

**APPLICATION FOR  
RECREATIONAL VEHICLE**

ENTERED

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

**RECEIVED**  
SEP 30 2013

Office Use:	
Zoning District/Lakes Class	R-1/A
Application No.	13-0345
Date	10-7-13
Fee Paid	\$75
	930-13

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.  
Changes in plans must be approved by the Zoning Department

*GREGORY E. ROY*

**Applicant** \_\_\_\_\_

**Mailing Address** 5522 JAGUAR CT.

**Property Address** 12930 WALD EXTENSION  
of RV CABLE, WI 54821

**Telephone** 763-257-4586

**Accurate Legal Description Involved in this request:**

**Written Authorization Attached:** Yes ( ) No (X)  
**Zoning District:** R-1, Class 2

NE 1/4 of NE 1/4 of Section 12 Township 43 N. Range 8 W. Town of CABLE

**Gov't Lot** — **Lot** 9 **Block** — **Subdivision** PINE HAVEN RETREAT **CSM #** \_\_\_\_\_

**Volume** 542 **Page** 350 **of Deeds** **Parcel I.D. #** 12-400-251-90000 **Acreage** 2.0

**Additional Legal Description:** \_\_\_\_\_ **ATTACH**  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes  No  If Yes, Distance from Shoreline: 75' or greater  < 75' to 40'  less than 40'

**RV:**  **New**  **Replacement** **Vin #** 1P9200R21T1007734

**Make of RV:** SUNRISE **Model of RV:** PARK MODEL HOME

FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES  
APPLICANT - PLEASE COMPLETE REVERSE SIDE

**For Office Use Only**

**Permit Issued:** \_\_\_\_\_ **Sanitary Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Issuance Date** 10-7-13 **Permit Number** 13-0345 **Permit Denied (Date)** \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

**Inspection Record:** Metrical setbacks.

**By** M. Furbak **Date of Inspection** 10-3-13

**Variance (B.O.A.) #** \_\_\_\_\_

**Condition:** RV may be placed up to 4 months from issuance date. **Must be removed by:** 2-3-14

**Rec'd for Issuance** OCT 07 2013 **Signed** Michael Furbak **Date of Approval** 10-7-13  
**Inspector**

Secretarial Staff

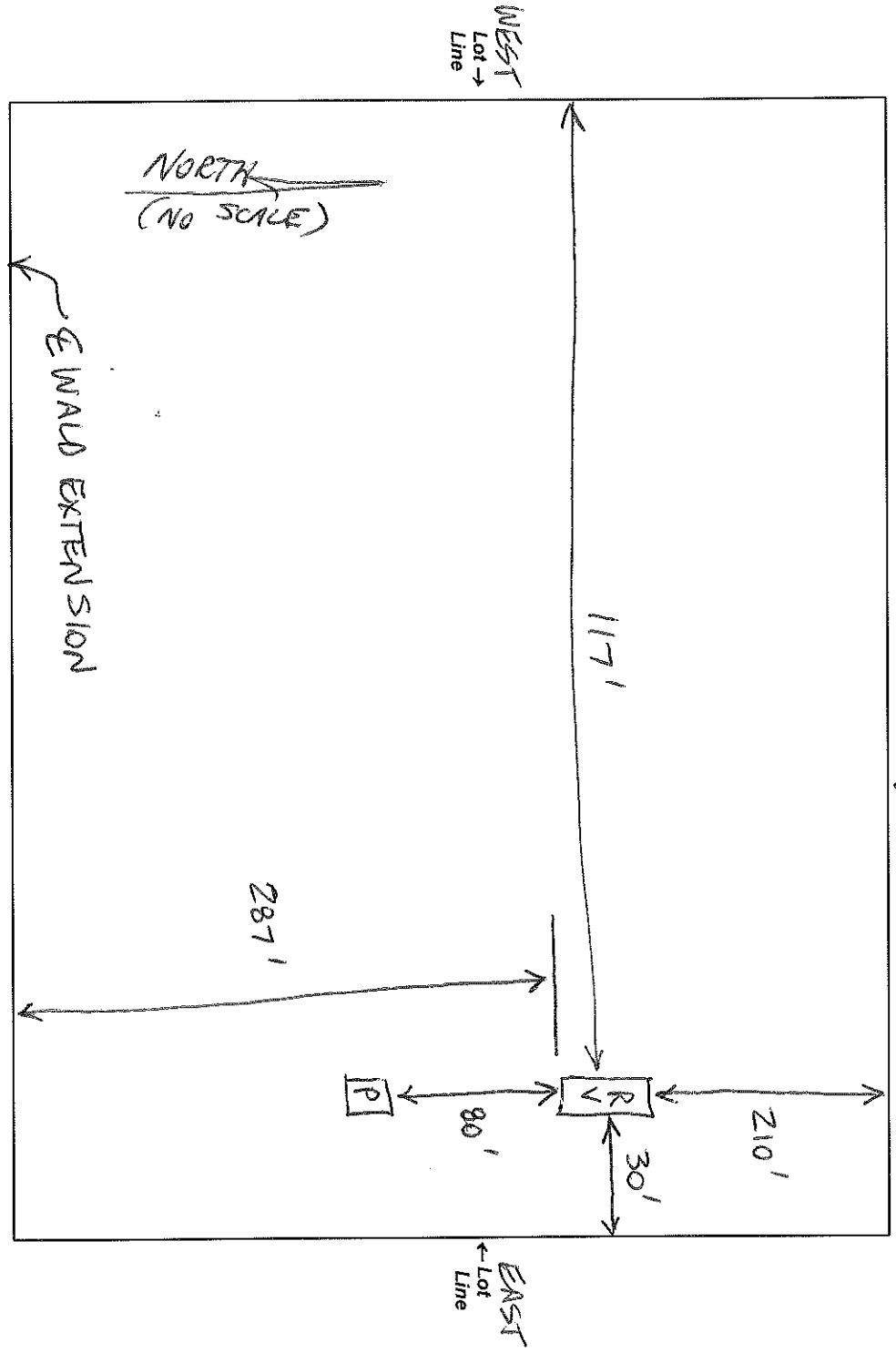
and use frontage road as a guideline, and indicate North (N) on plot plan

Show the RV (Recreation Vehicle) location

**IMPORTANT**  
Detailed Plot Plan is Necessary

Show dimensions in feet on the following:

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



Name Frontage Road (WALD EXTENSION)

NOTICE: The local town, village, city, state or federal agencies may also require permits.

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 or Authorized Agent GREGORY G. ROY Date \_\_\_\_\_  
Address to send permit 5522 JAGUAR CT, WHITE BEAR LAKE, MN 55110

**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**  
 Date Stamp (Required)  
**SEP 26 2013**  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #: **13-0347**  
 Date: **10-9-13**  
 Amount Paid: **\$75**  
 Refund: **9-26-13**

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

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

Owner's Name: **DENNY APPASKEY** Mailing Address: **33 BIRWOOD AVE SUPERIOR WI 54080** Telephone: \_\_\_\_\_  
 Address of Property: **4181D TOWNSHIRE RD** City/State/Zip: **WABE WI 54821** Cell Phone: \_\_\_\_\_  
 Contractor: **SELF** Contractor Phone: **920-3376** Plumber: **N/A** Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached:  Yes  No

PROJECT LOCATION: **NW 1/4, NE 1/4** Gov't Lot: **34** Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: **Valhalla** Recorded Document: (i.e. Property Ownership) **468**  
 Section **28**, Township **43** N, Range **7** W Town of: **WABE** Lot Size: \_\_\_\_\_ Acreage: **.001**

Shoreland  Non-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  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue **→** Distance Structure is from Shoreline: \_\_\_\_\_ 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
\$3000.00	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<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"/> 4 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>2" Sewer</b> <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: **20'** Width: **10'** Height: \_\_\_\_\_  
 Proposed Construction: Length: **20'** Width: **10'** Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) ( ) ( )	( )
	with a Porch	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
	with a Deck	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( ) ( )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( ) ( )	( )
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) <b>deck</b>	( <b>2' x 20'</b> )	<b>40</b>
	Accessory Building (specify)	( ) ( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
	Special Use: (explain)	( ) ( ) ( )	( )
	Conditional Use: (explain)	( ) ( ) ( )	( )
	Other: (explain)	( ) ( ) ( )	( )

REC'D FOR ISSUANCE  
**OCT 09 2013**  
 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): **Denny Appaskey** Date: **9-24-13**  
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) for authorization must accompany this application)

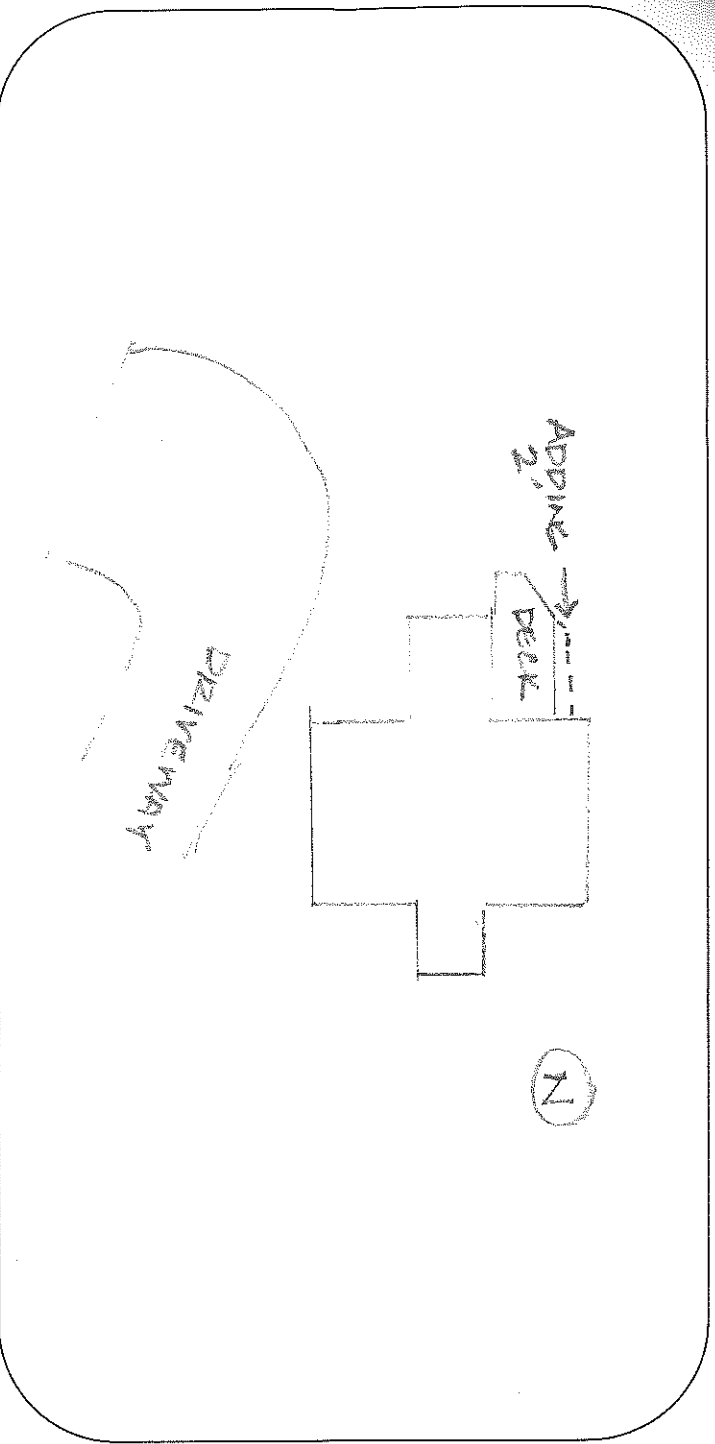
Authorized Agent: **same as above** Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **same as above** Attach \_\_\_\_\_  
 (If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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: (\*\*) 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)

(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 <i>Private easement Rd.</i>	40' <i>NA</i>	Setback from the Lake (ordinary high-water mark)	<i>NA</i> Feet
Setback from the Established Right-of-Way	<i>NA</i> Feet	Setback from the River, Stream, Creek	<i>NA</i> Feet
Setback from the North Lot Line	10' Feet	Setback from the Bank or Bluff	<i>NA</i> Feet
Setback from the South Lot Line	10' Feet	Setback from Wetland	<i>NA</i> Feet
Setback from the West Lot Line	10' Feet	Setback from 20% Slope Area	<i>NA</i> Feet
Setback from the East Lot Line	10' Feet	Elevation of Floodplain	<i>NA</i> Feet
Setback to Septic Tank or Holding Tank	<i>NA</i> Feet	Setback to Well	100' Feet
Setback to Drain Field	<i>NA</i> Feet		
Setback to Privy (Portable, Composting)	<i>NA</i> 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 #: <i>13-0347</i>	Permit Date: <i>10-9-13</i>			
<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"/> Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed
Inspection Record: <i>Met with architect.</i>	Date of Inspection: <i>10-3-13</i>	Inspected by: <i>M. Fuchs</i>	Zoning District: <i>(RRB)</i> Lakes Classification: <i>(NA)</i>	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector:	<i>Michael Fuchs</i>			Date of Approval: <i>10-7-13</i>
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"/>