

APPLICATION FOR

RECREATIONAL VEHICLE



JUN 28 2012

Bayfield County Planning and 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.
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

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|--|
| Office Use: |
| Zoning District/Lakes Class <u>14373</u> |
| Application No. <u>12-0008</u> |
| Date <u>7-11-12</u> |
| Fee Paid <u>\$75.00 RUS</u> |
| <u>6128112</u> |

Property Owner SCOTT TRINNEY

Property Address 86775 Kenmore Rd

Mailing Address 136-270TH ST

of RV placement HERBSTER WI 54894

OSCEOLA WI 54020

Agent: _____

Telephone 715-294-4002

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request: _____

Zoning District: RRB

1/4 of 1/4 of Section 8 Township 50 N. Range 7 W. Town of Clover

Gov't Lot _____ Lot 6 Block _____ Subdivision Robert Bartlett Dr 2000 Bldg CSM # _____
70 Orchard City

Volume 1026 Page 350 of Deeds Parcel I.D. # 04014250070810032210000 Acreage 0.6

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 # 5HR5537347C015955

Make of RV: WEEVARD WIAA10R Model of RV: F1FTH WSteel

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 7-11-12 Permit Number 12-0008 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: locked for 14 replacement of the outdoor stainless steel's bracket

Why the issued of certificates By DR Date of Inspection 7-6-12

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: Nov. 7, 2012

Rec'd for Issuance Signed [Signature] Inspector Date of Approval 7-4-12

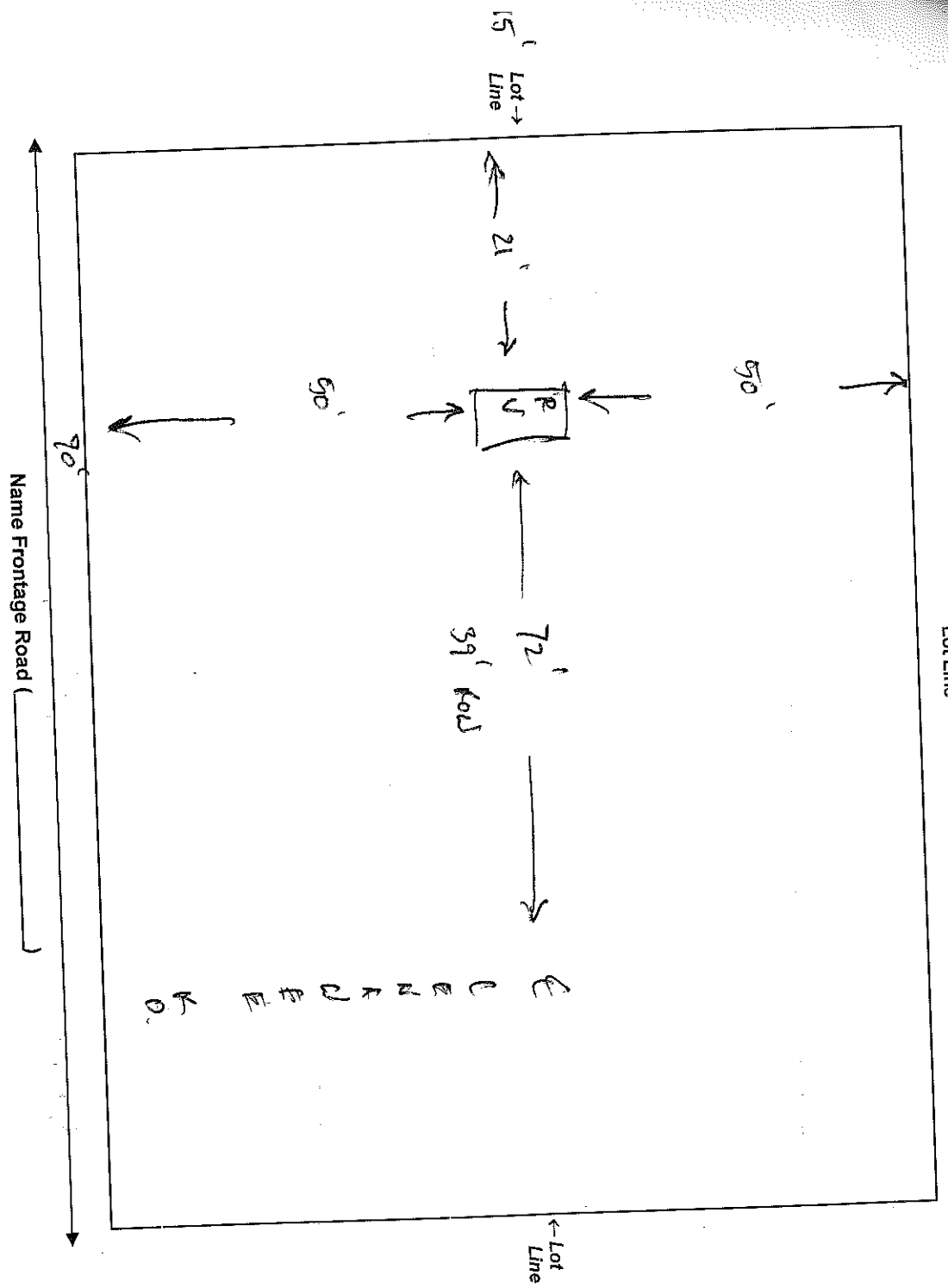
JUL 11 2012

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



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 Scott Spring Date 9-1-11
 Address to send permit 136-270TH ST OSCOLA WI 54020

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 JUL 03 2012

Bayfield Co. Zoning Dept.

Application No: 12-0833
 Date: 7-11-12
 Zoning District: R391
 Amount Paid: \$1200.00 PDS
7/5/12

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.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Use Tax Statement for Legal Description

Legal Description NE 1/4 of S 1/4 of Section 26 Township S1 North, Range 07 West, Town of Clover
 Govt Lot 4 Lot 4 Block _____ Subdivision _____ CSM # 857 Acreage 1.760

Volume .5 Page 363 of Deeds Parcel I.D. 01-014-2-S1-07-26-1-05-004-40000

Property Owner Nicholas Vlietstra Contractor Lake Effect Builders (Phone) 715-209-0300

Address of Property 89741 Bark Point Rd. Plumber Superior Plumbing & Mechanical

Herbst, WI 54844 Authorized Agent Leo Lettman (Phone) 715-209-0300

Telephone 612-823-3779 (Home) 612-303-7822 (Work)

Is your structure in a Shoreland Zone? Yes No If Yes,

Distance from Shoreline: greater than 75' 75 to 40' less than 40'

Structure: New Addition _____ Existing _____

Basement: Yes _____ No Number of Stories 2

Fair Market Value 400,000 Square Footage 1280

Sanitary: New Existing _____ Privy _____ City _____

USE: Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Holding tank

Mobile Home (manufactured date) _____

Commercial Principal Building _____

Residence w/deck-porch (# of bedrooms) 3 bedrooms Commercial Principal Building Addition (explain) _____

Residence sq. ft. 1280 Porch sq. ft. 188 Commercial Accessory Building (explain) _____

Deck sq. ft. 672 Deck(2) sq. ft. 96 Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

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

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Owner or Authorized Agent (Signature) [Signature] Date 7/6/12

Address to send permit 612 West 4th Street Washburn, WI 54891 ATTACH _____

* See Notice on Back

Rec'd for Issuance APPLICANT - PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: JUL 11 2012 State Sanitary Number 12 415 Date 7-6-12

Date 7-11-12 Secretarial Staff Permit Number 12-0833 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Proposed Sewage Works & Sanitary AS WARRANTED BY OWNER WITH APPLICATION SIGNED

Permit Made by Issue of Affidavit By DC Date of Inspection 7-6-12

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

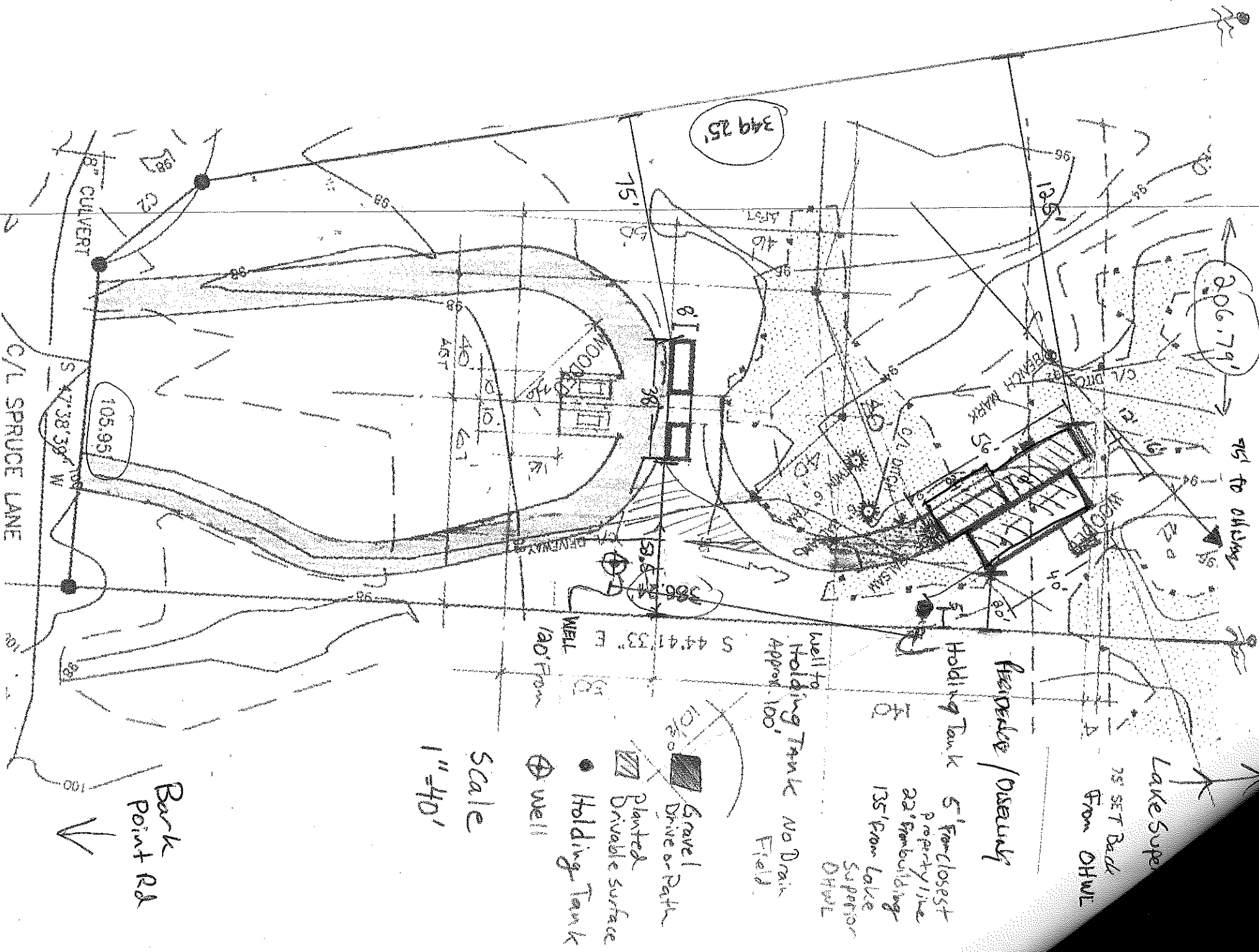
Condition: A Utility District Code (CDC) Permit from the locally constructed VDC inspection Agency

MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Note: Owner does not exhibit knowledge or high/low water erosion resistant

Site has been disturbed by host/contractor From this: allowing host water





75' to OHW

Lake Super
75' SET BACK
FROM OHW

Residence / Outbuilding

Holding Tank
5' from closest
property line
22' from building
135' from Lake
Superior
OHW

Well to
Holding Tank No Drain
Approx. 100'
Field

S 44° 41' 33" E
120' From Well

- Gravel Drive or Path
- ▨ Planted Drivable Surface
- Holding Tank
- ⊕ Well

Scale
1" = 40'

Bark Point Rd
↓

C/L SPRUCE LANE

8" CULVERT

349.25'

206.79'

105.95'

S 47° 38' 39" W
100'

75' R.O.

135'

C/L DRIVE

BRANCH MARK

50'

40'

30'

20'

10'

0'

10'

20'

30'

40'

50'

60'

70'

80'

90'

100'

110'

120'

130'

140'



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P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 03 2012

Bayfield Co. Zoning Dept.

Application No.: 12-0034
Date: 7-11-12
Zoning District: R-R6/1
Amount Paid: \$120.00 \$205
7/5/12

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Gov't Lot 4 Lot 4 Block _____ Subdivision _____ CSM # 857 Acreage 1.760
Volume 5 Page 363 of Deeds Parcel I.D. 07-04-2-51-07-26-1-05-004-40000

Property Owner Nicholas Vietstra Contractor Lake Effect Builders LLC 715.209.0300
Address of Property 89741 Bark Point Rd. Plumber Superior Plumbing & Mechanical
Herbster, WI 54814 Authorized Agent Lekeblum (Phone) 715.209.0300

Telephone 612-883-3779 (Home) 612-333-7922 (Work) Written Authorization Attached: Yes No
Is your structure in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition _____ Existing _____ Basement: Yes _____ No Number of Stories 1
Fair Market Value 49,000 Square Footage 304380 Sanitary: New Existing _____ Privy _____ City _____
USE: Type of Septic/Sanitary System Holding Tanks

- * Residence or Principal Structure (# of bedrooms) _____
 - Residence sq. ft. _____
 - Commercial Principal Building _____
- * Residence w/deck-porch (# of bedrooms) _____
 - Residence sq. ft. _____ Porch sq. ft. _____
 - Commercial Principal Building Addition (explain) _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
 - Commercial Accessory Building (explain) _____
- * Residence w/attached garage (# of bedrooms) _____
 - Residence sq. ft. _____ Garage sq. ft. _____
 - Commercial Accessory Building Addition (explain) _____
- Residential Addition / Alteration (explain) _____
 - Special/Conditional Use (explain) _____
- Residential Accessory Building (explain) Sawdust Storage 4054
 - External Improvements to Principal Building (explain) _____
- Residential Accessory Building Addition (explain) _____
 - External Improvements to Accessory Building (explain) _____
- Residential Other (explain) _____

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Owner or Authorized Agent (Signature) [Signature] Date 6/28/12
Address to send permit CL2 West 4th Street Washburn, WI 54891 ATTACH _____

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
/ Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 12-615 Date 7-6-12
Date 7-11-12 Permit Number 12-0034 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: ROOFED STRUCTURE LOCKED & SHOWERS AS REPRESENTED BY OWNER/INSPECT MEETS APPLICANT'S RECORDS & PERMIT MAY BE ISSUED BY DDC Date of Inspection 7-6-12
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____

Rec'd for Issuance
JUL 11 2012
Signed [Signature] Inspector
Date of Approval 7-6-12



Revised

7/5/12

Revised

