

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)
 OCT 28 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-0428
 Date: 11-16-16
 Amount Paid: \$75.00-88.16
 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: Steven M. Katterell Mailing Address: PO Box 406 Cable WI 54821 City/State/Zip: Cable WI 54821 Telephone: _____
 Address of Property: 43990 Kawarawish Rd City/State/Zip: _____ Cell Phone: _____
 Contractor: Self Contractor Phone: _____ Plumber: _____ Plumber Phone: 715) 798-3353
 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) _____
 _____ 1/4, _____ 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 16, Township 43 N, Range 7 W Town of: Cable Subdivision: Assessors Plat #2
 Lot Size _____ Acreage 2.8

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (and 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 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>\$5000</u>	<input checked="" 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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" 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 checked="" type="checkbox"/> Municipal/City (New) Sanitary <input type="checkbox"/> Sanitary/Exists) Specify Type: _____ <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: 14' Width: 12' Height: 9'
 Proposed Construction: Length: 10' Width: 12' Height: 15'

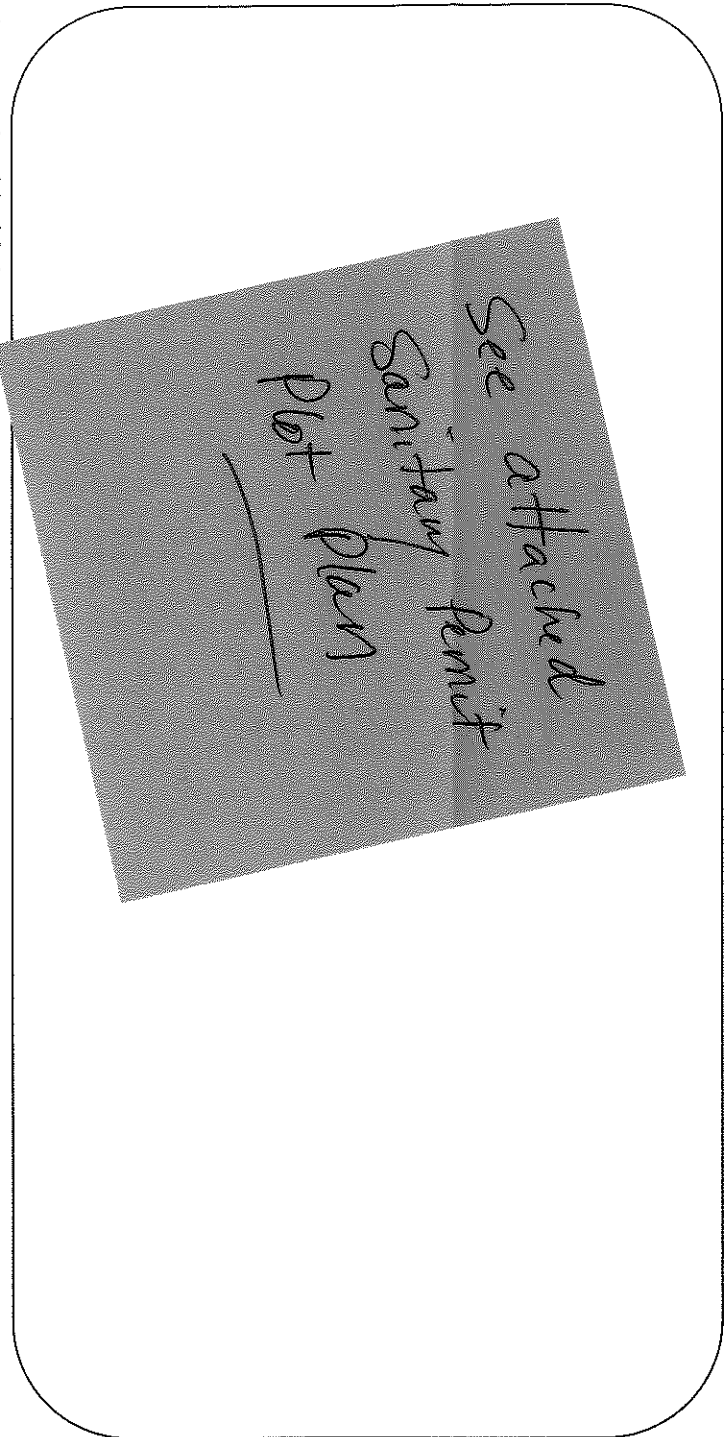
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ antary, or sleeping quarters, or cooking & food prep facilities) Mobile Home (in manufactured date) Addition/Alteration (specify) <u>To bunkhouse 2 stories</u>	(X) (X) (10 X 12)	(120) (120) (240)
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(X) (X)	
	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(X) (X) (X)	

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 connection with this application. I (we) consent to the use of my (our) name and address in any public records charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steven M. Katterell Date 10-25-16
 (if there are multiple owners listed on the Deed All Owners must sign or a 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

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	63 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	97 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	204 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	63 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	280 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	15 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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 marked by a licensed surveyor at the owner's expense.

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.

(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: 16-1595	# of bedrooms: _____	Sanitary Date: 12-14-16	
Permit Denied (Date): _____	Reason for Denial: _____				
Permit #: 16-0428	Permit Date: 11-16-16				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	<input type="checkbox"/> Previously/Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____		
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		
Inspection Record: <i>OK</i>					
Date of Inspection: 11-12-16	Inspected by: <i>GR</i>				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)					
<i>OK to Start</i>					
Signature of Inspector: <i>Jessie Rowley</i>				Date of Approval: 11-16-16	
Hold For Sanitary: <input type="checkbox"/>	Hold For Tax: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

Ben + Lawrence Latterell # 11190
 R.D. Box 406
 Cable, WI 54821
 715-413-1954

Scale: 1" = 40'

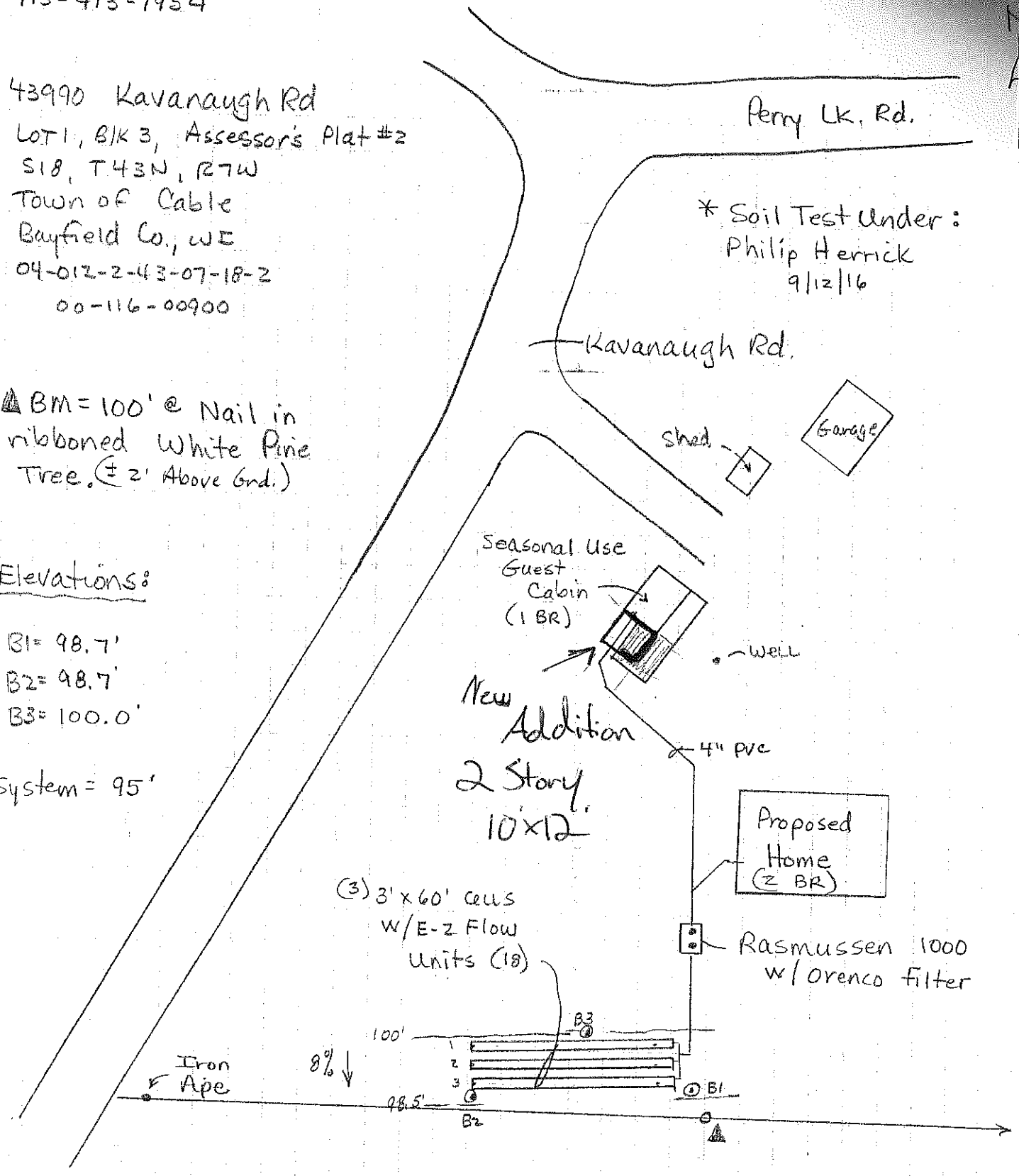
43990 Kavanaugh Rd
 Lot 1, Blk 3, Assessor's Plat #2
 S18, T43N, R7W
 Town of Cable
 Bayfield Co., WI
 04-012-2-43-07-18-2
 00-116-00900

▲ BM = 100' @ Nail in
 ribboned White Pine
 Tree. (± 2' Above Gnd.)

Elevations:

B1 = 98.7'
 B2 = 98.7'
 B3 = 100.0'

System = 95'



Devin Rasmussen
 MP # 221516
 9/29/16

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)
Nov 08 2016
 Bayfield Co. Zoning Dept.



Permit #:	110-0430
Date:	11-16-16
Amount Paid:	\$50 11-8-16
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.

Property Owner(s) Name: <i>Jerome Parman Janice Cuccia</i>	Mailing Address: <i>14791 McNaught Rd</i>	City/State/Zip: <i>Cable WI 54821</i>	Phone: <i>715-798-5010</i>
Sign Owner(s) Name: <i>Same</i>	Mailing Address: <i>Same</i>	City/State/Zip: <i>Same</i>	Phone: <i>Same</i>
Address of Property: <i>14791 McNaught Rd</i>		City/State/Zip:	
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)	Tax ID: (4 or 5 digits) <i>8924</i>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
<i>1/4, 1/4</i>	Gov't Lot	Lot(s) <i>3+1</i>	CSM <i>1095</i>
		Vol & Page <i>V 7P51</i>	Lot(s) No. <i>5</i>
Section <i>20</i> , Township <i>43</i> N, Range <i>7</i> W	Town of: <i>Cable</i>		Lot Size <i>15.35</i>
			Block(s) No.
			Subdivision:
			Acreage

<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 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 & material</small>	✓	Project <small>(What are you applying for)</small>	Type	Length	Width	Height	Located in Town of Bayfield	
<i>\$300.00</i>	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	<i>8'</i>	<i>12"</i>	<i>7'</i>	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided				<input checked="" type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> On-Building				
	<input type="checkbox"/>			<input type="checkbox"/> Multi-Tenant				

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Owner(s): *Jerome Parman* *Janice Cuccia* Date *11-8-16*
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s): _____ Date _____
(If you are applying for an Off-premise sign, the property owners must also sign this form)

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

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.

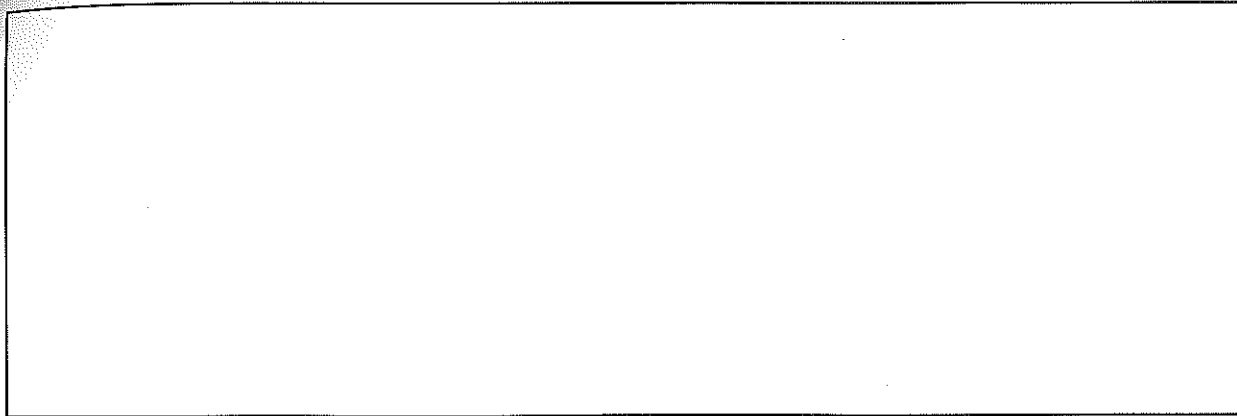
Use frontage road as a guideline, and indicate North (N) on plot plan
 the sign location
 show dimensions in feet on the following:

IMPORTANT
 Detailed Plot Plan is Necessary

Lot Line

Lot →
 Line

← Lot
 Line



Name Frontage Road (_____)

Setbacks: (measured to the closest point)

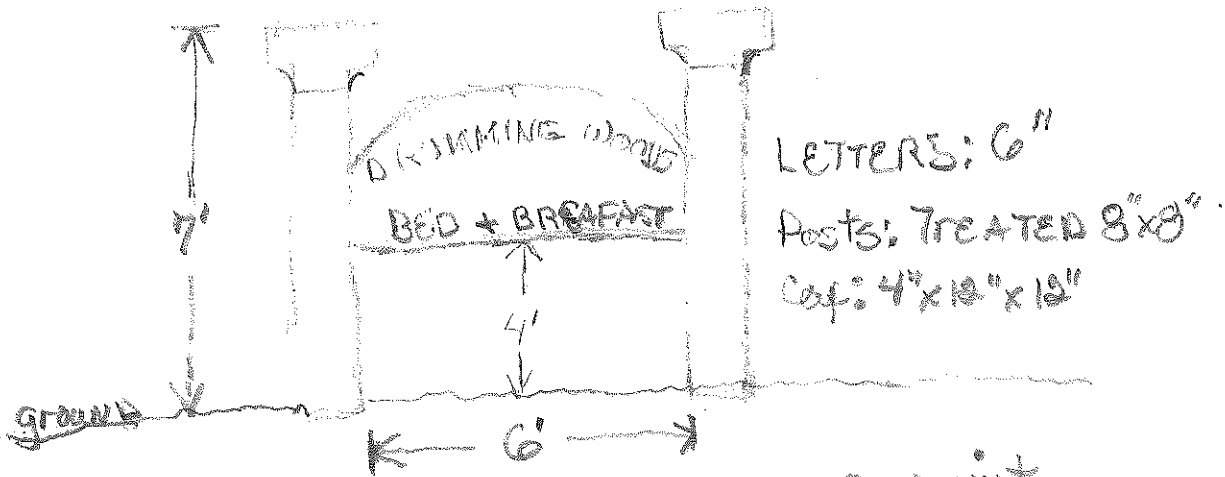
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	60' Feet	Setback from the North Lot Line	Feet
Setback from the Established Right-of-Way	Feet	Setback from the South Lot Line	Feet
		Setback from the West Lot Line	Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the East Lot Line	Feet
Setback from Other Sign(s)	Feet		

Sign Plan
 (Fill in Information Desired on Sign)

Issuance Information (County Use Only)		Permit Number: 16-0430	Permit Date: 11-16-16
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Site Clear		Zoning District (R25)	
Date of Inspection: 11-10-16		Lakes Classification ()	
Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)			
Signature of Inspector: [Signature]			Date of Approval: 11-16-16

Dramming Woods

Subject: Hand carved, raised letter wood sign



Sign Location: Orange Ground Paint
60' From Centerline of Mt Naught rd.

