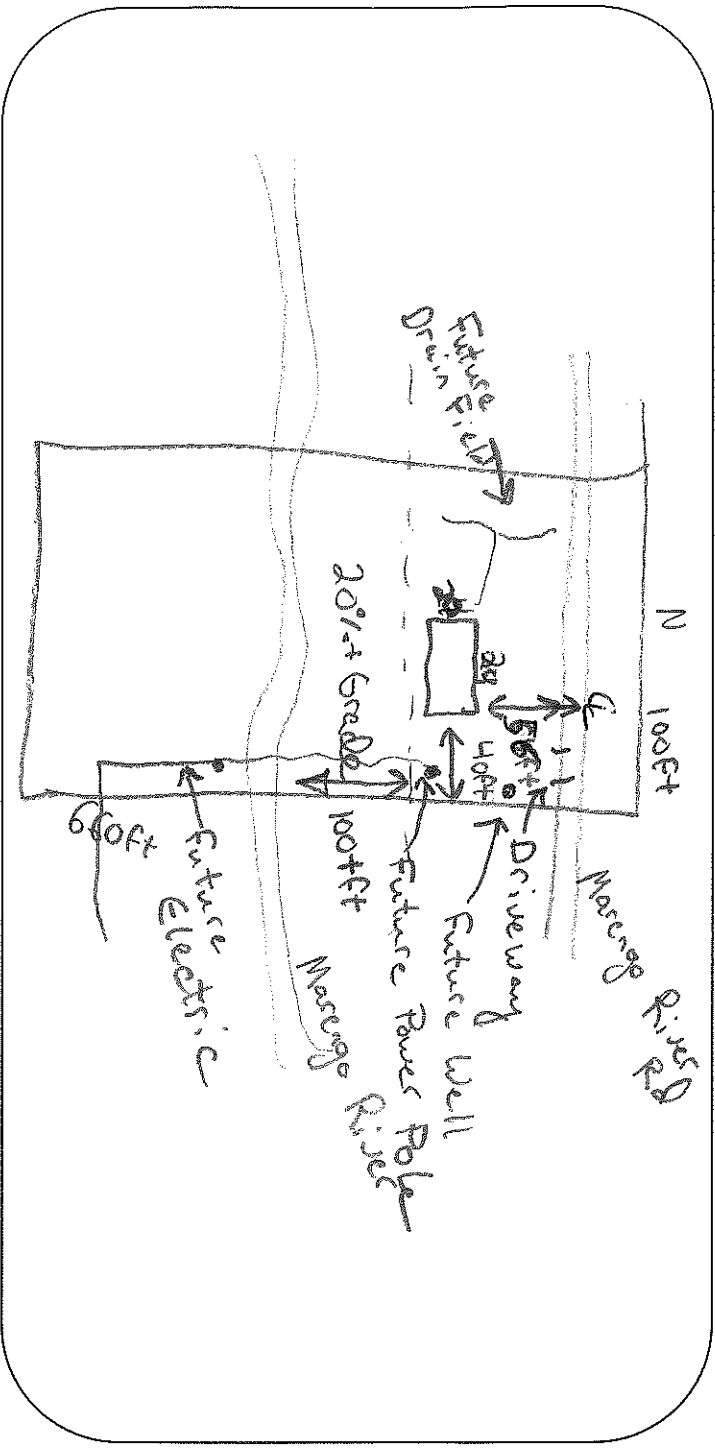
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature]
 Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 68036 City Rd C, Marengo, WI, 54855
 Attach Copy of Tax Statement
 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	56 Feet	Setback from the Lake (ordinary high-water mark)	118 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	120 Feet
Setback from the North Lot Line	56 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	56 Feet	Setback from Wetland	120 Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	100 Feet
Setback to Drain Field	N/A Feet		
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 Dwelling: 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: 15-805 # of bedrooms: 2 Sanitary Date: 7-9-15
 Permit Denied (Date): Reason for Denial:

Permit #: 15-0045 Permit Date: 7-10-15

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (used/contiguous Lot(s)) No No
 Is Structure Non-Conforming Yes No No

Granted by Variance (B.O.A.) Case #: Yes No
 Previously Granted by Variance (B.O.A.) Case #: Yes No

Was Parcel Legally Created Yes No
 Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No
 Affidavit Required Yes No
 Affidavit Attached Yes No

Inspection Record:
 Zoning District (el)
 Lakes Classification (NB)

Allowed for Reduced Setback per Rev 13-1-20(2)(b)

Date of Inspection: Inspected by:

Condition(s): Town, Committee or Board Conditions Attached? Yes No - If No, show needed to be attached)

Property at time of inspection - see a natural State from the top of the hill to the river. Property must be maintained in accordance with 13-1-23. Sign within 100ft plan. Not Michigan requirements. Direct All roads from Rldg Signature of Inspector: *Stacey* *Wright* Date of Approval: 5/13/15
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: