

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date Received: **MAR 22 2013**  
 Bayfield Co. Zoning Dept.

**RECEIVED**  
 DATE: **3-28-13**  
 Amount Paid: **\$880 3-28-13**  
 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: **TAHKODAH INC.** Mailing Address: **PO 490 CABLE, WI 54821** Telephone: **715 580-0968**

Address of Property: **XXX W. Tahkodah Lake Rd** City/State/Zip: **Drummond, WI 54832** Cell Phone: **715 580-0968**

Contractor: **TAHKODAH INC.** Contractor Phone: **715-580-0968** Plumber: **RASMUSSEN Plumbing** Plumber Phone: **798-3355**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Terry Pogwizd** Agent Phone: **SCWE** Agent Mailing Address (include City/State/Zip): **ADD NO 1 TO EAST LAKE 506** Written Authorization Attached:  Yes  No

PROJECT LOCATION: **1/4, 1/4** Gov't Lot: **5** Lot(s): **17** CSM: **17** Vol & Page: **17** Lot(s) No.: **17** Block(s) No.: **17** Subdivision: **ADD NO 1 TO EAST LAKE 506** Recorded Document: (i.e. Property Ownership) Volume: **230** Page(s): **354**

Section: **34**, Township: **44** N, Range: **7** W Town of: **Drummond** Distance Structure is from Shoreline: **425** 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
\$65,000.00	<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"/> 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 type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: **36'** Width: **24'** Height: **16' FRONT**  
 Proposed Construction: Length: **36'** Width: **24'** Height: **22' REAR**

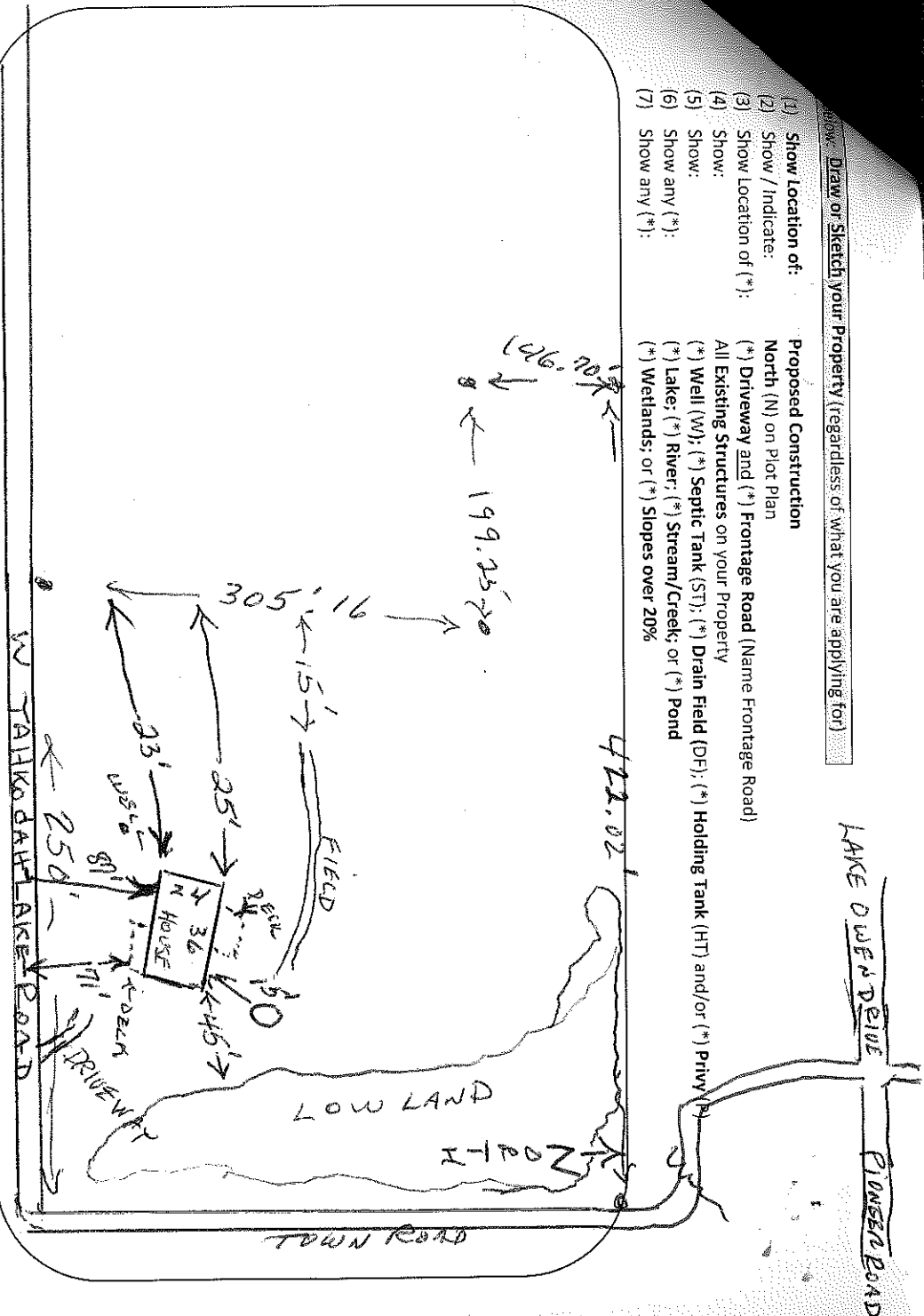
Proposed Use	Proposed Structure	Dimensions	Square Footage											
				Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	with Loft	with a Porch	with (2 <sup>nd</sup> ) Deck	with (2 <sup>nd</sup> ) Deck	with Attached Garage	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	Mobile Home (manufactured date)	Addition/Alteration (specify)	Accessory Building (specify)
<input checked="" type="checkbox"/> Residential Use	Principal Structure	(24 x 36)	864											
<input type="checkbox"/> Commercial Use		(10 x 24)	240											
<input type="checkbox"/> Municipal Use		(6 x 16)	96											
		(10 x 18)	180											
Rec'd for Issuance														
MAR 28 2013														
Secretarial Staff														

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): **Tahkodah Inc. Terrace Pogwizd** Date: **3-20-13**  
 Authorized Agent: **PO Box 490 Cable WI 54821** Date: \_\_\_\_\_  
 Address to send permit: **PO Box 490 Cable WI 54821**

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 (\*) Private Well
  - (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	71 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	41 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	391 Feet		
Setback from the South Lot Line	45 Feet	Setback from Wetland	45 Feet
Setback from the West Lot Line	83 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	189 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	151 Feet	Setback to Well	50 Feet
Setback to Drain Field	251 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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 13-135	# of bedrooms: 2	Sanitary Date: 3-27-13
Permit Denied (Date):	Reason for Denial:			
Permit #: 13-0034	Permit Date: 3-28-13			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Will Staked Metcalf Setbacks.			
Date of Inspection: 3-28-13	Inspected by: M. Furbak	Zoning District (R-1)		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (NA)		
Date of Re-Inspection:				
Signature of Inspector: Michael J. Givels	Date of Approval: 3-28-13			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	