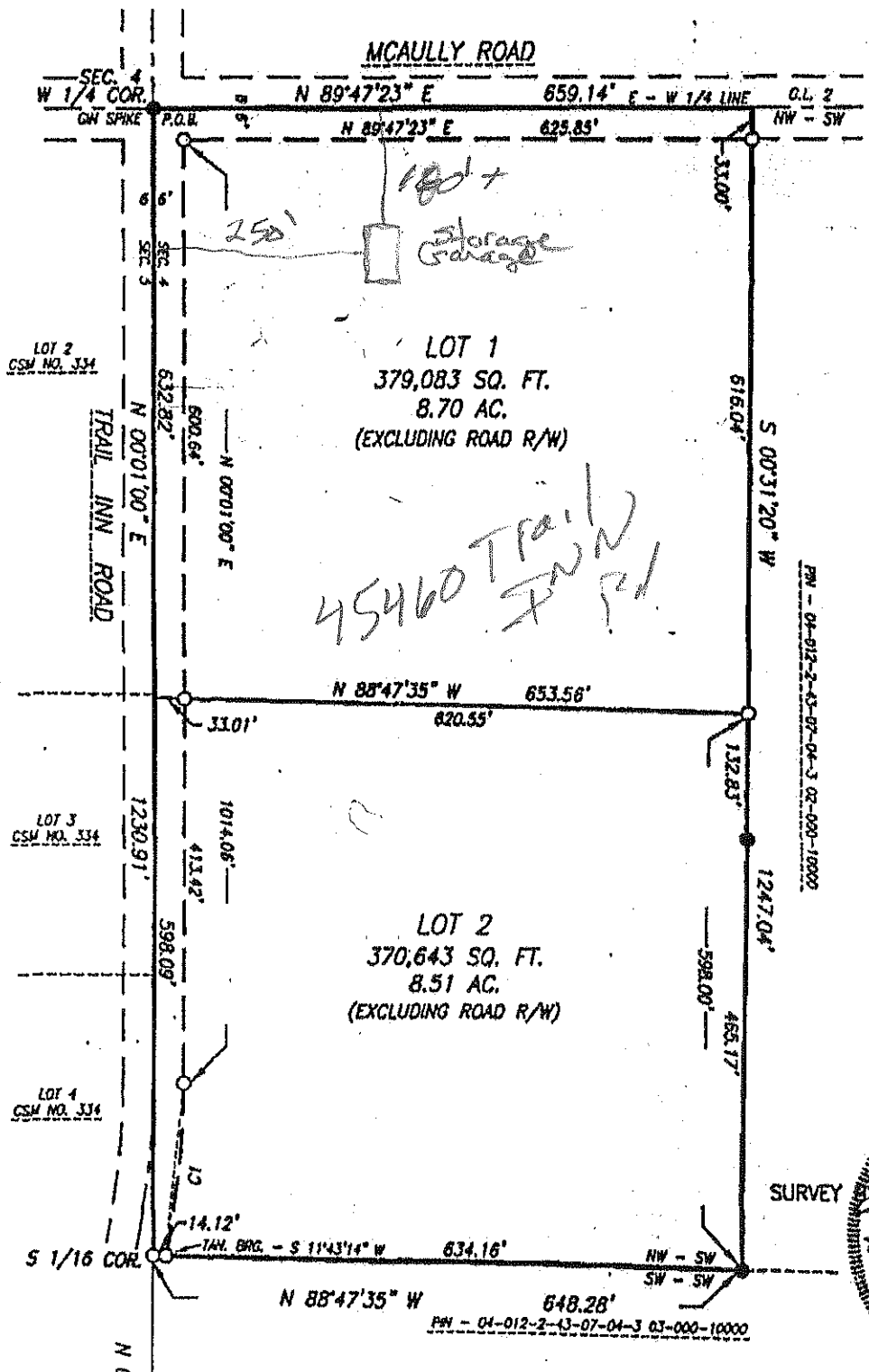


BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 18417

LOCATED IN THE NW 1/4 - SW 1/4, SECTION 4, T. 43 N., R. 7 W., IN THE TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN



HEART OF THE NORTH
 SURVEYING OF HAYWARD, INC.
 BEARINGS ARE REFERENCED TO THE WEST LINE OF THE SW 1/4 OF SECTION 4, BEARING N 00°01'00" E

TOTAL AREA
 749,726 SQ. FT.
 17.21 AC.
 (EXCLUDING ROAD R/W)

3/21/13
 WISCONSIN
 SURVEY BY LARRY T. LARRY NELSON - RLS #1276
 S-1276
 ASHLAND, WI
 LAND SURVEYOR

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)
 SEP 09 2016
 Bayfield Co. Zoning Dept.



Permit #:	16-03526
Date:	10-16-16
Amount Paid:	\$75 9-18-16
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: **John & Rita Mueller** Mailing Address: **4235D Evergreen Ct Cable, WI 54821** Telephone: **715-798-3930**

Address of Property: **4235D Evergreen Ct.** City/State/Zip: **Cable, WI 54821** Cell Phone: **715-580-0345**

Contractor: **Russ Frevicks** Contractor Phone: **320-290-5269** 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: **NW 1/4, SE 1/4** Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: **887-449** Lot(s) No.: **32** Block(s) No.: _____

Section **22**, Township **43** N, Range **07** W. Town of: **Cable** Subdivision: **Southridge Addition to Wide River** Lot Size: **150' x 250' x 170' x 235'** Acreage: **.860**

Legal Description: (Use Tax Statement) **04-012-2-43-07-22-4-00-285-3200** Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

PIN: (23 digits) **012-2-43-07-22-4-00-285-3200**

Shoreland Non-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 -->

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Floodplain: _____ 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>25,000</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 type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Cold Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement		<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Cold Storage for RV + Boat		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Pole Barn	<input checked="" type="checkbox"/> Pole Barn	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: **48 ft.** Width: **36 ft.** Height: **14 ft.**

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Rec'd for Issue	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input type="checkbox"/> 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 ()	()
	with Attached Garage	() X ()	()
<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)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) Pole Barn for cold storage	(36 X 48)	(1728)
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special User: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

OCT 07 2016
 Residential Use
 Rec'd for Issue

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): **John & Rita Mueller** Date **9-11-16**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

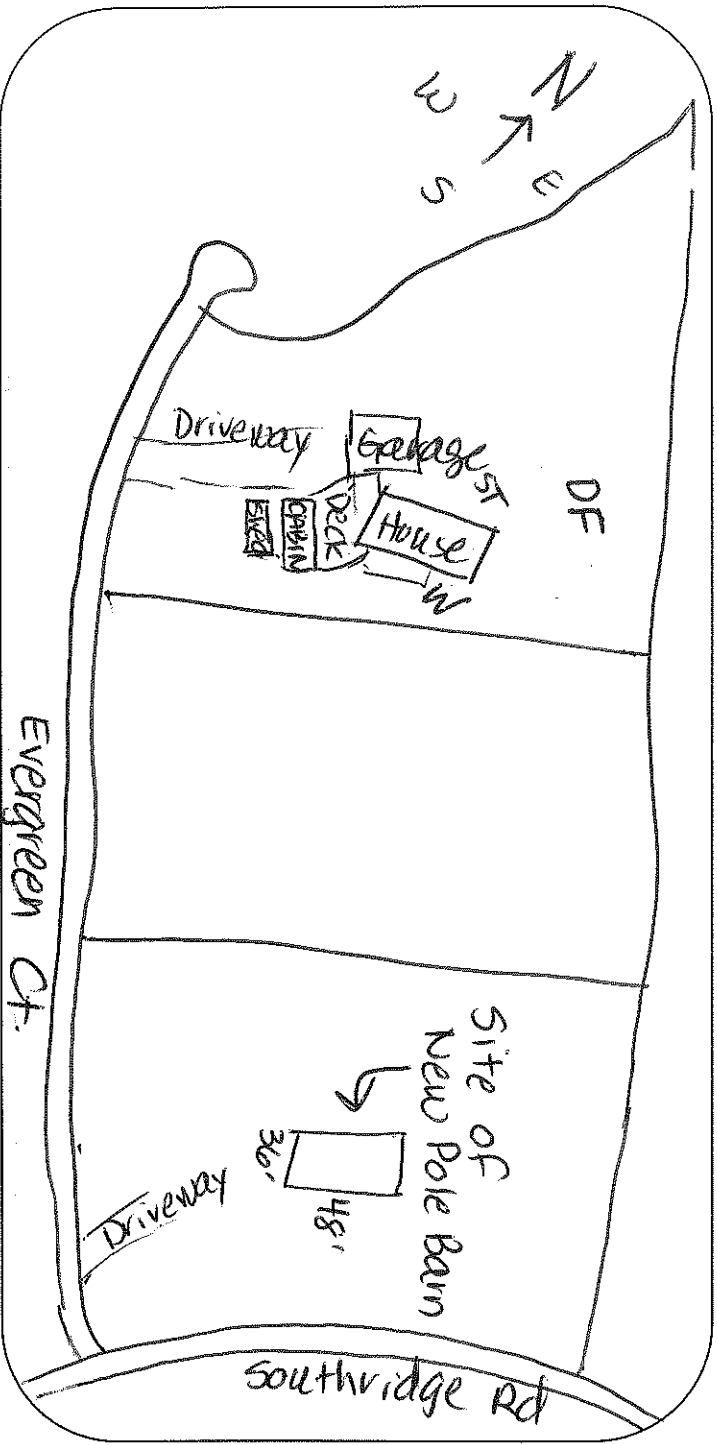
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit **4235D Evergreen Ct, Cable, WI 54821**
 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

RUN SURVEY - WE SURE NO SURE THEY OWN ADJACENT LOTS.
 If you recently purchased the property send your Recorded Deed

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)

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 <i>Evergreen - 130</i>	76 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	76 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	52 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	62 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	54 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	102 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	280 Feet	Setback to Well	250 Feet
Setback to Drain Field	295 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>16-03526</i>	Permit Date: <i>10-10-16</i>			
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 type="checkbox"/> Yes (Fused/contiguous Lot(s))	<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		
Inspection Record:	<i>OK</i>			
Date of Inspection:	<i>9-22-16</i>	Inspected:	<i>AK</i>	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If <input checked="" type="checkbox"/> they need to be attached.)				
<i>Not for human habitation</i>				
<i>NO water catch basin</i>				
Signature of Inspector:				Date of Approval:
<i>Jed Rank</i>				<i>10/16/16</i>
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:
				<input type="checkbox"/>