

**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 SIGN**  
**BAYFIELD COUNTY, WISCONSIN**

**RECEIVED**  
 Date Stamp (Received)  
**AUG 03 2015**  
 Bayfield Co. Zoning Dept.



Permit #:	150461
Date:	12-1-15
Amount Paid:	\$50
Refund:	12-1-15 \$800.2415

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.

Property Owner(s) Name: <i>James E &amp; Ellen Jane Roberts</i>	Mailing Address: <i>42995 Short Road</i>	City/State/Zip: <i>Cable, WI 54821</i>	Phone: <i>715-798-4522</i>
Sign Owner(s) Name: <i>Telemark Interval Owners Association</i>	Mailing Address: <i>P.O. Box 609</i>	City/State/Zip: <i>Cable, WI 54821</i>	Phone: <i>715-798-3999</i>
Address of Property: <i>41080 US Hwy 63</i>	City/State/Zip: <i>Cable, WI 54821</i>		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <i>04-012-2-43-08-25-3-03-000-30000</i>	Recorded Document: (i.e. Property Ownership) Volume <i>962</i> Page(s) <i>167</i>
<i>SW 1/4, SW 1/4</i>	Gov't Lot	Lot(s) <i>1</i>	CSM <i>573</i>
		Vol & Page <i>4 P. 156</i>	Lot(s) No.
Section <i>25</i> , Township <i>43</i> N, Range <i>08</i> W	Town of: <i>Cable</i>		Block(s) No.
	Lot Size	Acreage <i>2.930</i>	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> 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 in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion <small>* include donated time &amp; material</small>	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$	<input type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<i>12'</i>	<i>8'</i>	<i>30' 40'</i>	<input type="checkbox"/> Yes TBA is required
	<input checked="" type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			<input checked="" type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/> On-Building				
	<input type="checkbox"/>		<input type="checkbox"/> Multi-Tenant				

**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]* x *[Signature]* *Roberts*  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)  
 Applicant(s): *[Signature]* x *[Signature]* x *[Signature]* *Roberts*  
 (If you are applying for an Off-premise sign, the property owners must also sign this form)

Date *7-29-2015 / 7/29/15*  
 Date *7/21/2015, 7-29-2015 / 7/29/15*  
 Date \_\_\_\_\_

Authorized Agent: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit *TIOA P.O. Box 609 Cable, WI 54821*

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

PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 The local Town, Village, City, State or Federal agencies may also require permits.

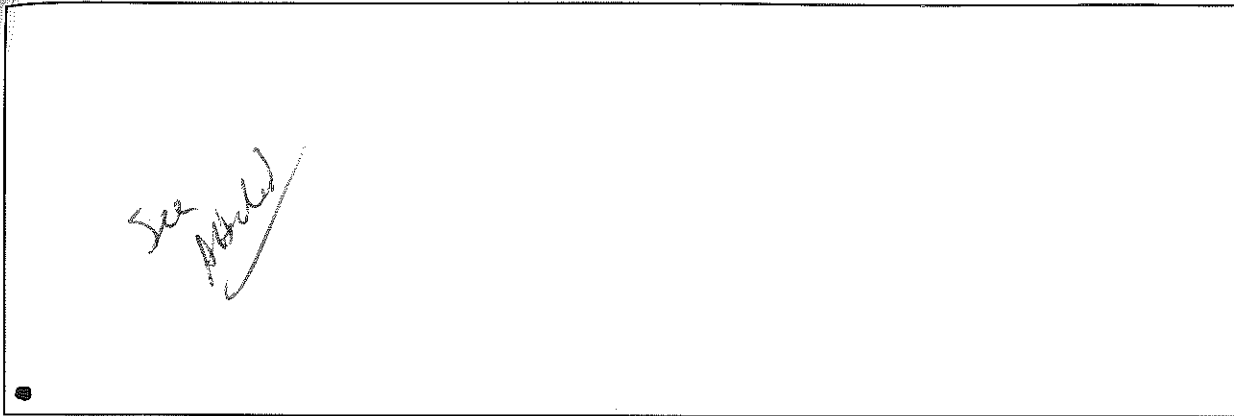
frontage road as a guideline, and indicate North (N) on plot plan

Location

Dimensions in feet on the following:

**IMPORTANT**  
Detailed Plot Plan is Necessary

Lot Line

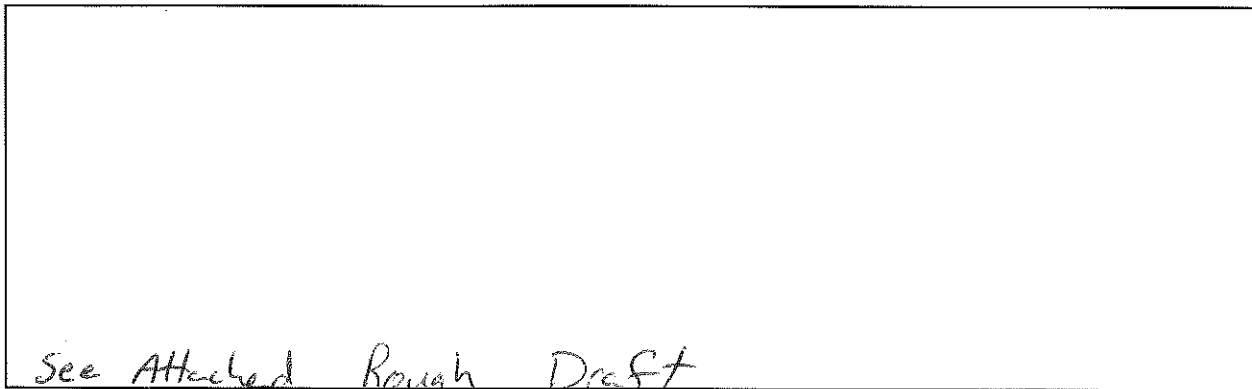


Name Frontage Road ( US Hwy 63 )

Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the North Lot Line	10 Feet
Setback from the Established Right-of-Way	Feet	Setback from the South Lot Line	390 Feet
Setback from Lake, River, Stream or Pond	N/A Feet	Setback from the West Lot Line	10 Feet
Setback from Other Sign(s)	N/A Feet	Setback from the East Lot Line	332 Feet

Sign Plan  
(Fill in Information Desired on Sign)



Issuance Information (County Use Only)		Permit Number: <u>15-0461</u>	Permit Date: <u>12-1-15</u>
Permit Denied (Date):		Reason for Denial:	
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <u>OK - BOA Not Needed as per Reg. Sign Ord. is for Multiple off Premise signs. Not on off Premise signs.</u>		Zoning District	( <u>C</u> )
Date of Inspection: <u>10-8-15</u>	Inspected by: <u>JTCowley</u>	Lakes Classification	( )
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.) <u>Must Comply w/ Sign Ordance</u>			
Signature of Inspector: <u>JTCowley</u>			Date of Approval: <u>1/20/15</u>

**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  
 NOV 19 2015  
 Bayfield Co. Zoning Dept.

Permit #:	15-04168	<b>ENTERED</b>
Date:	10-4-15	
Amount Paid:	\$680	
Refund:	10-4-15	

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. HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

**TYPE OF PERMIT REQUESTED:**  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: MARK AND ANNE HOOLEY Mailing Address: 405 1 ST. PAUL, MN 55102 Telephone: \_\_\_\_\_  
 Address of Property: 4160 W CAULE LAKE RD City/State/Zip: \_\_\_\_\_ Cell Phone: 612-386-5419  
 Contractor: TWORZEK CONSTRUCTION, INC Contractor Phone: 765-558-3444 Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) DAVID TWORZEK Agent Mailing Address (include City/State/Zip): ABOVE 15333W ST RD 77 HAWAARD, WI 54843 Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 6 Lot(s): 2 CSM: 178 Vol & Page: 101/312 Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Legal Description: (Use Tax Statement) 04-012-2-43-08-12-1 05-600-41000 <sup>006</sup> Recorded Document: (i.e. Property Ownership) 1125 Page(s) 26/57  
 Section 12, Township 43 N, Range 8 W Town of: CAULE Lot Size: 348,480 SQ FT. Acreage: 8.0

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: 80 feet  Property in Floodplain Zone?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet  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>40,000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u>	<input type="checkbox"/>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: 26' Width: 24' Height: 18'

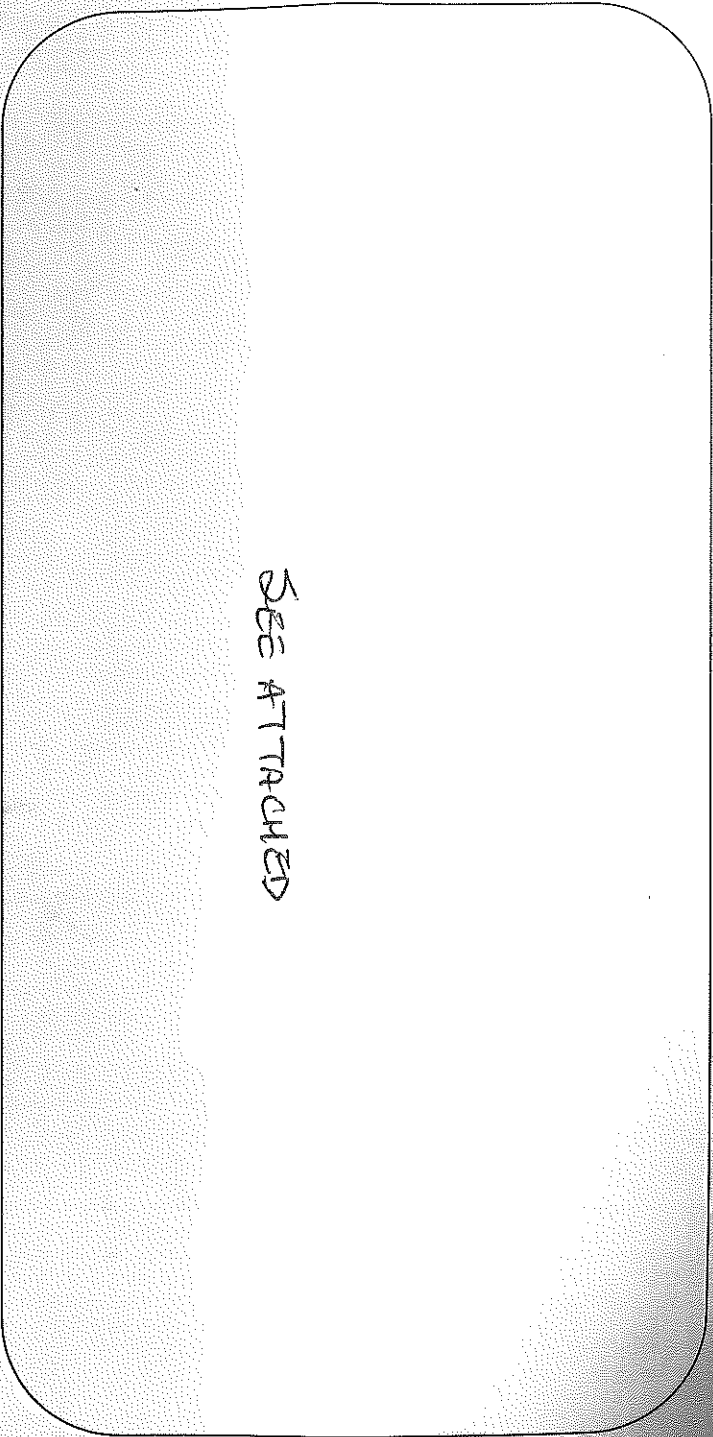
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X X )	
	with Loft	( X X )	
	with a Porch	( X X )	
	with (2 <sup>nd</sup> ) Porch	( X X )	
	with a Deck	( X X )	
	with (2 <sup>nd</sup> ) Deck	( X X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X X )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X X )	
	Mobile Home (manufactured date)	( X X )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( X X )	
	Accessory Building (specify) <u>GARAGE</u>	( <u>26</u> X <u>24</u> )	<u>624</u>
	Accessory Building Addition/Alteration (specify)	( X X )	
	Special Use: (explain)	( X X )	
	Conditional Use: (explain)	( X X )	
	Other: (explain)	( X X )	

Secretary 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): \_\_\_\_\_ Date: \_\_\_\_\_  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Mark Hooley Date: 10/14/15  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: 15333W STATE RD 77 HAWAARD, WI 54843  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Copy of Tax Statement  
 Attach  
 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 ATTACHED

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	~ 1000 Feet	Setback from the Lake (ordinary high-water mark)	90 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	56 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	24 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	~ 1000 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well	30 Feet
Setback to Drain Field	15 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 15-01163 Reason for Denial: \_\_\_\_\_ Permit Date: 12-4-15

Is Parcel a Sub-Standard Lot  Yes  No

Is Parcel In Common Ownership  Yes  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No

Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspection Record: \_\_\_\_\_

Date of Inspection: 1-2-15 Inspected by: Stacy

Condition(s) Town, Committee of Board Conditions Attached?  Yes  No (If No they need to be attached.)

Zoning District: (R1) Takes Classification: (R1) Date of Re-Inspection: \_\_\_\_\_

Not for human habitation  
No water works present.

Signature of Inspector: [Signature]

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval: 1-4-15

(5)  
(4)  
(3)  
(2)  
(1)

below

# MAP OF SURVEY

A TOPOGRAPHIC SURVEY OF PART OF LOT 2,  
CSM, NO. 1798, LOCATED IN GOVERNMENT LOT 6,  
SECTION 12, T. 43 N., R. 8 W., IN THE TOWN OF  
CABLE, BAYFIELD COUNTY, WISCONSIN

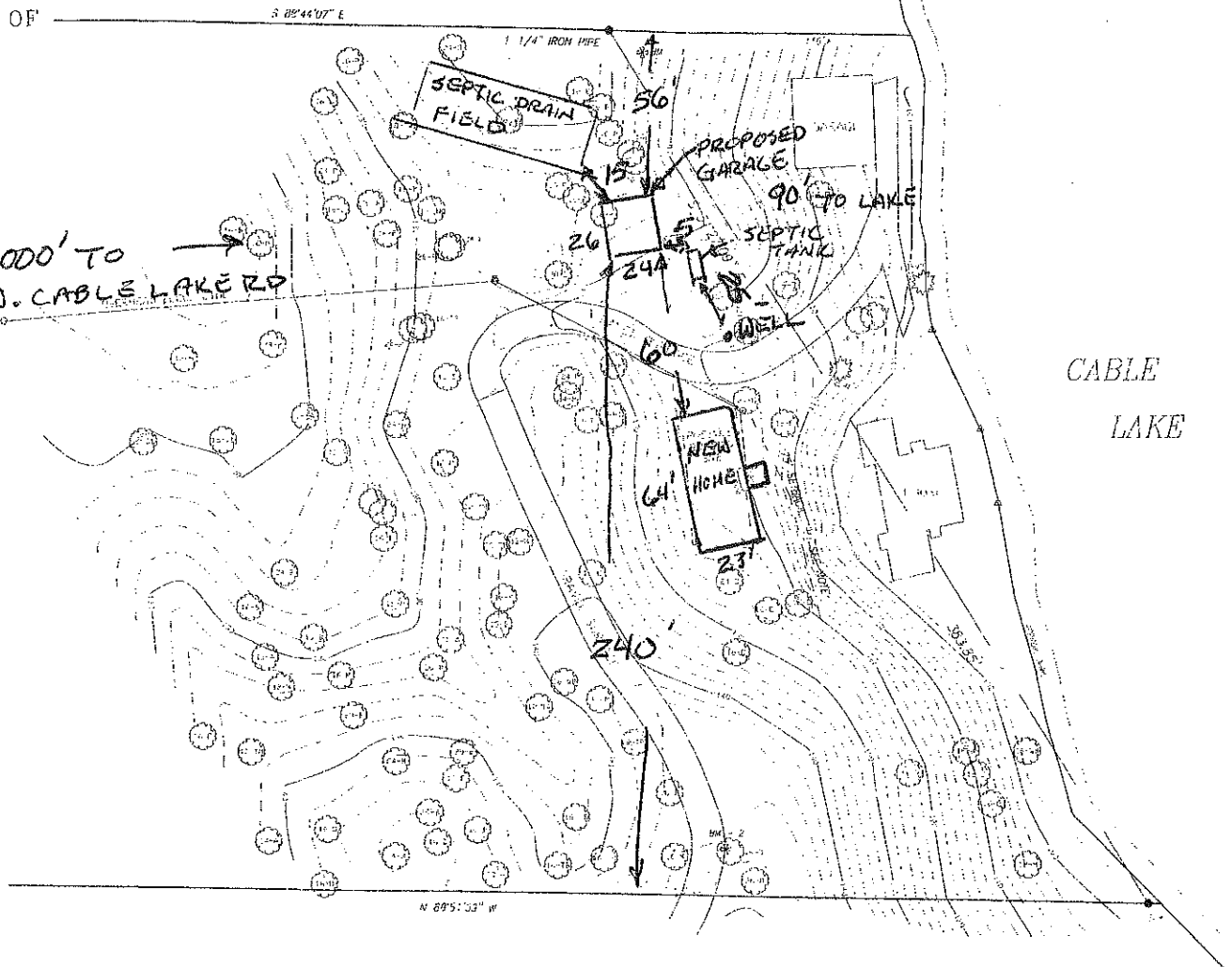


**SURVEYOR'S CERTIFICATE**  
I, LARRY E. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN HEREBY  
CERTIFY:  
THAT FOR THE ORDER HEREIN MENTIONED I HAVE MADE A TOPOGRAPHIC SURVEY AND MAP OF  
PART OF LOT 2, CSM NO. 1798, LOCATED IN GOVERNMENT LOT 6, SECTION 12, T. 43 N.,  
R. 8 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN;  
THAT SAID PARCEL IS SUBJECT TO ALL EASEMENTS, RESTRICTIONS, RESERVATIONS OR  
RIGHTS OF ANY KIND OR CHARACTER, IF ANY;  
THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND  
THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**NOTES:**  
ELEVATIONS ARE ASSUMED  
BM - 1: TOP OF 1-1/2" IRON PIPE  
ELEVATION = 142.52'  
M - 2: 8" SPIKE IN 10" OAK  
ELEVATION = 147.62'  
CONTOUR INTERVAL = 2 FEET  
IN JULY OF 2015, THE BOUNDARY HIGH WATER LINE OF CABLE LAKE WAS ESTABLISHED BY  
THE BAYFIELD COUNTY ZONING DEPARTMENT. THE 10' SETBACK SHOWN ON THE MAP IS  
BASED ON THE BOUNDARY HIGH WATER LINE AS ESTABLISHED BY THE BAYFIELD COUNTY  
ZONING DEPARTMENT.

SCALE: 1 INCH = 20 FEET



CABLE LAKE

<b>LEGEND</b>	<b>TREE DIAMETER (IN) AND SPECIES</b>
● 1" ROUND 1" IRON PIPE, UNLESS OTHERWISE NOTED	TR - TRUNK AND
○ UTILITY POLE	TR - 2" OAK
⊖ TELEPHONE PEDESTAL	TR - 4" BASSWOOD
⊖ ORDINARY HIGH WATER MARK FOR H2O SET BY BAYFIELD COUNTY ZONING	TR - 6" MAPLE
	TR - 8" DOGWOOD
	TR - 10" ASPEN
	TR - 12" WHITE BIRCH
	TR - 14" TRUNK OAK
	TR - 16" WHITE PINE
	TR - 18" SUGAR

**CLIENT: HOOLEY, M.**  
JOB NO: 114/001  
SCALE: 1 INCH = 20 FEET  
JULY 12, 2014  
REVISED 7/21/15 - 75' SETBACK

DRAWN BY: P. NELSON  
FILE: HNSR/25212/  
ACR/114\_001 PSD/10/10/15  
NO. 2-24 FC. 122

**HEART OF THE NORTH SURVEYING OF HAYWARD, INC.**  
10330 N. CURTY ROAD  
HAYWARD, WI. 54843  
PH: 715/234-2442  
FAX: 715/234-9444  
WWW.HOONSURVYING.COM