

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

Class A
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
DEFERITIVE
 Date (map received)
 AUG 08 2012
 Bayfield Co. Zoning Dept.

Permit #:	12-034
Date:	8-23-12
Amount Paid:	\$75.00
Refund:	89.12

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 FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/)

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

Owner's Name: Barry Haestrom Mailing Address: 10730 Eagle Lake Rd Iron River, WI 54847 Telephone: 715-372-5256

Address of Property: 10730 Eagle Shores Rd Iron River, WI 54847 City/State/Zip: Iron River, WI 54847 Cell Phone: 928-848-

Contractor: None Contractor Phone: Plumber: Plumber Phone: Plumber:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) None Agent Phone: Agent Mailing Address (include city/state/zip): Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, SW 1/4 Gov't Lot: 342 Lot(s) CSM: 3185 Vol & Page: 7B:8 Lot(s) No.: Block(s) No.: Subdivisions: Recorded Document: (i.e. Property Owners' Volume 1039 Page(s) 784

Section 3, Township 46 N, Range 8 W of: DELTA Lot Size: 156 + 1.92 Acreage

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: 75 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue Distance Structure is from Shoreline: 75 feet

Is Property in Floodplain Zone? Yes No

Are Wetland 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?	What
<u>\$16,000.00</u>	<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 type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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>CAUL</u> <input type="checkbox"/> Privy (Pri) 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 checked="" type="checkbox"/> CH <input type="checkbox"/> W

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 checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>X</u>)	(<u>4100</u>)
	Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	(<u>2350</u>)
	with Loft	(<u>X</u>)	(<u>3050</u>)
	with a Porch	(<u>X</u>)	(<u>4100</u>)
	with (2 nd) Porch	(<u>X</u>)	(<u>2350</u>)
	with a Deck	(<u>X</u>)	(<u>3050</u>)
	with (2 nd) Deck	(<u>X</u>)	(<u>4100</u>)
	with Attached Garage	(<u>X</u>)	(<u>2350</u>)
<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)	(<u>X</u>)	(<u>2350</u>)
	Mobile Home (manufactured date)	(<u>X</u>)	(<u>2350</u>)
	Addition/Alteration (specify)	(<u>X</u>)	(<u>2350</u>)
	Accessory Building (specify)	(<u>X</u>)	(<u>2350</u>)
	Accessory Building Addition/Alteration (specify)	(<u>X</u>)	(<u>2350</u>)
<input type="checkbox"/> Municipal Use	Special Use: (explain) <u>Shoreland & Bldg</u>	(<u>X</u>)	(<u>4100</u>)
	Conditional Use: (explain)	(<u>X</u>)	(<u>2350</u>)
	Other: (explain)	(<u>X</u>)	(<u>3050</u>)

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 printing on this information and (are) providing it, or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reason and for the purpose of inspection.

Owner(s): Barry Haestrom Date 8/16/12
 (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 8/24/12 Eagle Lake Rd Iron River 54847 Copy of Tax Statement
 Address to send permit: 10730 Eagle Lake Rd Iron River 54847 Attach

AUG 23 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Secretarial Staff

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%

SEE ATTACHED
SITE GRADING PLAN

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	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	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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 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 Dwelling: 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 #: 12-0314	Permit Date: 8-23-12		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:			
<i>Meets all requirements</i>			
Date of Inspection:	8-15-12	Inspected by:	MT. FURTEL
Condition(s) Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if No they need to be attached.)	
<i>Must use best management practices to prevent erosion or sedimentation</i>			
<i>Labels:</i>			
Signature of Inspector:	<i>Michael Rutala</i>		Date of Approval:
			8-17-12
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" 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 15 2012
 Bayfield Co. Zoning Dept.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #: 12-031-ENTERED
 Date: 8-29-12
 Amount Paid: \$1000.00 EDS
 Refund: 8/21/12

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.

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

Owner's Name: Paul and Liz Rosenkaval Mailing Address: 4721 Hibiscus Ave City/State/Zip: EDINA, MN, 55435 Telephone: 952-2851161

Address of Property: 13895 GRUMMET RD. City/State/Zip: WABON Contractor Phone: 715-372-4496 Plumber: N/A 715-381-9011 Call Phone: 651-2603-158

Contractor: CELLO B. OLSON CONST. Agent Phone: 715-372-4496 Agent Mailing Address (include City/State/Zip): CELLO B. OLSON CONST. 1500 150th St NW, Washburn, WI 54891 Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: 7441 St. Paul Ave 1/4 S W 1/4 PIN: (23 digits) 04 016 246 070 630 100 00 Recorded Document: (i.e. Property Ownership) Volume 780 Page(s) 837

Legal Description: (Use Tax Statement) 150th St NW 1/4 S W 1/4 Lot(s) 1 CSM 1 Vol & Page 1 Lot(s) No. 1 Block(s) No. 1 Subdivision: DELTA Lot Size 36 acres Acreage 16.82

Section 6, Township 46 N, Range 7 W Town of: DELTA

Shoreland Non-Shoreland

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

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

Distance Structure is from Shoreline: 150 feet

Distance Structure is from Shoreline: 150 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
\$ <u>2000.00</u>	<input checked="" 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 type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC TANK</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: 90 ft. Width: 4 ft. Height: 1 ft.

Proposed Construction: WALKWAY / STAIRWAY

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 (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(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)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain) <u>WALKWAY / STAIRWAY</u>	(4 X 90)	<u>36 sq ft.</u>

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): Paul Rosenkaval Date: 7/18/12

(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: 8/14/12

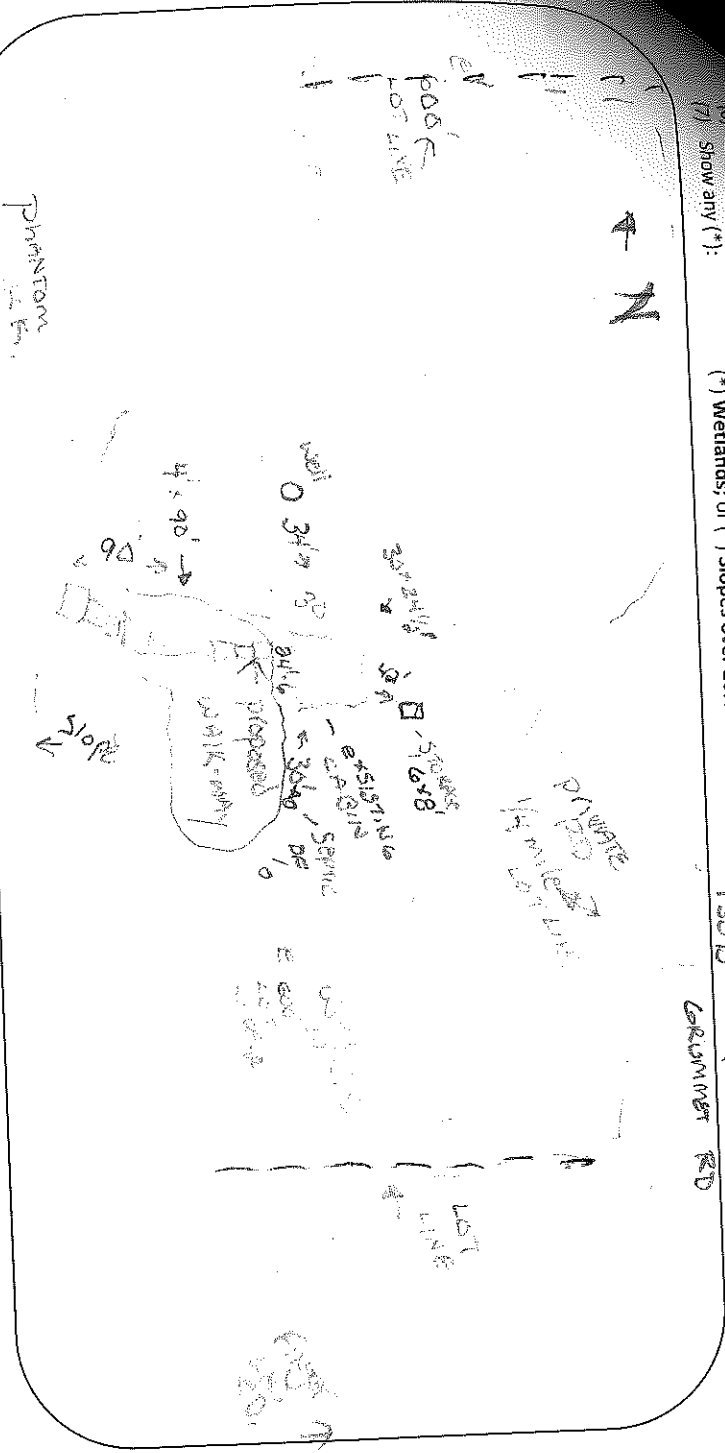
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance CELLO B. OLSON CONST. 62296 Fingert LK. RD. Copy of Tax Statement

Address to send permit: WABON, WI, 54856 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

APPLICANT: CELLO B. OLSON If you recently purchased the property send your Recorded Deed

- Indicate your property (regardless of what you are applying for)
- Proposed Construction
- (*) North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) Wetlands; or (*) Slopes over 20%



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	1/4 MILE	Setback from the Lake (ordinary high-water mark)	90 Feet
Setback from the Established Right-of-Way	1000 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	600 Feet	Setback from the Bank or Bluff	150 Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	50 Feet
Setback to Septic Tank or Holding Tank	600 Feet	Setback to Well	
Setback to Drain Field	600 Feet		
Setback to Privy (Portable, Composting)	NA 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)

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

Permit #: 12-0317 Permit Date: 8-29-12

Is Parcel a Sub-Standard Lot: Yes (Deed of Record) No Mitigation Required Yes No Affidavit Required Yes No

Is Parcel in Common Ownership: Yes (Fused/Contiguous Lots) No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming: Yes No Previously Granted by Variance (B.O.A.) Yes No

Granted by Variance (B.O.A.) Case #: _____ Were Property Lines Represented by Owner Yes No

Was Parcel Legally Created: Yes No Was Property Surveyed Yes No

Was Proposed Building Site Delineated: Yes No

Inspection Record: Meets all requirements, less than 15% impervious surface.

Date of inspection: 8-27-12 Inspected by: MT Fuchs Zoning District: (2-1)

Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached) Lakes Classification: (3)

Signature of Inspector: Michael Fuchs Date of Approval: 8-27-12

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