

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 AUG 09 2012
 Bayfield Co. Zoning Dept.

Permit #: **12-0330**
 Date: **9-5-12**
 Amount Paid: **\$195.00**
 Refund: **\$50.00 SAN**

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Pat Dargini / 16114 Lake **Mailing Address:** 132 Bergandy Ct **City/State/Zip:** Corn Bay, WI 54302 **Telephone:** 920-428-2295

Address of Property: 45035 E. Cable Lk. Rd **City/State/Zip:** Cable, WI 54821 **Cell Phone:** 660-8171

Contractor: Tony Olson / 5014 **Contractor Phone:** (915) 558-0770 **Plumber:** Cassmussen **Plumber Phone:** 708-3355

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Agent Phone:** 012-2-43-06-01-4 **Agent Mailing Address (include City/State/Zip):** 05-001-1000 **Written Authorization Attached On File** Yes No

PROJECT LOCATION: 1/4, 1/4 **Legal Description:** (Use Tax Statement) 04-012-2-43-06-01-4 **PIN:** (23 digits) 05-001-1000 **Recorded Document:** (i.e. Property Ownership) 947 **Pages:** 740

Gov't Lot: 1 **Lot(s):** 568 **Vol & Page:** 4, 143 **Lot(s) No.:** 05-001-1000 **Block(s) No.:** 947 **Subdivision:** 947 **Volume:** 947 **Page(s):** 740

Section: 502, **Township:** T43, **N. Range:** R08, **W. Range:** W **Town of:** Cable **Lot Size:** 1.9899 **Acres:** 1.9899

Shoreland → **Non-Shoreland**

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? **Distance Structure is from Shoreline:** 120' **feet**

Is Property/Land within 1000 feet of Lake, Pond or Flowage **Distance Structure is from Shoreline:** **feet**

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
\$ 25,000 <u>65,000</u>	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</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:** **Width:** **Height:**

Proposed Construction: **Length:** **Width:** **Height:**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Residential Use	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Deck	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input checked="" type="checkbox"/> cooking & food prep facilities)	(<u>24</u> x <u>30</u>)	(<u>480</u>)
	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	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 my (our) 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): [Signature] **Date:** 8/2/12

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

Authorized Agent: [Signature] **Date:**

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

Address to send permit: 132 Bergandy Ct Corn Bay, WI 54302 **Attach** **Copy of Tax Statement**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Anne Bogoslavsky

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

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

- 2nd story on existing garage
- NO increase in impervious surface

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	65+ Feet	Setback from the Lake (ordinary high-water mark)	100ft
Setback from the Established Right-of-Way	30+ Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	60+ Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	35+ Feet	Setback from Wetland	N/A
Setback from the West Lot Line	100ft	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	N/A	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	30 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (portable, Composting)	N/A		

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.

(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: 297865	# of Bedrooms: 3	Sanitary Date: 12-17-98	
Permit Denied (Date):		Reason for Denial:			
Permit #: 18-0330		Permit Date: 9-5-12			
<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 type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input 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"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (R-1)			
Structure is existing. Meets all standards.		Lakes Classification (2)			
Date of Inspection: 8-16-12		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector: <i>Michael Powell</i>		Date of Approval: 8-31-12			
Hold For Sanitary: <input checked="" type="checkbox"/> Reviewed Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

APPLICATION FOR SIGN

RECEIVED
SEP 05 2012

Bayfield County Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
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Changes in plans must be approved by the Zoning Department

Office Use:
Application No. 12-0339
Date 9-6-12
Fee Paid \$50.00 POS
9/6/12



Applicant Amy Byrd Contractor self

Address 43425 Kooorooch Rd Authorized Agent _____

Cable, WI 54821 Agent's Telephone _____

Telephone 715-798-5335 Written Authorization Attached: Yes () No (X)

Zoning District: RRB

Accurate Legal Description involved in this request: Parcel NE 1/4 of SW 1/4 of Section 18 Township 43 N. Range 7 W. Town of Cable

Gov't Lot _____ Lot 5 Block B Subdivision Assessor's Plat #1 CSM

_____ 04-02-2-43-07-18-3 00-115-1500 ACREAGE .192

Volume 1087 Page 118 of Deeds Parcel I.D. # _____ ATTACH Copy of Tax Statement

Additional Legal Description: _____

Sign: On-premise Off-premise Sign: New Replacement

Size of Sign: 3 Feet by 5 Feet Height of Sign: 6 Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:
I, _____, owner of the above described property, do hereby give

my authorization for _____ to erect and maintain a sign on my property.

Signed _____ Date _____

Property Owner
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APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued: _____
Date 9-6-12 Permit Number 12-0339 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Mets all other by - sub-standard lot of weed

By M Fuchs Date of Inspection 8-30-12

Variance (B.O.A.) # _____

Condition Noted for issuance Signed Michael Fuchs Date of Approval 9-4-12

SEP 6 2012 Inspector _____

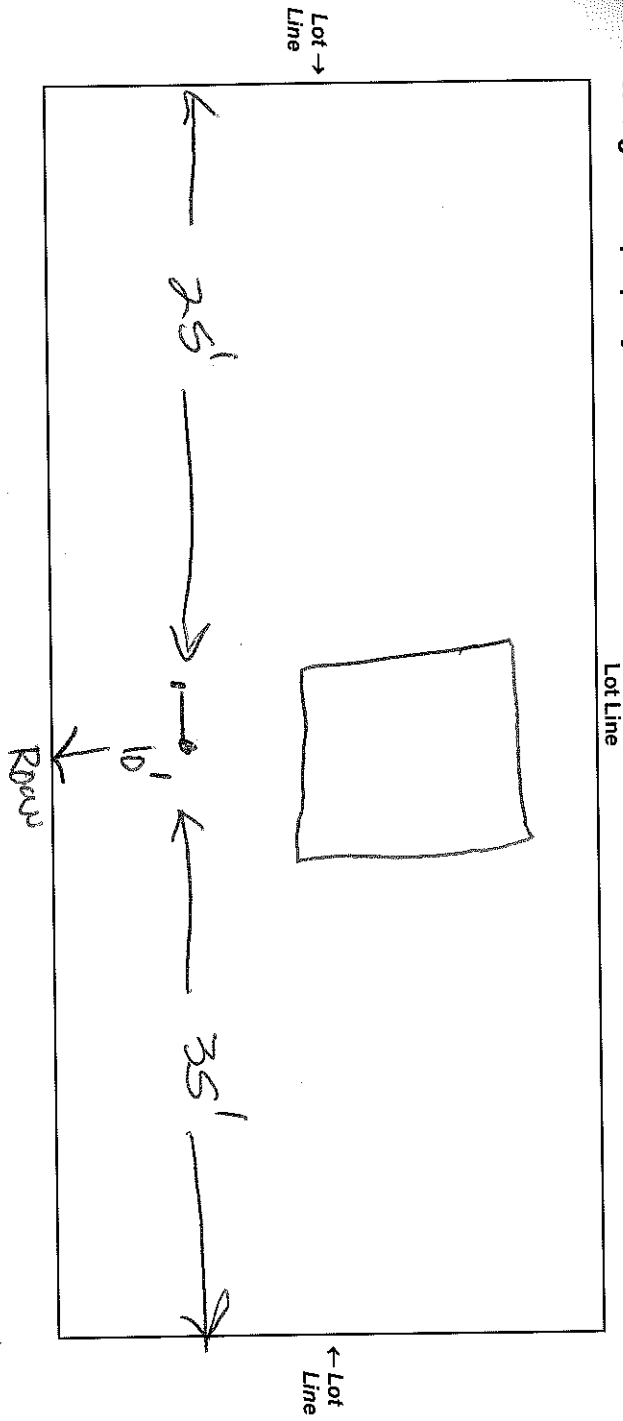
Secretarial Staff

and use frontage road as a guideline, and indicate North (N) on plot plan
the sign location

IMPORTANT
Detailed Plot Plan is Necessary

show dimensions in feet on the following:

- a. Sign from centerline of road(s).
- b. Sign from right-of-way line
- c. Sign from property lines
- d. Sign from lake, river, stream or pond
- e. Sign from other signs



Name Frontage Road (Kawanoody Rd)
NOTICE: The local town, village, city, state or federal agencies may also require permits.
Sign Plan
(Fill in Information Desired on Sign)

See attached

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.

I, the undersigned, attest that the information contained herein is accurate and true.

x Jimmy Boyd Applicant's/ Agent's Signature
8/30/12 Date