

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 DATE STAMP (received)
 NOV 21 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 16-0416
 Date: 11-14-16
 Amount Paid: \$75 10.00
 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: Richard + Janet Dale
 Address of Property: 81080 VALLEY ROAD
 City/State/Zip: BAYFIELD WI 54814
 Telephone: 779-5714
 Cell phone: —

Contractor: SELF
 Contractor Phone: 779-5714
 Plumber: N/A
 Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 RICHARD A. DALE
 Agent Phone: 779-5714
 Agent Mailing Address (include City/State/Zip): ABOVE

PROJECT LOCATION: SE 1/4, SE 1/4
 Legal Description: (Use Tax Statement)
 Section 4, Township 502 N, Range 4 W

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Lot Size _____ Acreage 30

Value at Time of Completion <small>*Include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$5000	<input 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SEPTIC <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: 44' Width: 37' Height: 20'
 Proposed Construction: Length: 24' Width: 16' Height: 12'

Proposed Use	Proposed Structure	Dimensions		Square Footage
		Length	Width	
<input checked="" type="checkbox"/> Residential Use	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"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) PORCH	(10)	(24)	(240)
<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)	()	()	()

Rec'd for Issuance
 NOV 14 2016
 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): Richard A Dale
 Date 10/21/2014
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

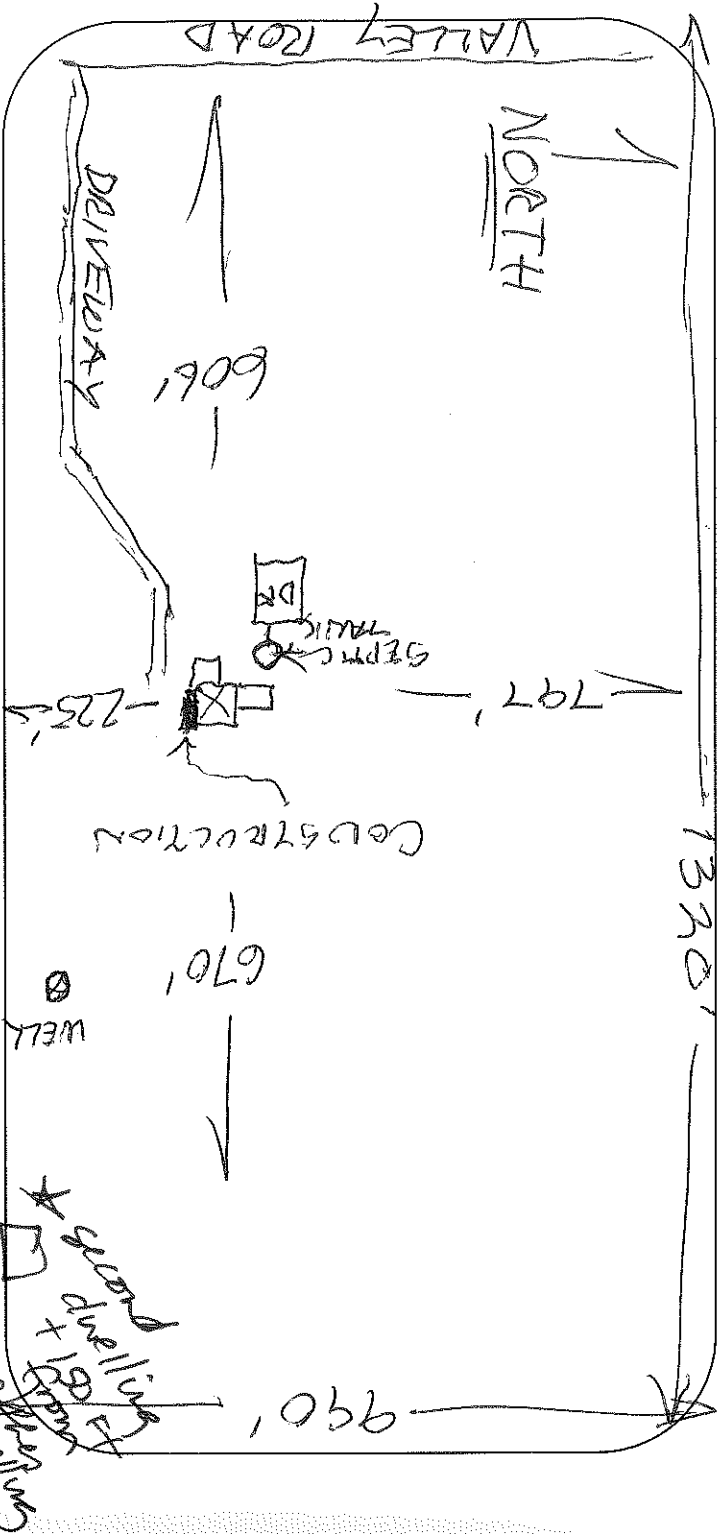
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 81080 VALLEY RD. BAYFIELD WI 54814
 Attach Copy of Tax Statement

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	639 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	606 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	797 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	225 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	600 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	670 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	225' Feet
Setback to Drain Field	50 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.

12-0008 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
 12896' address
 residence
 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.
 88-2905 res address
 4/15/16
 69867
 11/5/85
 69867
 9/1/198

Issuance Information (County Use Only)		Sanitary Number: 69867	# of bedrooms: 3	Sanitary Date: 11-5-85	
Permit Denied (Date):		Reason for Denial:	1000g Kasnussen tank		
Permit #: 10-0416		Permit Date: 11-14-16	69867 9/1/1983		
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Fused/Contiguous Lot(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.):	Case #:	Previously Granted by Variance (B.O.A.):	Case #:	Were Property Lines Represented by Owner Was Property Surveyed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Re-Inspection:	
Was Proposed Building Site Delineated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: [Signature]			
Inspection Record:		Zoning District: (A-1)			
Date of Inspection:		Date of Approval: 11/14/16			
Conditions(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]					

12-0008 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
 12896' address
 residence
 88-2905 res address
 4/15/16
 69867
 11/5/85
 69867
 9/1/1983
 There are now 2 proposed structures on this property that can be subdivided.

SUBMIT COMPLETED APPLICATION TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Department
 PO Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (Received)
 OCT 13 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0423
Date:	11-15-16
Amount Paid:	1883 1014-16
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: WALTER + CAROLYN MILBRATH Mailing Address: 859 BEMOY DR. HUDSON, WI 54016 Telephone: 715-386-8120

Address of Property: 87576 TUCKER RD. City/State/Zip: BAYFIELD, WI 54814 Cell Phone: 651-261-7100

Contractor: SCOTT BODINI Contractor Phone: 715-292-4691 Plumber: _____ Plumber Phone: _____

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: SW 1/4, NW 1/4 Gov't Lot: 2 Lot(s): _____ GSM: _____ Vol & Page: _____ Lot(s) No.: 9 Block(s) No.: 78-79 Subdivision: CONDORANUM

Section: 06, Township: 50 N, Range: 03 W Town of: BAYFIELD Lot Size: _____ Acreage: .287

Legal Description: (Use Tax Statement) PLN: (23 digits) 04-006-2-50-03-06-200-656 Recorded Document: (i.e. Property Ownership) Volume 927 Page(s) 425

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue \rightarrow Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue \rightarrow 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>22,000</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"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</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: 22' - 8" Width: 15' - 4" Height: 15'

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use * Record for Issuance NOV 15 2016	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	() () () () () () () () () () () ()	() () () () () () () () () () () ()
<input type="checkbox"/> Commercial Use Secular/Staff	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() () () ()	() () () ()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() () () ()	() () () ()
	Addition/Alteration (specify)	() () () ()	() () () ()
	Accessory Building (specify)	() () () ()	() () () ()
	Accessory Building Addition/Alteration (specify)	() () () ()	() () () ()
	Special Use: (explain)	() () () ()	() () () ()
	Conditional Use: (explain)	() () () ()	() () () ()
	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): _____ Date 10-9-16
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) 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)

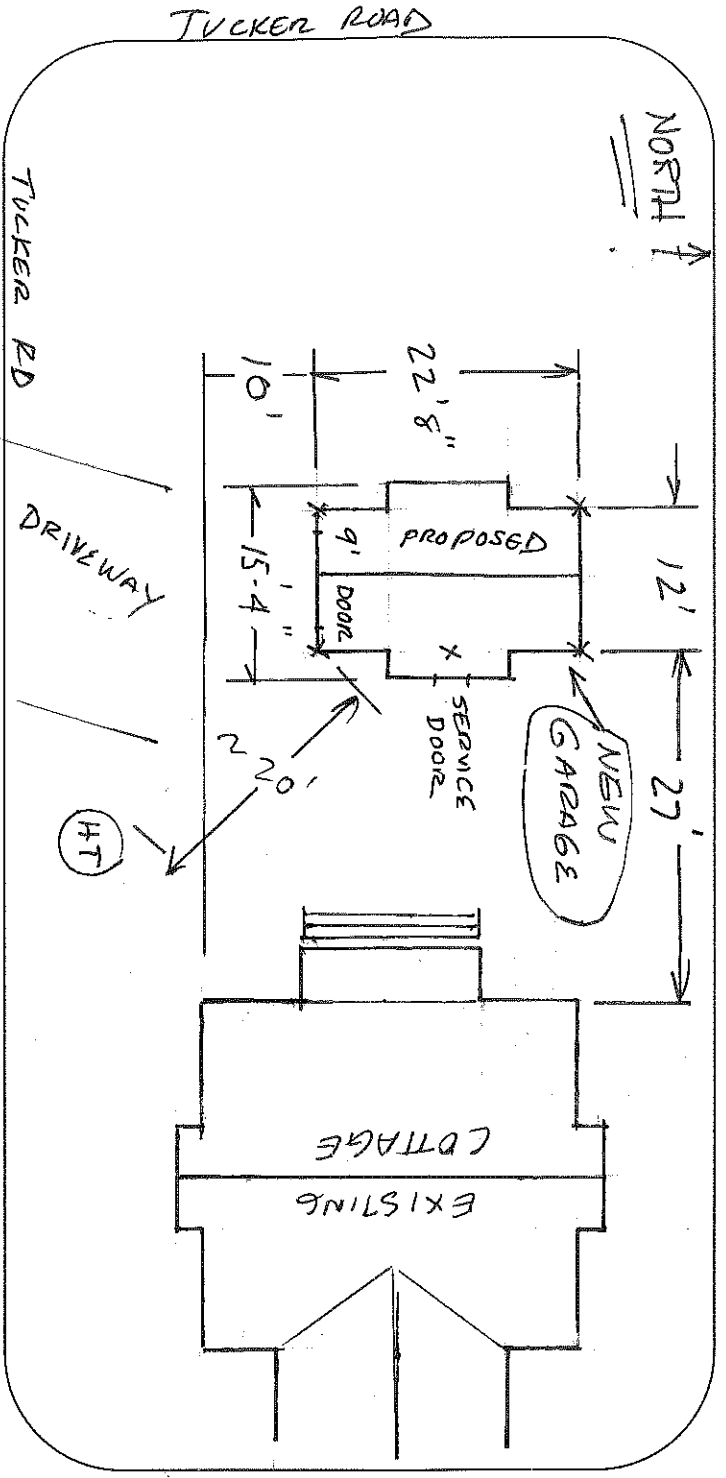
Address to send permit _____
 (if you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement

See 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	200' Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	200' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	Common	Setback from the Bank or Bluff	Approx. 100 Feet
Setback from the South Lot Line	Common	Setback from Wetland	N/A Feet
Setback from the West Lot Line	Property	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Approx. 20 Feet	Setback to Well	Feet
Setback to Drain Field	N/A 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 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 10-0423	Permit Date: 11-15-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes	Previously/Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:				
Date of Inspection: 10-11-16	Inspected by: J. CRONBERG MURPHY	Zoning District	ND	Date of Re-Inspection:
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(if No they need to be attached.)	Lakes Classification	PLAT	
<p>PURPOSES SHALL NOT CONTAIN INDOOR PUMPING FIXTURES w/ CONNECTION TO PRESSURIZED WATER UNLESS CONNECTION TO PISTS IS APPROVED BY</p>				
Signature of Inspector:		Date of Approval:	11-15-16	County:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	