

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  
 Date Stamp (received)  
 NOV 16 2016  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 16-0492  
 Date: 11-30-16  
 Amount Paid: \$600 11-17-16  
 Refund: \$100 11-17-16

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: Susan Hayden  
 Mailing Address: 8 W 4th St  
 City/State/Zip: Washburn, WI 54891  
 Telephone: 650 255 2518  
 Call Phone:

Contractor: Aaron Guski Construction Inc.  
 Contractor Phone: 715.209.1094  
 Plumber: Gregs Plumbing  
 Plumber Phone: 715.209.0161  
 Written Authorization Attached  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Name: Jacob Kieper - Main Contact  
 Agent Phone: 218.722.1060  
 Agent Mailing Address (Include City/State/Zip): 230 E. Superior St. STE:102 Duluth, MN, 55802  
 Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 2010 R-533249

PROJECT LOCATION: Legal Description: (Use Tax Statement) Former RR Row  
 1/4, 1/4  
 Gov't Lot 2, Lot(s) 2, CSM 961, Vol & Page NW P.205, Lot(s) No., Block(s) No., Subdivision:  
 Section 07, Township 48 N, Range 04 W, Town of: Barkdale, Lot Size 150' X 229', Acreage .870

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: 75 ft. Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

Value at Time of Completion \* Include donated time & material: \$200,000

<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Hydro Tank</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"/> 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"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	_____
<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"/> None	_____

Existing Structure: (if permit being applied for is relevant to it) Length: 440' Width: 22' Height: 14'  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( 22' X 448' ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	982
<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) <u>Garage</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( X ) ( X ) ( X ) ( 16 X 24 ) ( X )	   <u>2100 34</u>  
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Rec'd for Issuance NOV 30 2016 Secretarial Staff	( X ) ( X ) ( X )	   
<input type="checkbox"/> Other: (explain)		( 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 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): Aaron Guski  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

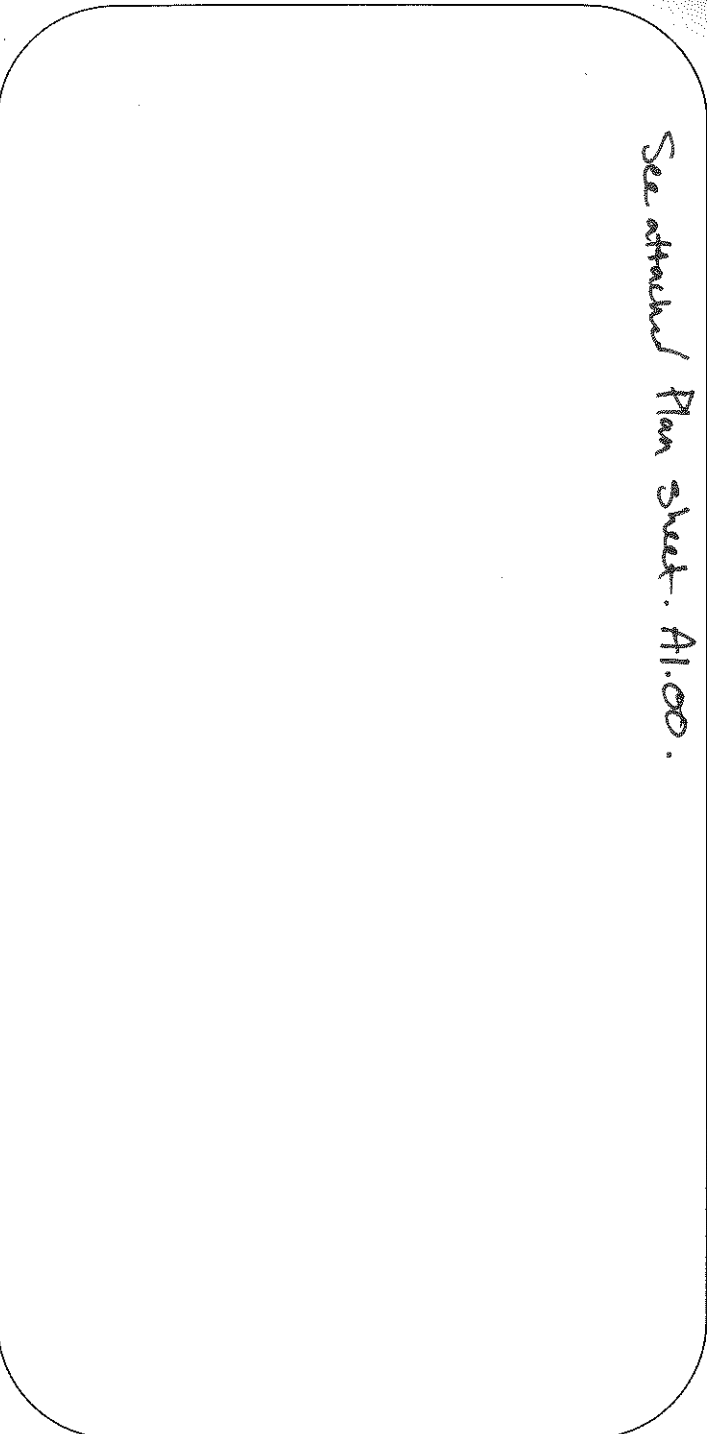
Authorized Agent: Jacob Kieper - Main Contact Date 11/15/2016  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 2465 Campbell Drive, Ashland, WI 54806 Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

- Show Location of:
- (1) Show / Indicate: North (N) on Plot Plan
  - (2) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show: 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 (\*):

See attached Plan Sheet. A1.00.



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	139'-0" Feet	Setback from the Lake (ordinary high-water mark)	9'0" Feet
Setback from the Established Right-of-Way	123'-0" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	65'-0" Feet	Setback from the Bank or Bluff	77'-0" Feet
Setback from the South Lot Line	35'-0" Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	123'-6" Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	63'-0" Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	1'-0" Feet	Setback to Well	31'-0" 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)** Sanitary Number: 16-1575 # of bedrooms: HT=4 Sanitary Date: 11-21-16

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 16-0487 Permit Date: 11-30-16

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

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

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No CSM Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No Shaded Was Property Surveyed  Yes  No

Inspection Record: property owner present for inspection to represent project & property lines.

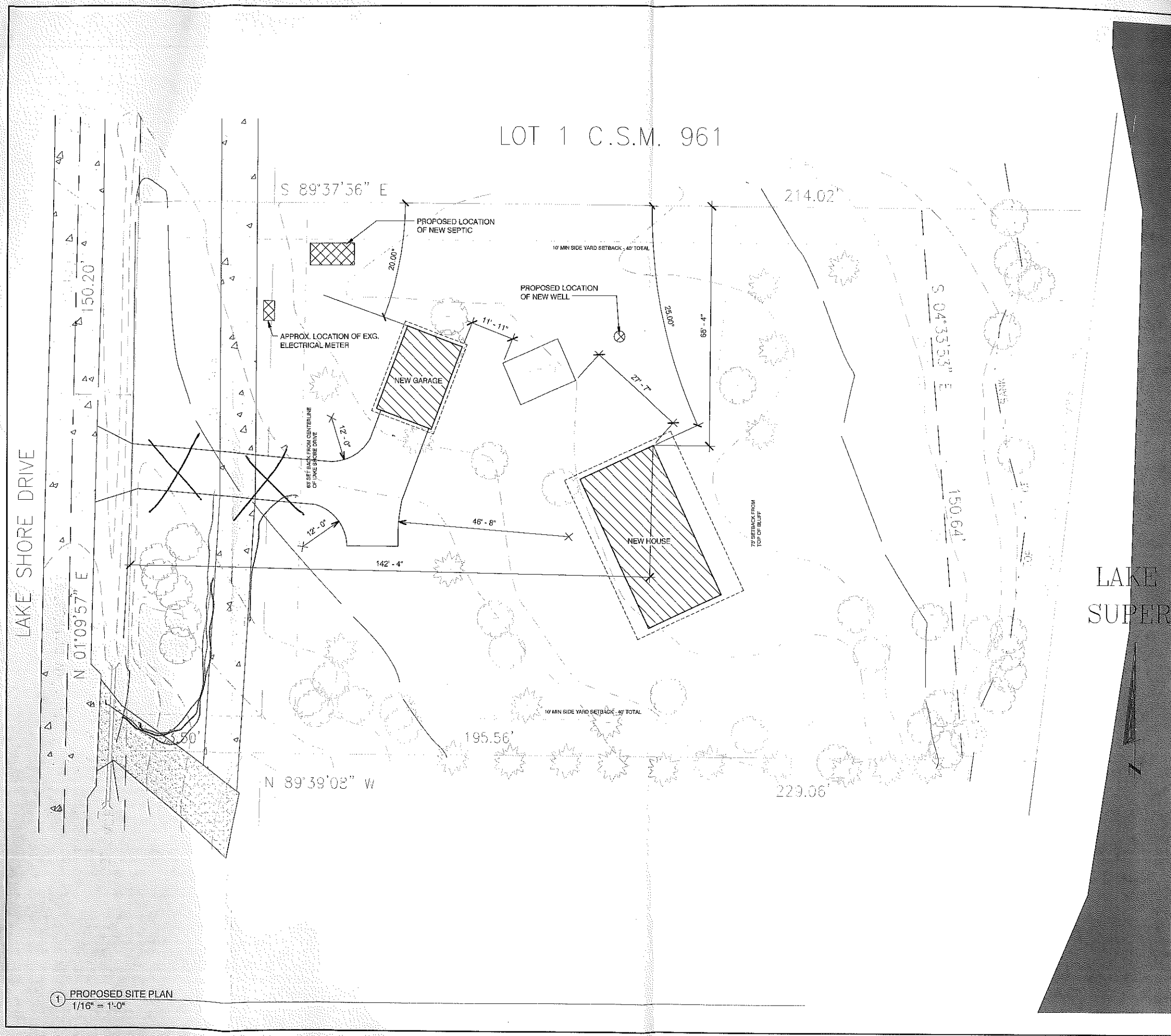
Date of inspection: 11-29-16 Inspected by: J. Gessner - Insprty

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No - (if No they need to be attached)

Signature of Inspector: [Signature]

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_ Date of Approval: 11-30-16

UOL permit & inspections required.



LOT 1 C.S.M. 961

LAKE SHORE DRIVE

LAKE SUPERIOR

1 PROPOSED SITE PLAN  
1/16" = 1'-0"



**cf design ltd**  
 230 East Superior Street  
 Suite 102  
 Duluth, MN 55802  
 Phone: 218.722.1060  
 Fax: 218.722.1086  
 www.cfdesignltd.com

**HAYDEN RESIDENCE**  
 74650 LAKE SHORE DRIVE  
 WASHBURN, WI  
 NEW RESIDENCE

#	REVISION	DATE
	ISSUED FOR CONSTRUCTION	11.14.16
JTK		
(C) 2014		
11.14.16		

A1.00

Show Location of:  
 (1) Show / Indicate:  
 (2) Show Location of (1)  
 (3) Show  
 (4) Show  
 (5) Show  
 (6) Show  
 (7) Show