

**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 Rec'd (initials)  
 FEB 03 2017  
 Bayfield Co. Zoning Dept.

**ENTERED**

Permit #:	17-00894
Date:	2-16-17
Amount Paid:	\$185 216-17
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:**  **HAND USE**  **SANITARY**  **PRIVY**  **CONDITIONAL USE**  **SPECIAL USE**  **B.O.A.**  **OTHER**

**Owner's Name:** Don & Cable **Mailing Address:** 43395 Randysville Cable WI 54824 **Telephone:**

**Address of Property:** 12955 Cable Summit Rd **City/State/Zip:** Cable WI 54824 **Cell Phone:**

**Contractor:** BP **Contractor Phone:** NU **Plumber:** NU **Plumber Phone:**

**Authorized Agent:** (Person Signing Application on behalf of Owner(s)) Pat Lenkin **Agent Phone:** 6128603689 **Agent Mailing Address (include City/State/Zip):** 2016 Fenwick Ave Washburn WI 54881 **Written Authorization Attached:**  Yes  No

**PROJECT LOCATION:** N5 1/4, S2 1/4 **Legal Description:** (Use Tax Statement) 94082 **Tax ID# (4-5 digits):** 94082 **Recorded Deed (i.e. # assigned by Register of Deeds):** Document #: \_\_\_\_\_ R: \_\_\_\_\_

**Section:** 13, **Township:** 43 **N, Range:** 8 **W** **Town of:** Cable

**Lot Size:** 363/1164 **Block(s) No.:** 363/1164 **Subdivision:**

**Lot Size:** 200 **Acreage:** 200

**Shoreland**  **From Shoreland**

Is Property/Land within 300 feet of River Stream (incl. intermittent) Creek or Landward side of Floodplain? NO **Distance Structure is from Shoreline:** 77 feet

Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue NO **Distance Structure is from Shoreline:** 77 feet

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>19000</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 checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" 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 type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Pond
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<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 checked="" type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

**Existing Structure:** (if permit being applied for is relevant to it) **Length:** 21 **Width:** 10' **Height:** 8'

**Proposed Construction:** **Length:** 21 **Width:** 10' **Height:** 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( X )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X X )	
<input type="checkbox"/>	with Loft	( X X )	
<input type="checkbox"/>	with a Porch	( X X )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X X )	
<input checked="" type="checkbox"/>	Commercial Use	( X X )	
<input type="checkbox"/>	with Attached Garage	( X X )	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X X )	
<input type="checkbox"/>	Mobile Home (manufactured detel)	( X X )	
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Antenna / Platform</u>	( 8' X 10' )	1057
<input type="checkbox"/>	Accessory Building (specify) _____	( X X )	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X X )	
<input type="checkbox"/>	Special Use: (explain) _____	( X X )	
<input type="checkbox"/>	Conditional Use: (explain) _____	( X X )	
<input type="checkbox"/>	Other: (explain) _____	( 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 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:** 1.31.2017

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

**Authorized Agent:** Pat Lenkin **Attach**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Address to send permit:** 2016 Fenwick Ave Washburn WI 54881 **Copy of Tax Statement**

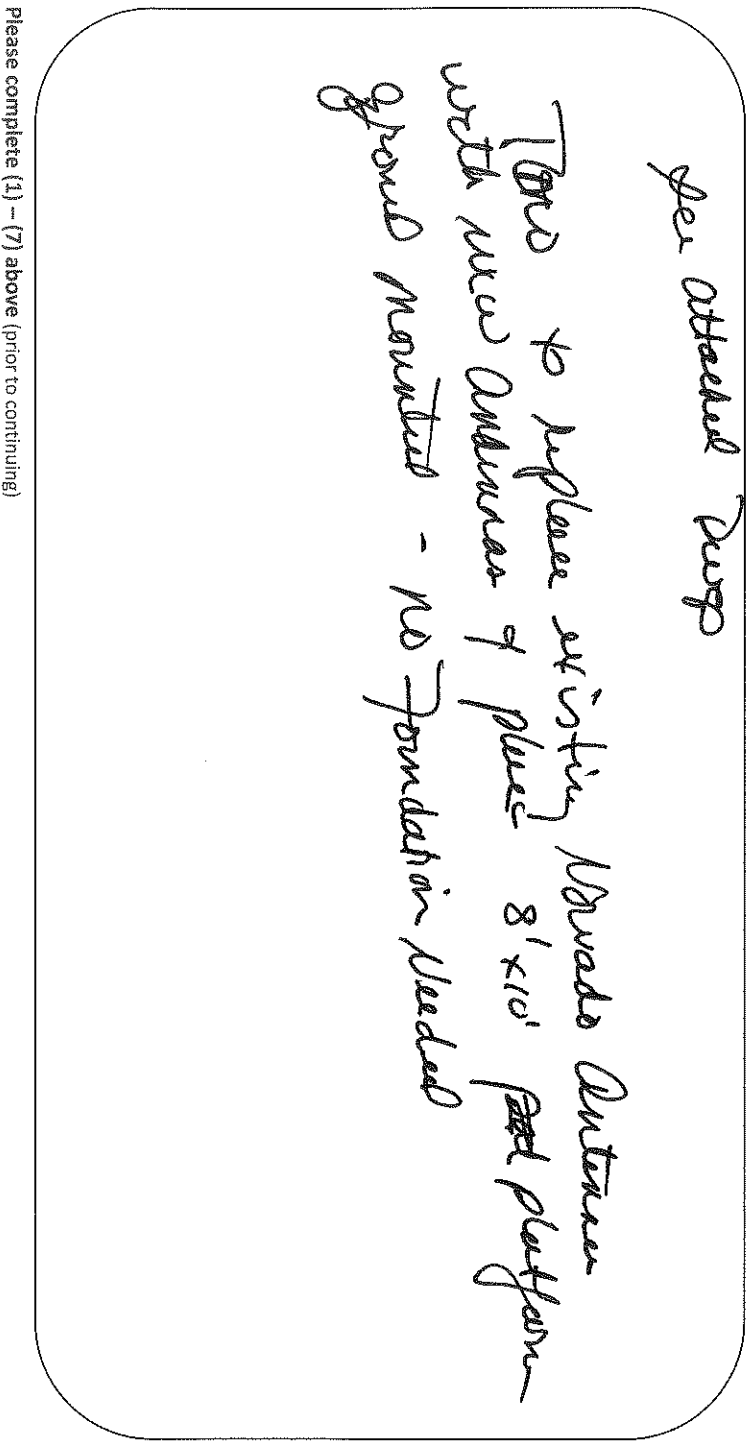
If you recently purchased the property send your Recorded Deed

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%

*See Attached Draw*

*Truss to replace existing truss structure with new trusses of piece 8'x10' flat platform ground mounted - no foundation needed*



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	6013 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	585 Feet	Setback from the River Stream, Creek	N/A Feet
Setback from the North Lot Line		Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	708 Feet	Setback from Wetland	7 Feet
Setback from the West Lot Line	593 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	308 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A 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 Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-00394	Permit Date: 2-16-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Cup - 10-0007				
Date of Inspection: 2-13-17	Inspected by: JTE			
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>Not to exceed scope of intent as provided with Application</i>				
Signature of Inspector: <i>John Newby</i>		Date of Approval: 2-16-17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

04012243081310400030000



12038 CABLE SUNSET RD

593.6'

308.0'

040122

04012243081340100010000

708.3'

12038 CABLE SUNSET RD