

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)
 JAN 15 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0011
 Date: 1-29-13
 Amount Paid: 195.00
 Refund: 1-15-13
 ENTERED
 13-0011
 1-29-13
 195.00
 1-15-13
 dak

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: Ken + Darlene Raspotnik Mailing Address: 27875 Hwy 137 City/State/Zip: Ashland WI 54806 Telephone: 715-682-9240

Address of Property: Basswood Lake City/State/Zip: Delta WI Contractor Phone: _____ Plumber: _____ Call Phone: _____

Contractor: Self Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

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

PROJECT LOCATION: NW 1/4 SE 1/4, SW 1/4 NW 1/4 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-016-2-46-08-13-203-000-20000 Volume 1096 Page(s) 169

Gov't Lot _____ Lot(s) _____ CSIM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 13, Township 46 N, Range 8 W Town of: Delta Lot Size _____ Acreage 2.5

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (Inlet/Intertidal) Creek or Landward side of Floodplain? If yes---Continue If yes---continue

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

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 100 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
<u>15,000</u> <u>\$ 10,000</u>	<input checked="" 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 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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input checked="" 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 <input checked="" type="checkbox"/> N/A

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 24' Width: 16' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input checked="" type="checkbox"/> with Loft <input checked="" type="checkbox"/> with Porch <input checked="" type="checkbox"/> with (2 nd) Deck <input checked="" type="checkbox"/> with Attached Garage	(<u>16</u> X <u>24</u>) (<u>8</u> X <u>24</u>) (<u>16</u> X <u>6</u>)	<u>384</u> <u>192</u> <u>96</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() () () () ()	() () () () ()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> 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. 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.

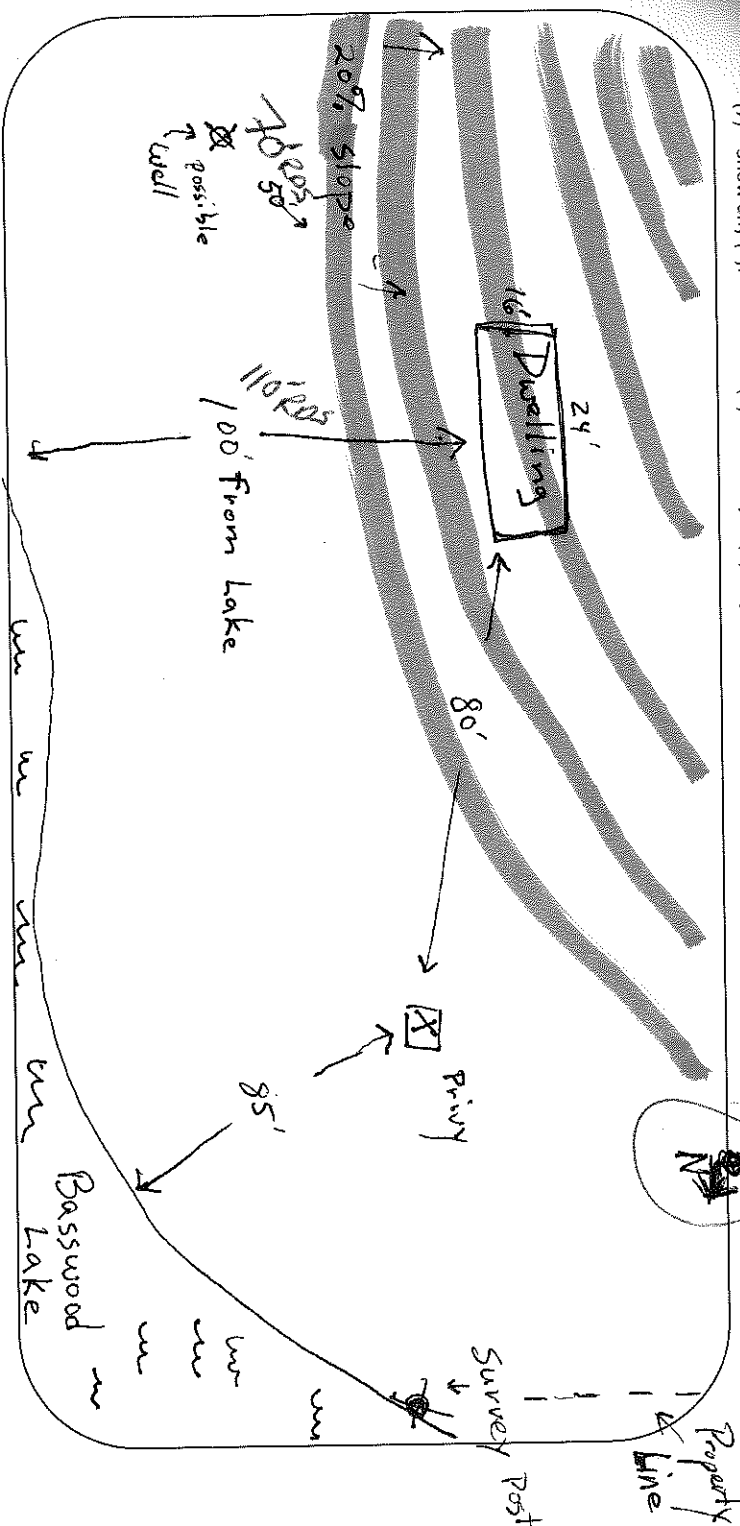
Owner(s): Ken Raspotnik Darlene Raspotnik Date Jan 3 - 13
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit 27875 Hwy 137 Ashland WI 54806
 1-29-13 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)
 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)	100' 110' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	280 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	20' 25' 50' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	0 Feet
Setback from the East Lot Line	130 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	50 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	80 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) Sanitary Number: 13-002 # of bedrooms: Sanitary Date: 1/7/2013

Permit Denied (Date): Reason for Denial: Permit Date: 1-29-13

Permit #: 13-0011

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (Fused/contiguous Lot(s)) Yes No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspected by: Robert Schiavone

Date of Inspection: 1/28/2013

Condition(s) Town, Committee or Board Conditions Attached? Yes No If No they need to be attached. Must Get UDC Permit Prior to Starting Construction. No pressurized H2O may enter structure unless State Sanitary Permit is issued for Property Use Best Mgt Practices to minimize erosion & keep disturbed soil contained to construction site. Site setbacks ok to issue.

Signature of Inspector: [Signature]

Date of Approval: 1/28/2013

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

SUBMIT: COMPLETE 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
 JAN 14 2013
 Bayfield Co. Zoning Dept.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Permit #: 13-0010
 Date: 1-29-13
 Amount Paid: \$75.15-13
 Refund:
 ENTERED
 1-29-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
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TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: MARK BROGON
 Address of Property: 12545 E. HWY H
 City/State/Zip: MASON WI 54856
 Mailing Address: 305 EAST BAYFIELD ST WASHBURN WI 54891
 Contractor: MASON WI 54856
 Contractor Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: SE 1/4, SW 1/4
 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____
 Section 1, Township 46 N, Range 8 W
 Town of: DELTA WEST
 Lot Size: _____ Acreage: 60

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-016-X-46-08-01-364000-10000
 Subdivision: _____
 Recorded Document: (i.e. Property Ownership) Volume 208 Page(s) 526

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? 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
\$14000	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <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: 34 FT Width: 28 FT Height: 16 FT
 Proposed Construction: Length: 18 FT Width: 28 FT Height: 15 FT

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	18 X 28	504
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<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)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special User: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

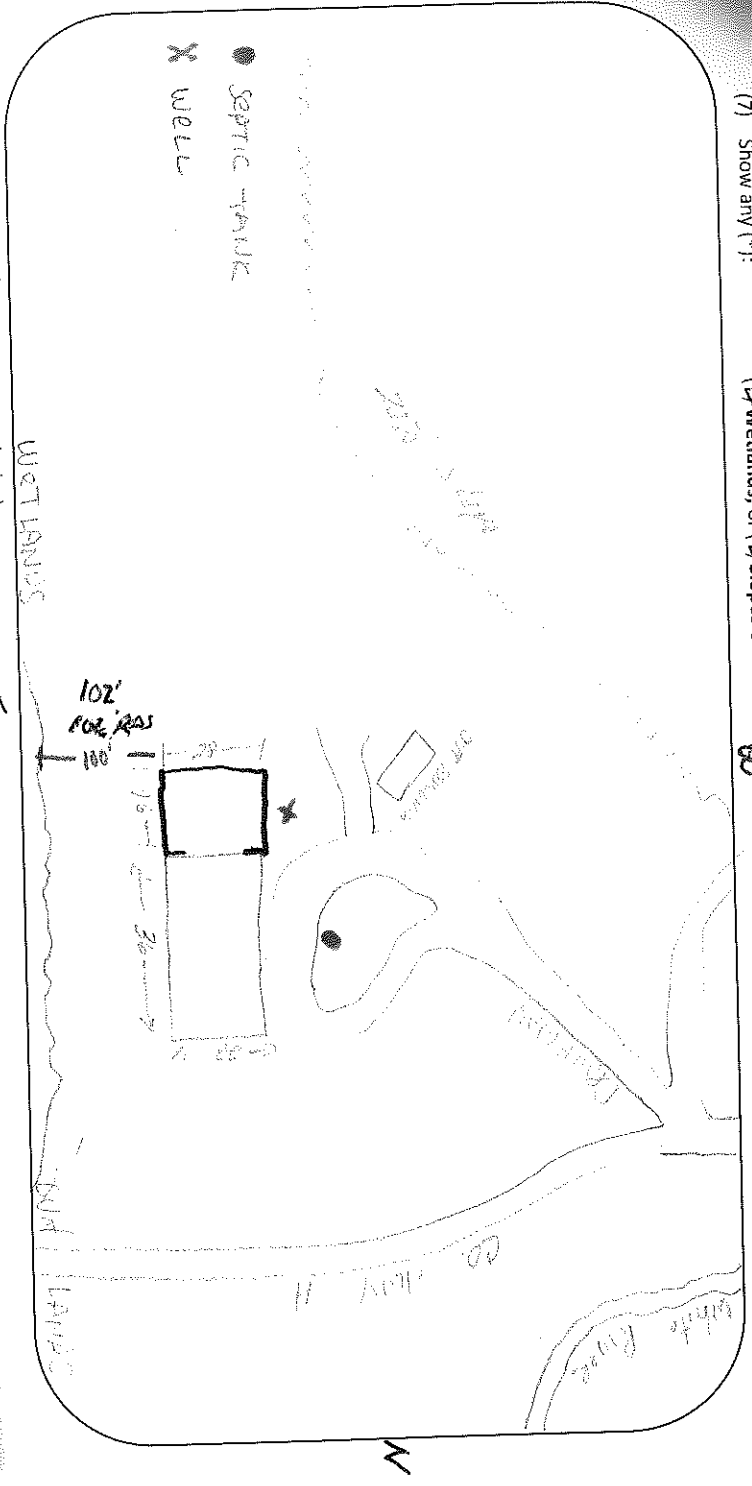
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
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Owners: Mark Brown
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: 12-29-12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
 1-29-13
 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: _____
 - (2) Show / Indicate: _____
 - (3) Show Location of (*): _____
 - (4) Show: _____
 - (5) Show: _____
 - (6) Show any (*): _____
 - (7) Show any (*): _____
- 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)

(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	at 25 150 Feet	Setback from the Lake (ordinary high-water mark)	at 25 100 Feet
Setback from the Established Right-of-Way	134 Feet	Setback from the River, Stream, Creek	360 Feet
Setback from the North Lot Line	418 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	858 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	1890 Feet	Setback from 20% Slope Area	180 Feet
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	31 Feet	Setback to Well	12 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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- (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: 367285 # of bedrooms: 3 Sanitary Date: 7/10/2009

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 13-0010 Permit Date: 1-29-13

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

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspected by: Robert Sullivan

Date of Inspection: 1/28/2013

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

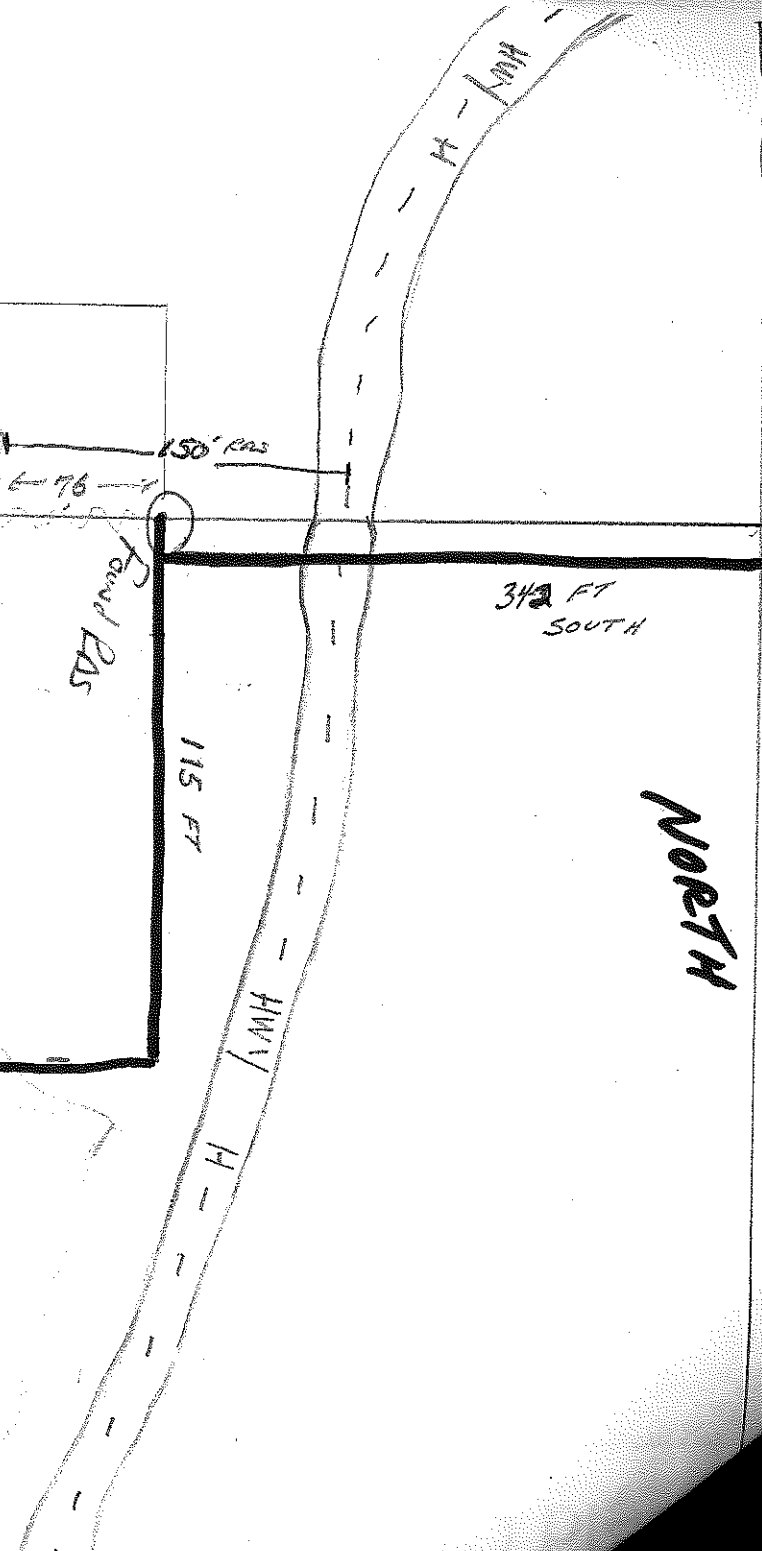
No Load Disturbing activity within 75' of Water Use Best Management Practices to prevent soil from leaving construction site and Contaminants water body.

Signature of Inspector: [Signature]

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____ Date of Approval: 1/28/2013

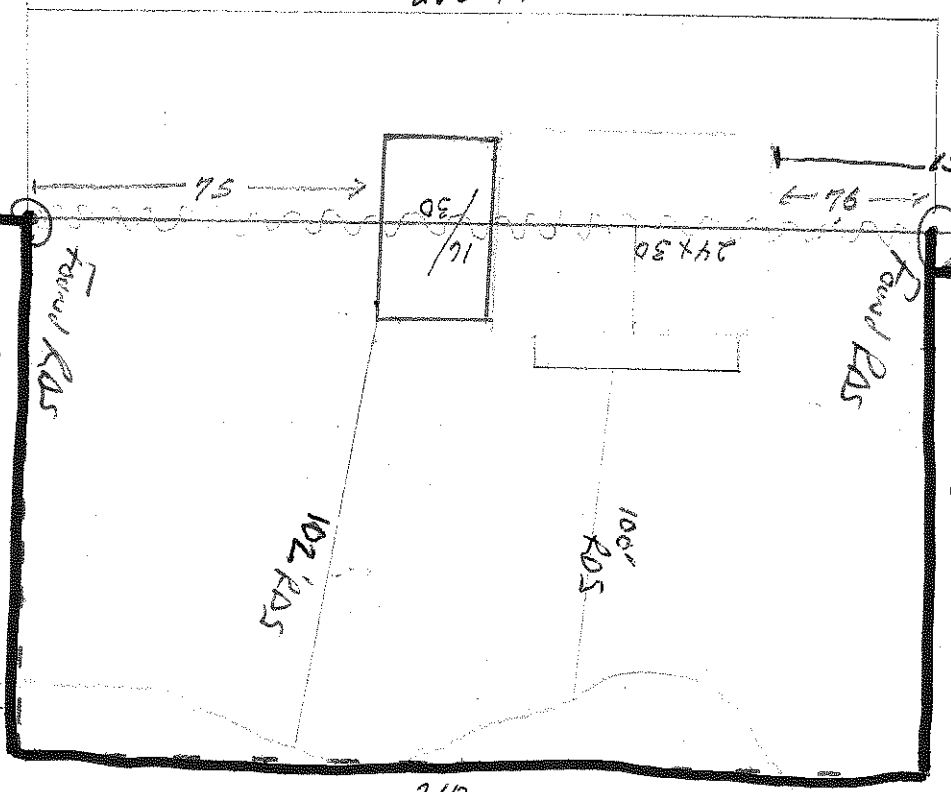
NEW PROPOSED ADDITION 16x24 - 26'00" OVER HANG

NORTH



WEST

EAST



NEW PROPERTY LINE

NOV. 2012

South

LAKE

16x24
S/A