

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
PERMIT #
 APR 11 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-0259
 Date: 8-12-16
 Amount Paid: \$405
 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: Phil & Jennifer Bratsch Mailing Address: 224 W 3rd St. Washburn, WI 54891 Telephone: 651-210-6835

Address of Property: 47520 Torbick Rd. City/State/Zip: Bayfield, WI 54814 Cell Phone: 612-743-2844

Contractor: Self Contractor Phone: _____ Plumber: Superior plumbing and mechanical. Plumber Phone: 715-278-3456

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 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-006-2-50-04-02-2 Recorded Document: (i.e. Property Ownership) 1104 Page(s) 34

SU 1/4, NW 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 02, Township 50 N, Range 04 W Town of: Bayfield Lot Size _____ Acreage 9.1

Shoreland **Non-Shoreland**

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If No---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If No---continue

Distance Structure Is from Shoreline: _____ feet
 Distance Structure Is from Shoreline: 700-800 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>75,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>round</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<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 type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: 14

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>124 x 14</u>	<u>500</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>12 x 14</u>	
	<input type="checkbox"/> with Loft	<u>6 x 8</u>	
	<input type="checkbox"/> with a Porch		
	<input type="checkbox"/> with (2 nd) Deck		
	<input type="checkbox"/> with (2 nd) Deck		
	<input type="checkbox"/> with Attached Garage		
<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"/> 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 type="checkbox"/> Special Use: (explain)		
	<input type="checkbox"/> Conditional Use: (explain)		
	<input type="checkbox"/> Other: (explain)		

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): Phil & Jennifer Bratsch Date 4/10/16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

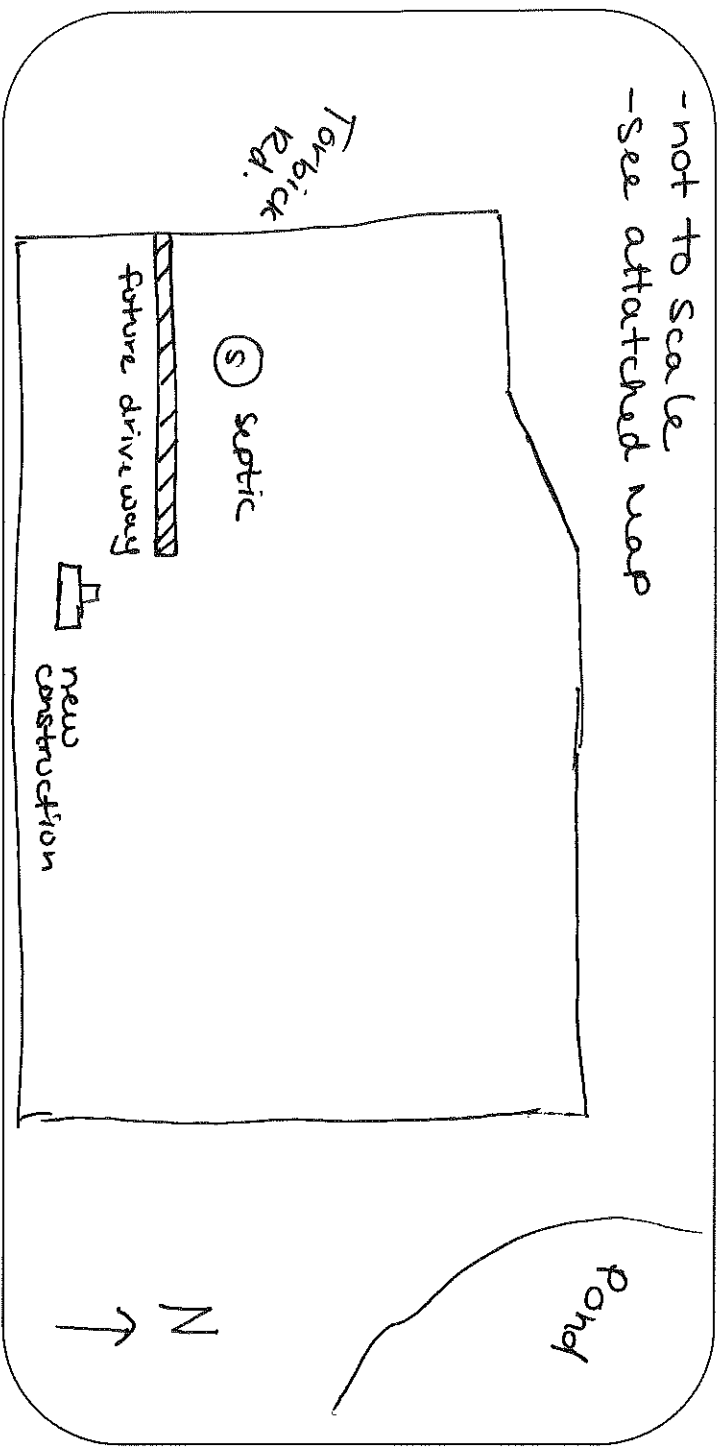
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 224 W 3rd St. Washburn, WI 54891
 (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 (*):

- not to scale
- see attached map



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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	530 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	45 Feet	Setback from Wetland	700-800 Feet
Setback from the West Lot Line	260 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	340 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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 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)

Permit Denied (Date): _____ Sanitary Number: 16-815 # of bedrooms: _____ Sanitary Date: 8-9-16

Reason for Denial: _____

Permit #: 16-0889 Permit Date: 8-12-16

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <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

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: I manage property between this parcel & husky is county road p.o.w. set back measurements are set back p.o.w. with line, not at parcel boundary set back measurements are 10' from p.o.w. used on south line, not at parcel boundary. Measurements were taken.

Date of Inspection: 8-10-16 Inspected by: J. [Name] M. [Name]

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

NECESSARY W/C PERMIT + INSPECTIONS FROM BE OBTAINED + COMPLETED WITH.

Signature of Inspector: _____

Hold For Sanitary: _____ Hold For TBA: _____

Hold For Affidavit: _____ Hold For Fees: _____

Date of Approval: 8/11/16

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APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Stamp (Received)
 JUL 20 2016
 Bayfield Co. Zoning Dept.

Permit #: 1606261
 Date: 8-19-16
 Amount Paid: \$175
 Refund:

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

Owner's Name: Michael Pinter Mailing Address: 2660 Mauwike Rd, Bayfield WI 54814 Telephone: _____
 Address of Property: 2660 Mauwike Rd. City/State/Zip: _____ Cell Phone: 608 317-7047
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Written Authorization Attached Yes No
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, SE 1/4 PIN: (23 digits) 04-066-8-51-05-17-4 03-000-10000 Recorded Document: (i.e. Property Ownership) Volume 1115 Page(s) 345
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 17, Township 51 N, Range 5 W Town of: Bayfield Lot Size _____ Acreage 19.8

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue Distance Structure is from Shoreline: _____ feet

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
\$5000	<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 type="checkbox"/> Year Round <input checked="" type="checkbox"/> Workshop	<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 (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well
	Existing Structure: (if permit being applied for is relevant to it)		Length: <u>40 FT.</u>	Width: <u>20 FT.</u>	Height: <u>13 FT.</u>	

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	()	()
<input 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) Porch	()	()
<input type="checkbox"/>	with a Deck	()	()
<input type="checkbox"/>	with (2 nd) Deck	()	()
<input type="checkbox"/>	with Attached Garage	()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input type="checkbox"/>	Addition/Alteration (specify)	()	()
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>WORKSHOP</u>	(<u>22 FT x 24 FT</u>)	(<u>528</u>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>2 LEAN-TOS</u>	(<u>8 X 22</u>)	(<u>176</u>)
<input type="checkbox"/>	Special Use: (explain) _____	()	()
<input type="checkbox"/>	Conditional Use: (explain) _____	()	()
<input type="checkbox"/>	Other: (explain) _____	()	()

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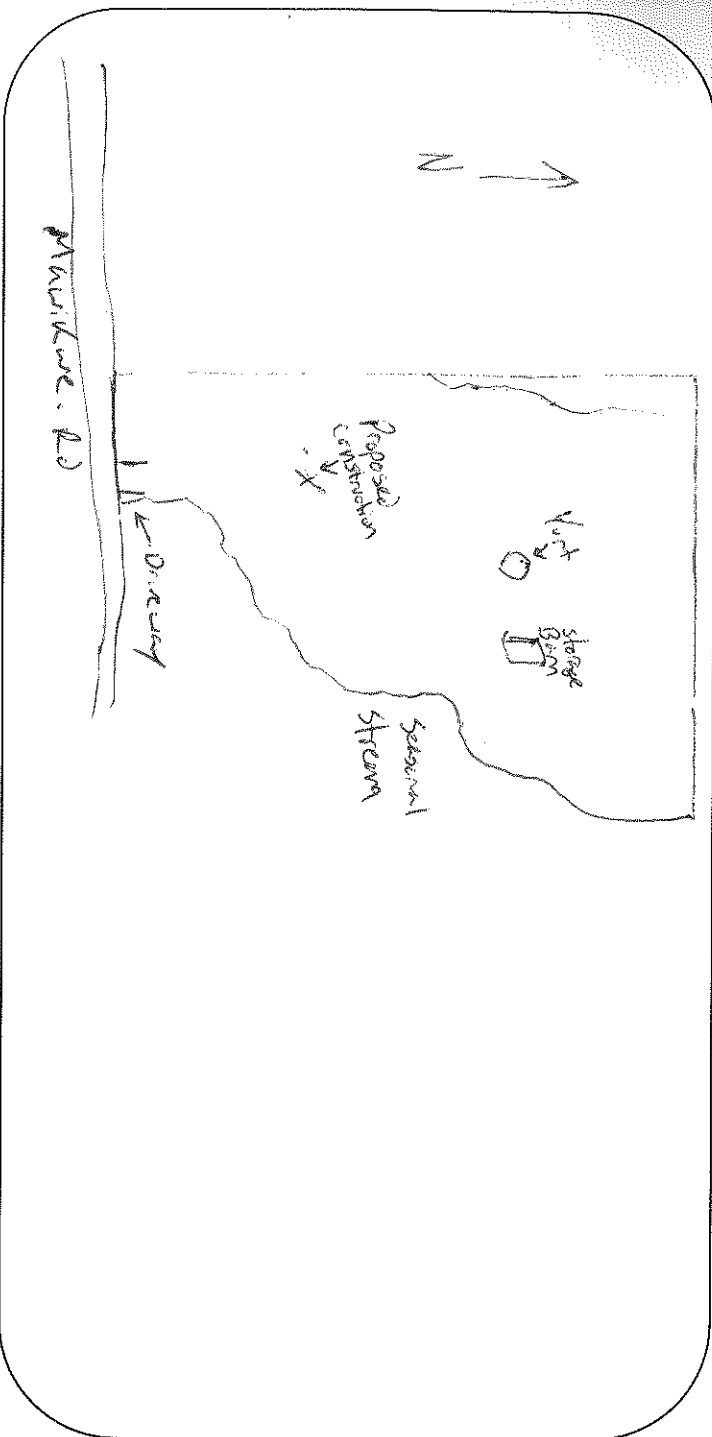
Owner(s): Kayla Durkin Date: 7/14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit _____ Attach _____
 Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

lean-tos on fire e'ack

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

- Proposed Construction**
- (1) Show Location of:
 - (*) North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (2) Show / Indicate:
 - (*) All Existing Structures on your Property
 - (3) Show Location of (*):
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (4) Show:
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (5) 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	4000	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	150/100
Setback from the North Lot Line	1000	Setback from the Bank or Bluff	
Setback from the South Lot Line	400	Setback from Wetland	
Setback from the West Lot Line	300	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	250/100	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field			
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.

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(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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 16-08161 Permit Date: 8-12-16

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No No

Is Structure Non-Conforming Yes No 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 Was Property Surveyed Yes No

Inspection Record: owner present upon inspection

Were Property Lines Mitigation Required Mitigation Attached Yes No Yes No

Affidavit Required Affidavit Attached Yes No Yes No

Date of Inspection: 8-11-16 Inspected by: Joan Barber, Murphy Zoning District: (F-1)

Conditions/Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: (S-1)

Signature of Inspector: _____ Date of Approval: 8-12-16

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

Buildings shall not be used for sleeping purposes or temporary habitation. No pressure water water shall enter the building.