

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
 AUG 26 2013

Permit #: 13-0285 ENTERED
 Date: 9-3-13
 Amount Paid: \$90
 Refund: 8-20-13

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. Bayfield Co. Zoning Dept. HONORABLE PLACED OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Janet E. Sterk
 Address of Property: 89159 W, Romans Point Rd
 Mailing Address: 1880 Silverthorn Drive
 City/State/Zip: Shoreview MN 55126
 City/State/Zip: _____

Contractor: Steve Denker
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: 715-742-3914
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____

Telephone: _____
 Cell Phone: 612-819-6911
 Plumber Phone: _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (123 digits) 04-010-2-51-06-29-405-006-61000
 Volume: _____ Page(s): _____
 Subdivision: _____

LOT 1 CSM #1493 IN V19 P55
 Section 29, Township 51 N, Range 6 W
 Town of: Bell
 Lot Size: _____
 Acreage: 1.4 Acres

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue If Yes---continue

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 152 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$30,000	New Construction	1-Story	Seasonal	1	Municipal/City	City
	Addition/Alteration	1-Story + Loft	Year Round	2	(New) Sanitary	Well
	Conversion	2-Story	garage	3	Sanitary (Exists) Specify Type: HOLDING	Well
	Relocate (existing bldg)	Basement			Privy (Pit) or Vaulted (min 200 gallon)	
	Run a Business on Property	No Basement			Portable (w/service contract)	
		Foundation			Compost Toilet	
					None	

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 32 Height: 20 FT 3

Proposed Construction: Length: 32 Width: 32 Height: 20 FT 3

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify) garage	(32 X 32)	1024
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	
SEP 03 2013	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

SECRETARIAL STAFF
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

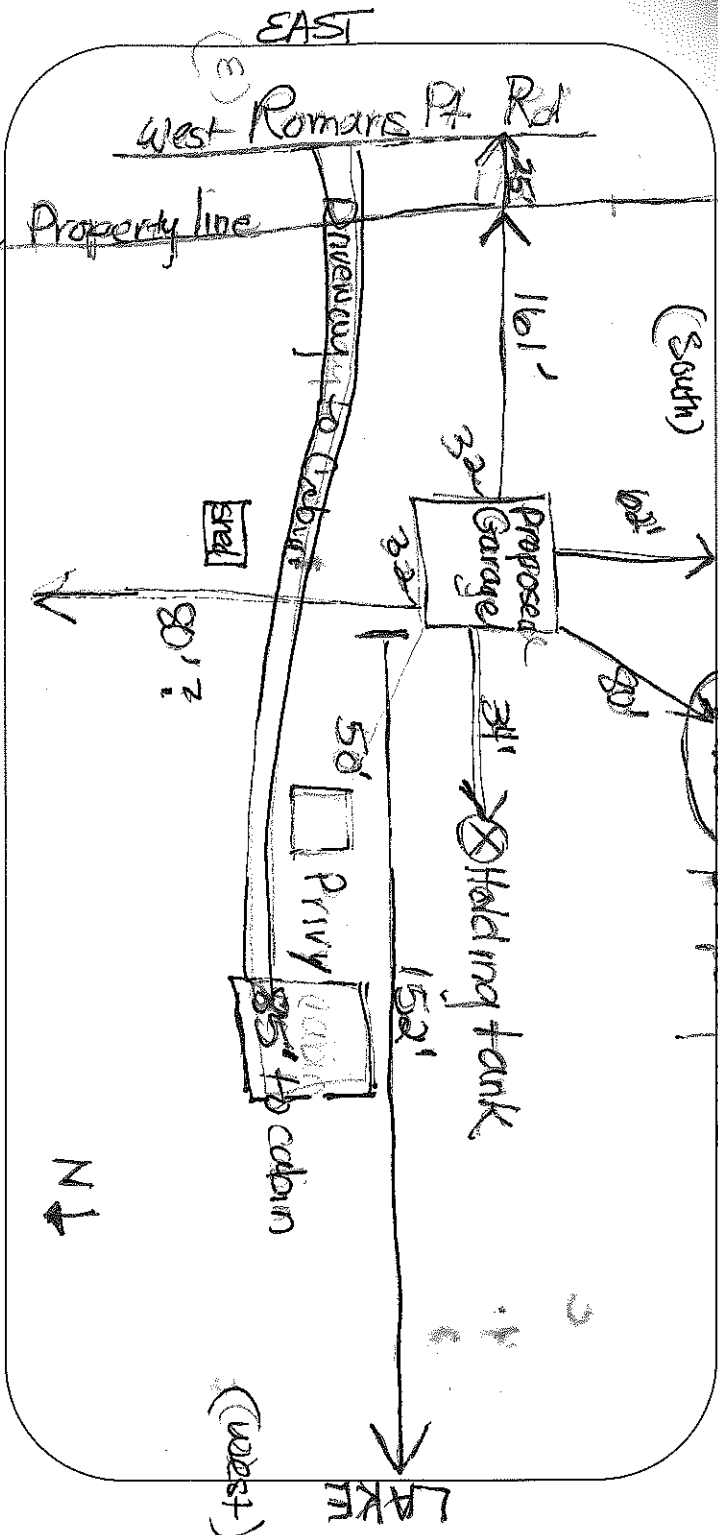
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) 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): Janet E. Sterk
 (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: 8-23-13
 (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

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 (*): 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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



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	185' Feet	Setback from the Lake (ordinary high-water mark)	152' Feet
Setback from the Established Right-of-Way (Property Line)	161' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	80' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	62' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	152' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	34' Feet	Setback to Well	80' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	50' 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:	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):		Reason for Denial:						
Permit #: 13-00885	Permit Date: 9-3-13							
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	
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 Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by:						
Inspection Record:	WETLANDS PRESENT & SURROUNDING PROPOSED BUILDING SITE / BUILDING SITE = UPLAND							
Date of Inspection:	8/22/13	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.)							
<p>PERMIT FROM WDNR IS REQUIRED PRIOR TO WETLANDS FILE TO ACCESS GARAGE LOCATION. SEE ATTACHED LETTER. BUILDING & SHED NOT BE USED FOR HABITATION.</p>								
Signature of Inspector:							Date of Approval:	9-2-13
Hold For Sanitary:	<input type="checkbox"/>	Hold For DBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>	

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
 AUG 19 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0086
 Date: 9.3-13
 Amount Paid: \$100
 Refund: 821-43

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Estate of Mary Sullivan Mailing Address: 505 Tanglewood Drive Shoreview, MN 55126 Telephone: 612-840-1500

Address of Property: 21920 Blueberry Lane City/State/Zip: Corunconia WI 54827 Call Phone: _____

Contractor: Lazovik Construction/Matt Lazovik Contractor Phone: 765-475-8482 Plumber: N/A Plumber Phone: N/A

Authorized Agent: (Person signing Application on behalf of Owner(s)) Matt Lazovik Agent Phone: 715-475-8482 Agent Mailing Address (include City/State/Zip): PO Box 185 Corunconia WI 54827 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4 _____ 1/4 Gov't Lot 1 Lot(s) 1 CSM 534 Vol & Page 400 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 533 Township 51 N, Range 06 W Town of Bell Lot Size 100 X 690 Acreage 1.58

Legal Description: (Use Tax Statement) 04-010-2-51-06-33-105-001-3000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

PIN: (23 digits) _____

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 180 feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 6,665	<input 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"/> Boardwalk	<input 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"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 280 Width: 4 Height: _____

Proposed Construction: Length: _____ Width: 4 Height: 1

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
	with Loft	(X X)	
	with a Porch	(X X)	
	with (2 nd) Porch	(X X)	
	with a Deck	(X X)	
	with (2 nd) Deck	(X X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
	Mobile Home (manufactured date)	(X X)	
	Addition/Alteration (specify)	(X X)	
	Accessory Building (specify)	(X X)	
	Accessory Building Addition/Alteration (specify)	(X X)	
Rec'd for Issuance	Special Use: (explain)	(X X)	
	Conditional Use: (explain)	(X X)	
SEP 03 2013	Other: (explain) <u>Boardwalk</u>	(4 X 280)	1,120

Secretarial Staff: FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES 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 content 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)

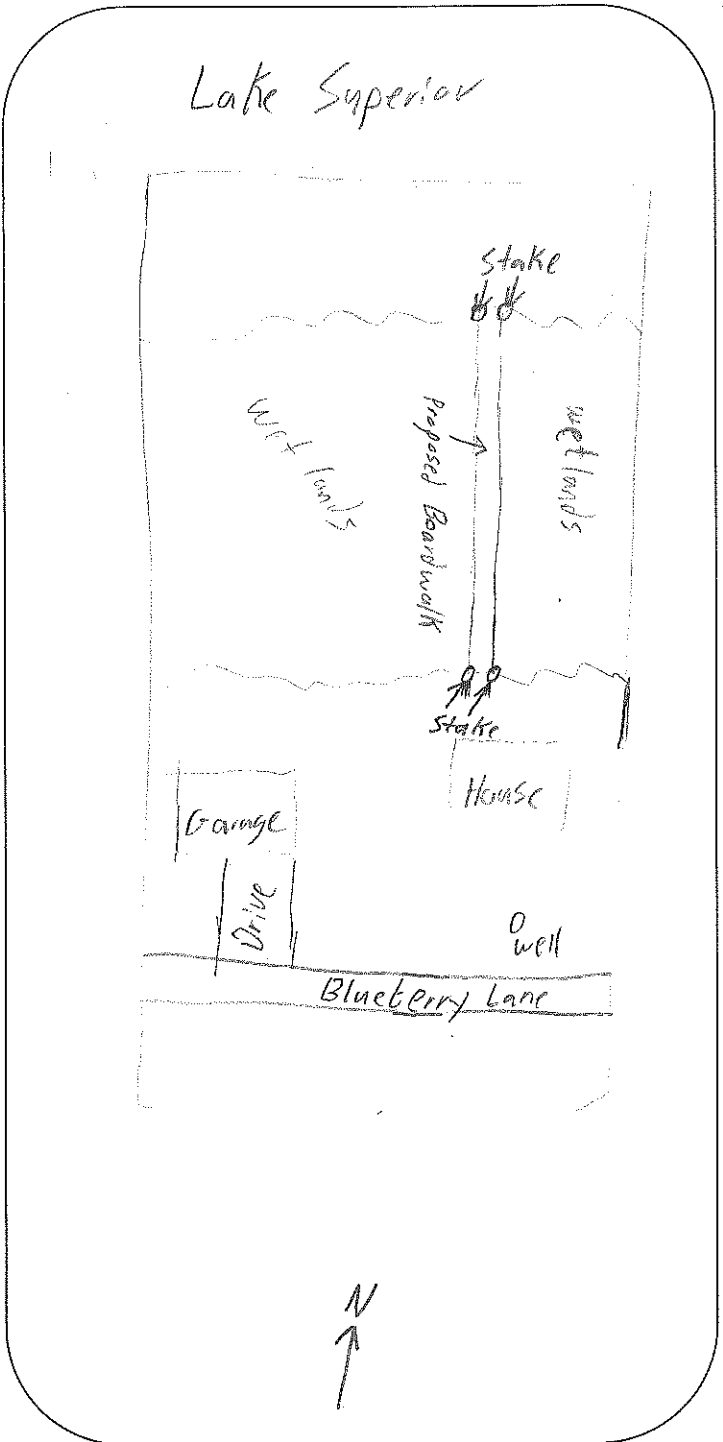
Authorized Agent: Matt Lazovik Date 8-18-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: PO Box 185 Corunconia WI 54827 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed



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)

(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	130 Feet	Setback from the Lake (ordinary high-water mark)	150 Feet
Setback from the Established Right-of-Way	120 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	150 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	72 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	22 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	75 Feet
Setback to Drain Field	150 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.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 136286	Permit Date: 9-3-13				
<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 (Need of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: 11A	Previously Granted by Variance (B.O.A.)	Case #: n/a		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: BEGINS + END OF WALKWAY STAKED. PROPERTY LINES MARKED.	Inspected by: J. CHRISTENSEN, MURPHY	Zoning District (R-1) Lakes Classification (C1RS2)	Date of Re-Inspection: n/a		
Conditional(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) WALKWAY MANY NOT EXCEED 4 FT WIDE + MANY NOT BE CONSTRUCTED ON SANDSPICES/PERMANENT FOUNDATION UNLESS FILE PERMIT IS OBTAINED FROM DNR. SOIL SPOOLS FROM TRENCHES MUST BE REMOVED TO UPWARD LOCATION. NO ANCHOR OR RAFT ALLOWED.					
Signature of Inspector:					Date of Approval: 9-2-13
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		