

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  
 JUL 27 2017  
 Bayfield Co. Zoning Dept.

Permit #:	17-0393
Date:	8-11-17
Amount Paid:	78 727.0
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: **JAMES WHELIHAN** Mailing Address: **1511 FREDRIST** City/State/Zip: **EAGLE CLAY, WI 54701** Telephone: \_\_\_\_\_

Address of Property: **66730 TAHKODA LK RD** City/State/Zip: **Cable, Wis. 54821** Cell Phone: \_\_\_\_\_

Contractor: **Georg L. Wolski** Contractor Phone: **715-558-8207** Plumber: **NA** Plumber Phone: **NA**

Authorized Agent: **Georg L. Wolski** Agent Phone: **715-558-8207** Agent Mailing Address (include City/State/Zip): **14085 Birch Ln Cable, WI 54821** Written Authorization Attached:  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **10186** Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: \_\_\_\_\_ R \_\_\_\_\_

Section 3 Township 43 N. Range 7 W Town of: **CABLE** Subdivision: **east lake** Lot Size \_\_\_\_\_ Acreage \_\_\_\_\_

Shoreland  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

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue  Distance Structure is from Shoreline: 600 ft 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>\$26,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u>	<input type="checkbox"/> _____
	<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"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
					<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 26 Width: 24 Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance <b>AUG 11 2017</b>	Principal Structure (first structure on property) with Loft with a Porch with (2") Porch with a Deck with (2") Deck with Attached Garage	( ) ( X ) ( ) ( X ) ( ) ( X ) ( ) ( )	( ) ( X ) ( ) ( X ) ( ) ( X ) ( ) ( )
<input type="checkbox"/> Commercial Use Secretarial Staff	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
	Addition/Alteration (specify) _____	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
	Accessory Building (specify) <u>GAARAGE</u>	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
	Accessory Building Addition/Alteration (specify) _____	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
	Special Use: (explain) _____	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
	Conditional Use: (explain) _____	( ) ( X ) ( ) ( X ) ( )	( ) ( X ) ( ) ( X ) ( )
	Other: (explain) _____	( ) ( X ) ( ) ( 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 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 \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

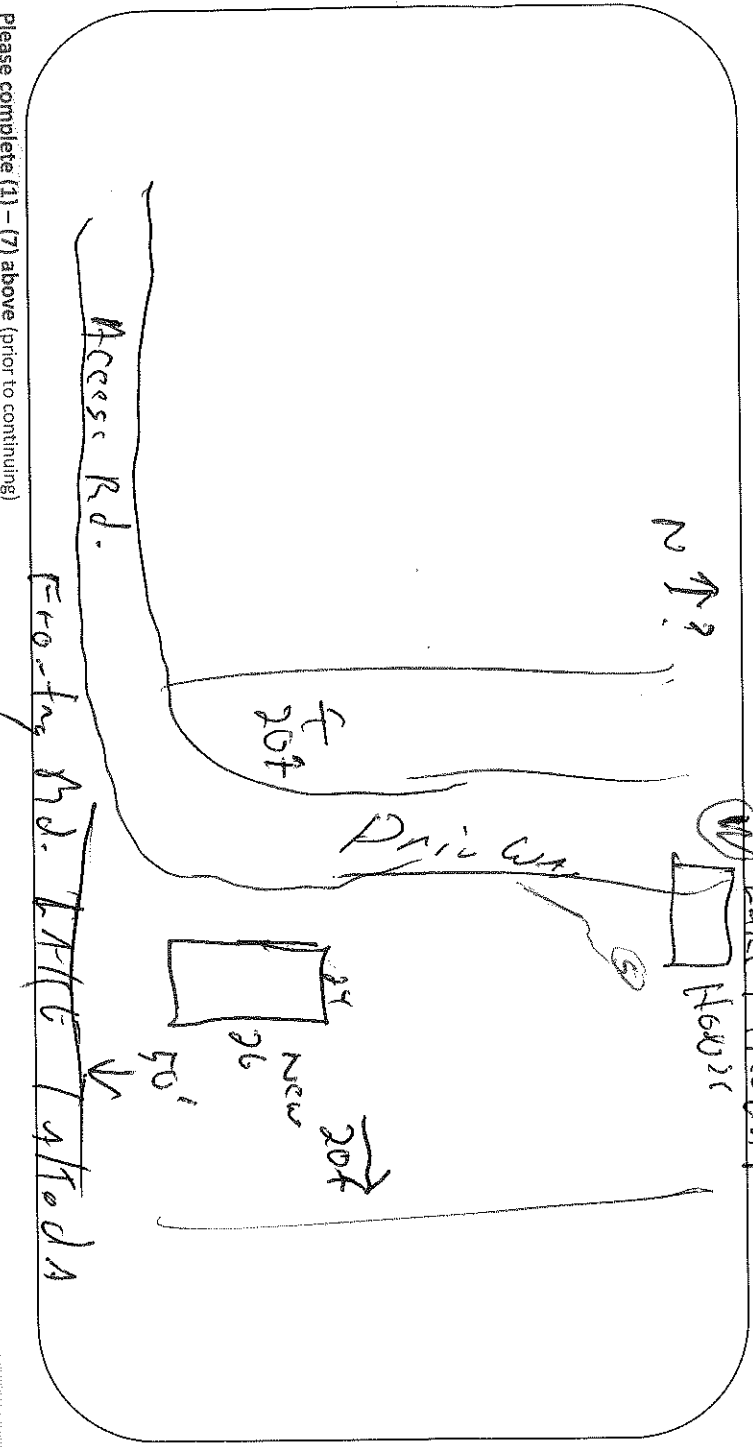
Authorized Agent: Georg Wolski Date 24-July-17  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 141085 Birch Ln Cable, WI 54821  
 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Show Location of:**
- (2) Show / Indicate: **Proposed Construction**
  - (3) Show Location of (\*): **North (N) on Plot Plan**
  - (4) Show: **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
  - (5) Show: **All Existing Structures on your Property**
  - (6) Show any (\*): **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
  - (7) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
  - (\*) 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	100+ Feet	Setback from the Lake (ordinary high-water mark)	300+ Feet
Setback from the Established Right-of-Way	100+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	500+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	50+ Feet	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	20+ Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	20+ Feet	Setback to Well	200+ Feet
Setback to Septic Tank or Holding Tank	200+ Feet		
Setback to Drain Field	200+ Feet		
Setback to Privy (Portable, Composting)			

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: <u>227834</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <u>8-11-17</u>		
Permit # <u>17-03833</u>	<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 checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" 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"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (ARB)	Lakes Classification ( )	Date of Re-Inspection: _____
Date of Inspection: <u>8/10/17</u>	Inspected by: <u>AFB</u>	Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached) Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.		
Signature of Inspector: <u>AFB</u>	Date of Approval: <u>8/11/17</u>			
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"/>

City, Village, State or Federal  
Permits May Also Be Required

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0323** Issued To: **James & Laurie Whelihan / George Wolski, Agent**

Location: - 1/4 of - 1/4 Section **3** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot                      Lot **1**                      Block                      Subdivision **East Lake**                      CSM#

For: **Residential Accessory Structure: [ 1- Story; Garage (26' x 24') = 624 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**  
\_\_\_\_\_  
Authorized Issuing Official

**August 11, 2017**  
\_\_\_\_\_  
Date

Building Addition/Alteration (Form 10)