

**APPLICATION FOR
RECREATIONAL VEHICLE**

RECEIVED
AUG 13 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.

| | | |
|-------------|-----------------------------|---------------------------|
| Office Use: | Zoning District/Lakes Class | <u>V-18</u> |
| | Application No. | <u>12-0357</u> |
| | Date | <u>9-14-12</u> |
| | Fee Paid | <u>\$75.00</u> <u>EDS</u> |
| | | <u>8/13/2012</u> |

ENTERED

Property Owner Roger P. Kus

Property Address 89xxx Bark Point Rd
of RV placement Clower W's woods rd

Mailing Address 23920 Hawthorne Ave N.

Agent: _____

Telephone 651 464 2008

Written Authorization Attached: Yes (X) No ()

Accurate Legal Description involved in this request:

Zoning District: R-18

1/4 of S 1/4 of Section 27 Township 51 N. Range 7 W. Town of Clower

Gov't Lot 2 Lot 2 Block _____ Subdivision 046425/0727400-17714202 CSM # 1109

-Volume _____ Page _____ of Deeds Parcel I.D. # _____ Acreage 1.39

Additional Legal Description: _____
ATTACH
Copy of Tax Statement

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

RV: New Replacement Vin # 4E27532291SD 45188

Make of RV: Sportsman (KSC) Model of RV: 31' Sportsman

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 <u>9-14-12</u> | Permit Number <u>12-0357</u> Permit Denied (Date) _____ |
| Reason for Denial: _____ | |
| Inspection Record: <u>RV located west setback, covercraft parts installed. Use of site permit covercraft and food storage DR</u> | Date of Inspection <u>6-12-12</u> |
| Variance (B.O.A.) # _____ | |
| Condition: <u>RV may be placed up to 4 months from issuance date. Must be removed by: 9-13-2014</u> | Signed <u>[Signature]</u> Inspector _____ Date of Approval <u>8-10-12</u> |
| Rec'd for Issuance | Signed _____ Inspector _____ Date of Approval _____ |
| <u>SEP 14 2012</u> | |

Secretarial Staff

| | | | | | |
|-------------------------------------|--|-----------|----------|------------|------------|
| <input checked="" type="checkbox"/> | Special Use: (explain) <u>RV Extension</u> | <u>19</u> | <u>X</u> | <u>311</u> | <u>279</u> |
| <input type="checkbox"/> | Conditional Use: (explain) _____ | (| X |) | |
| <input type="checkbox"/> | Other: (explain) _____ | (| 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): [Signature] Date 8/10/12
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance SEP 14 2012 Attach
Address to send permit _____ Copy of Tax Statement

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 (received)
RECEIVED
 SEP 06 2012

Permit #: **12-03121212**
 Date: **9-14-12**
 Amount Paid: **\$175.00**
 Refund: **9/3/12**

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.

HOW DO I LEARN 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: Catherine Manning Mailing Address: 3424 ZIMRAN AVE SO, ST LOUIS PARK MN 55426 Telephone: 952-938-7627
 Address of Property: 83855 Kenawee Rd City/State/Zip: HERSTER WI 54844 Cell Phone: 952-649-8537
 Contractor: _____ Contractor Phone: _____ Plumber: _____ 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: N1/4 NE 1/4 PIN: (23 digits) 04-014-2-50-07-12-1-02-000-2000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 28, Township 50 N, Range 7 W Town of: CEVER Lot Size _____ Acreage 8.64

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
 Non-Shoreland

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) | Use | # of Stories and/or basement | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|---|---|---|--|--|--|--|
| \$ <u>N/A</u> | <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round | <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation | <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>HT</u> <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 type="checkbox"/> Well |
| Existing Structure: (if permit being applied for is relevant to it) | Proposed Construction: | Length: | Width: | Height: | Width: | Height: |

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|--|----------------------------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage | (X) (X) (X) (X) (X) (X) (X) (X) | |
| <input type="checkbox"/> Commercial Use | Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____ | (X) (X) (X) (X) (X) | |
| <input type="checkbox"/> Municipal Use | Special Use: (explain) <u>Short Term Vacation</u> Conditional Use: (explain) _____ Other: (explain) _____ | (X) (X) (X) | |

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Owner(s): Catherine Manning Date: 9-1-12
Jenna Kay M.A. Catherine Manning
 (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: 9-1-12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance 3424 Zimran Ave So. St Louis Park MN 55426 Copy of Tax Statement Attached
 Address to send permit _____ If you recently purchased the property send your Recorded Deed

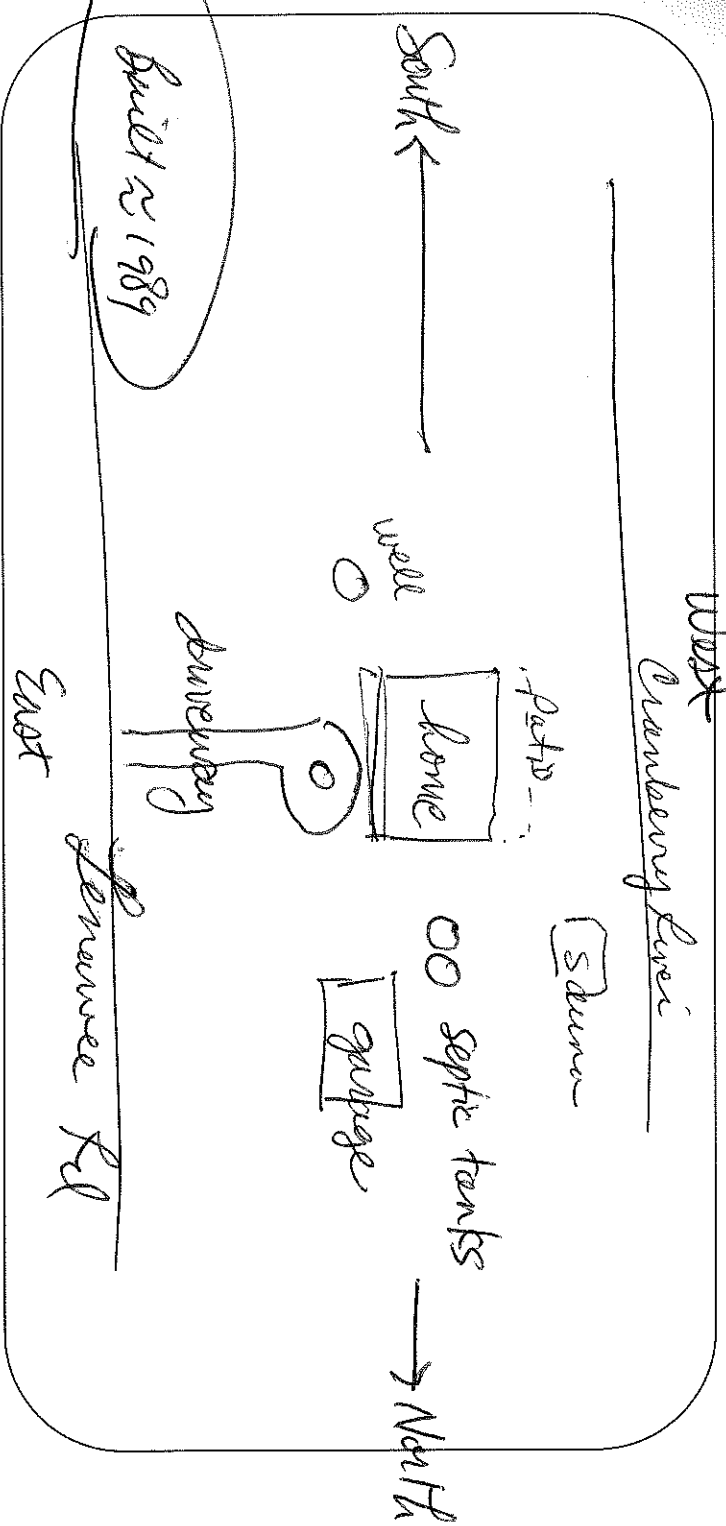
SEP 14 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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 (*):



(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 | 563' Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 563' Feet | Setback from the River, Stream, Creek | >100' Feet |
| Setback from the North Lot Line | Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 375' Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 55' Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | N/A Feet | Ac SETBACKS CLEARANCE | |

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)

Permit Denied (Date): _____ Sanitary Number: 114982 # of bedrooms: 3 Sanitary Permit: 1982

Permit #: 12-0361 Permit Date: 9-14-12

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No K/No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No K/No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No N/A

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No N/A

Was Property Surveyed Yes No

Inspection Record: Inspected 3 BEDROOM Structure, Chimney Pits, Grundy AIRBORNE

Inspected by: DDC

Date of Inspection: 9-13-12

Conforming(s) Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached)

A Permit For A Tenor Remains Above For The BATTERIES CO. There But Is Necessary What To Do For The TOWN BOARD THIS RESULT IS REFERRED TO THE CURRENT OWNER & A 20th / 7-DAY A 20th REVIEW WOULD BE CALLED IN THE TOWN IS ALSO NECESSARY

Signature of Inspector: [Signature] Date of Approval: 9-13-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

For changes To FORWARD ADMINISTRATIVE MATTERS @January 2012