

**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  
 Date Permit Received  
 NOV 09 2012

Permit #: 10-04160  
 Date: 11/20/12  
 ENTERED Amount Paid: \$715 11/9/12  
 Refund:

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  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Stellar Holding East Mailing Address: 48765 S. LAKE DRIVE City/State/Zip: CABLE WI Telephone: 715-798-3465  
 Address of Property: 48765 S. LAKE DRIVE City/State/Zip: CABLE WI Cell Phone:  
 Contractor: Randy Bork Builders Contractor Phone: 715-558-1154 Plumber: Andy Rasmussen & Sons Plumber Phone: 715-798-3355  
 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** Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 9 Lots 2 1747 10, 198 Vol & Page 1061 Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) 11

Section 14, Township 44 N, Range 7 W Town of: Drummond Lot Size \_\_\_\_\_ Acreage 49.53

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) \_\_\_\_\_ Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage \_\_\_\_\_ Distance Structure is from Shoreline: 250' feet  
 Non-Shoreland

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>10,000 ea</u>	<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 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 checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Boxliner</u> <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: _____ <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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 10'-0" Width: 10'-0" Height: 12'-0"  
 Proposed Construction: Length: 10'-0" Width: 10'-0" Height: 12'-0"

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 a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Commercial Use	Bunhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
	Addition/Alteration (specify)	( ) X ( )	
	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify) <u>Addition to Generator</u>	( <u>10</u> X <u>10</u> )	<u>100</u>
	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	
<input type="checkbox"/> Municipal Use			

FAIL-URE 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.

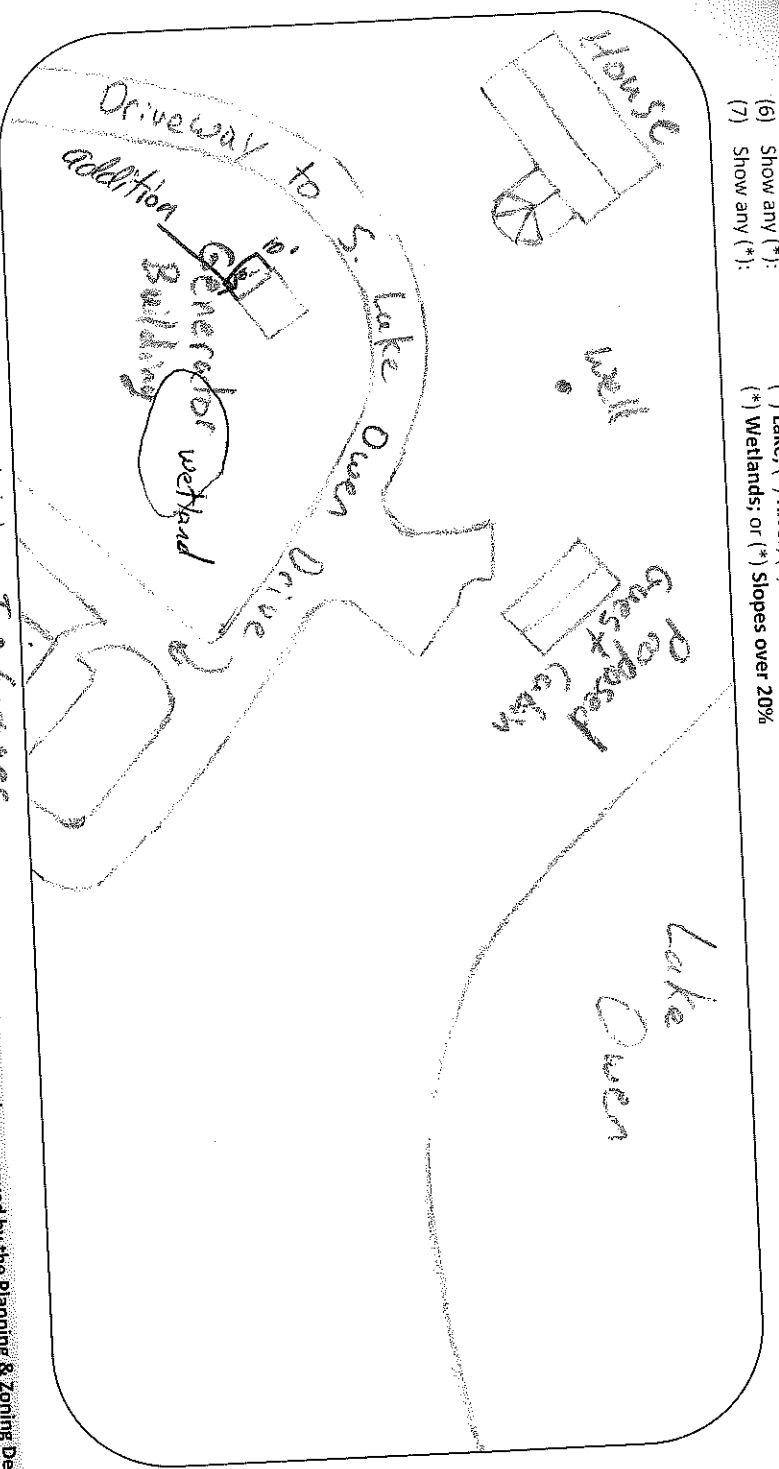
Owner(s): David Stewart Date 10-1-12  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 DAVID STOLT 42630 US Hwy 63 Cable WI Attach   
 Address to send permit NOV 20 2012 DD Copy of Tax Statement   
 Secretarial Staff NEED LETTER OF AUTHORIZATION? If you recently purchased the property send your Recorded Deed

Draw or Sketch 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) **Two Swages** Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA Feet	Setback from the Lake (ordinary high-water mark)	77 Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	77 Feet	Setback from Wetland	150 Feet
Setback from the South Lot Line	1000 Feet	Setback from 20% Slope Area	10 Feet
Setback from the West Lot Line	2 1000 Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	50 Feet	Setback to Well	85 Feet
Setback to Septic Tank or Holding Tank	NA Feet		
Setback to Drain Field	NA Feet		

Setback to Privy (Portable, Composting)  
 Setback 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 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: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit # B-2460 Permit Date: 1-22-12

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

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

Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record:  
 Meets all setbacks. No impervious surface concerns.  
 Meeets all setbacks. No impervious surface concerns.  
 Inspected by: M. F. Fatale

Date of Inspection: 1-15-12 Inspected by: M. F. Fatale

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

Mr. water under pressure in structure.  
 May not be used for human habitation.

Signature of Inspector: Michael Fatale Date of Approval: 1-16-12

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

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)  
 NOV 16 2012  
 Bayfield Co. Zoning Dept.

Permit #: 12-0466  
 Date: 11-30-12  
 Amount Paid: \$750  
 Refund: \$750  
 ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Stellar Holdings E  
 David and Kim Stewart  
 Address of Property: 48785 S. Lake Over Driv  
 City/State/Zip: Cable, WI 54821  
 Telephone: 715 793 465  
 Cell Phone: \_\_\_\_\_

Contractor: Randy Bjork Builders Inc  
 Contractor Phone: 715 558 1881  
 Plumber: Andy Rasmussen Plumbing  
 Plumber Phone: 715 798  
 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: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-018-2-44-07-23-2 05-00-14000  
S1/4 SE 1/4 Gov't Lot 9 Lots 2 CSM 1747 Vol & Page 10,198 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_  
 Section 23, Township 44 N, Range 7 W Town of: Diamond Lot Size \_\_\_\_\_ Acreage 49.53

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

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>250,000</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 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 type="checkbox"/> Foundation	Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: 46'-0" Width: 36'-0" Height: 21'-0"

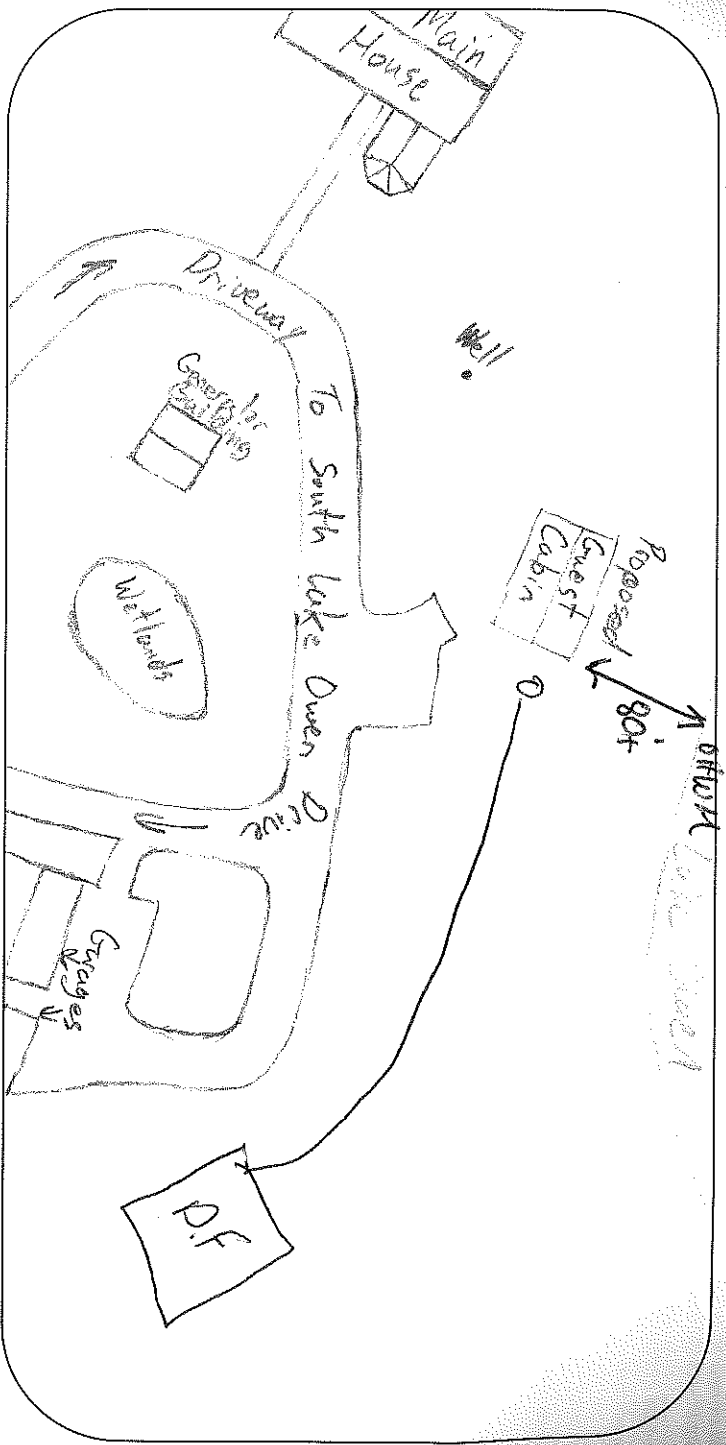
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( <u>46</u> X <u>26</u> ) ( <u>46</u> X <u>10</u> ) ( <u>24</u> X <u>6</u> )	<u>1196</u> <u>460</u> <u>144</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <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 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 reasonable time for the purpose of inspection.

Owner(s): David Stewart Date 10-1-12  
 (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)  
 Address to send permit Randy Bjork 42630 US Hwy 63 Cable WI Copy of Tax Statement   
 If you recently purchased the property send your Recorded Deed

Review: 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%



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	NA Feet	Setback from the Lake (Ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River Stream Creek	NA Feet
Setback from the North Lot Line	Lake 80 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1000 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	500 Feet	Setback from 20% Slope Area	20 Feet
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank Cabin	20 Feet	Setback to Well	80 Feet
Setback to Drain Field	150 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 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: 12-1055 # of bedrooms: 3 Sanitary Date: 9-6-12

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 12-0466 Permit Date: 11-30-12

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

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

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner  Yes  No

Inspection Record: \_\_\_\_\_

Date of Inspection: 11-29-12 Inspected by: MM Fuchs

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

Signature of Inspector: Michelle J. Fuchs Date of Approval: 11-30-12

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_