

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 FEB 20 2008  
 Bayfield Co. Zoning Dept.

LU 690.00 Class A 175  
 ENTERED  
 1/2

Application No: 08-0067  
 Date: \_\_\_\_\_  
 Zoning District: AG-1/Class 3  
 Amount Paid: \$865.00 PDS  
2/21/08

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.

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER Class A  
 Legal Description: NW 1/4 of SW 1/4 of Section 19 Township 47 North, Range 5 West, Town of Elkton  
 Gov't Lot 1 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1608 Acreage 5  
 Volume 988 Page 806 of Deeds Parcel I.D. # 04-020-2-10-05-19-3-02-000 Use Tax Statement for Legal Description 12000  
 Property Owner MIKE & KRISTY MILANOWSKI Contractor DYKSTRA CONSTRUCTION (Phone) 715-682-9579  
 Address of Property 66210 US Hwy 63 Plumber BROWN PLUMBING & HEATING  
MADISON, WI 54856 Authorized Agent LES DYKSTRA (Phone) 715-682-9579

Telephone 715-246-2487 (Home) 715-682-6646 (Work)  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition  Existing  Basement: Yes  No   
 Estimated Cost of Construction 230,000 Square Footage 1,650 Sanitary: New  Existing   
 USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. 1650 Mobile Home (manufactured date) 1999  
 \* Residence w/deck-porch (# of bedrooms) 2  Commercial Principal Building  
 Residence sq. ft. 1650 Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Deck sq. ft. 200 Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) 2  Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residence sq. ft. 1650 Garage sq. ft. 672  Commercial Other (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_  
 Residential 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 or Authorized Agent (Signature) [Signature] Date 2/13/08  
 Address to send permit 50151 ST. Hwy 13 Ashland WI. 54806. ATTACH  
 Copy of Tax Statement

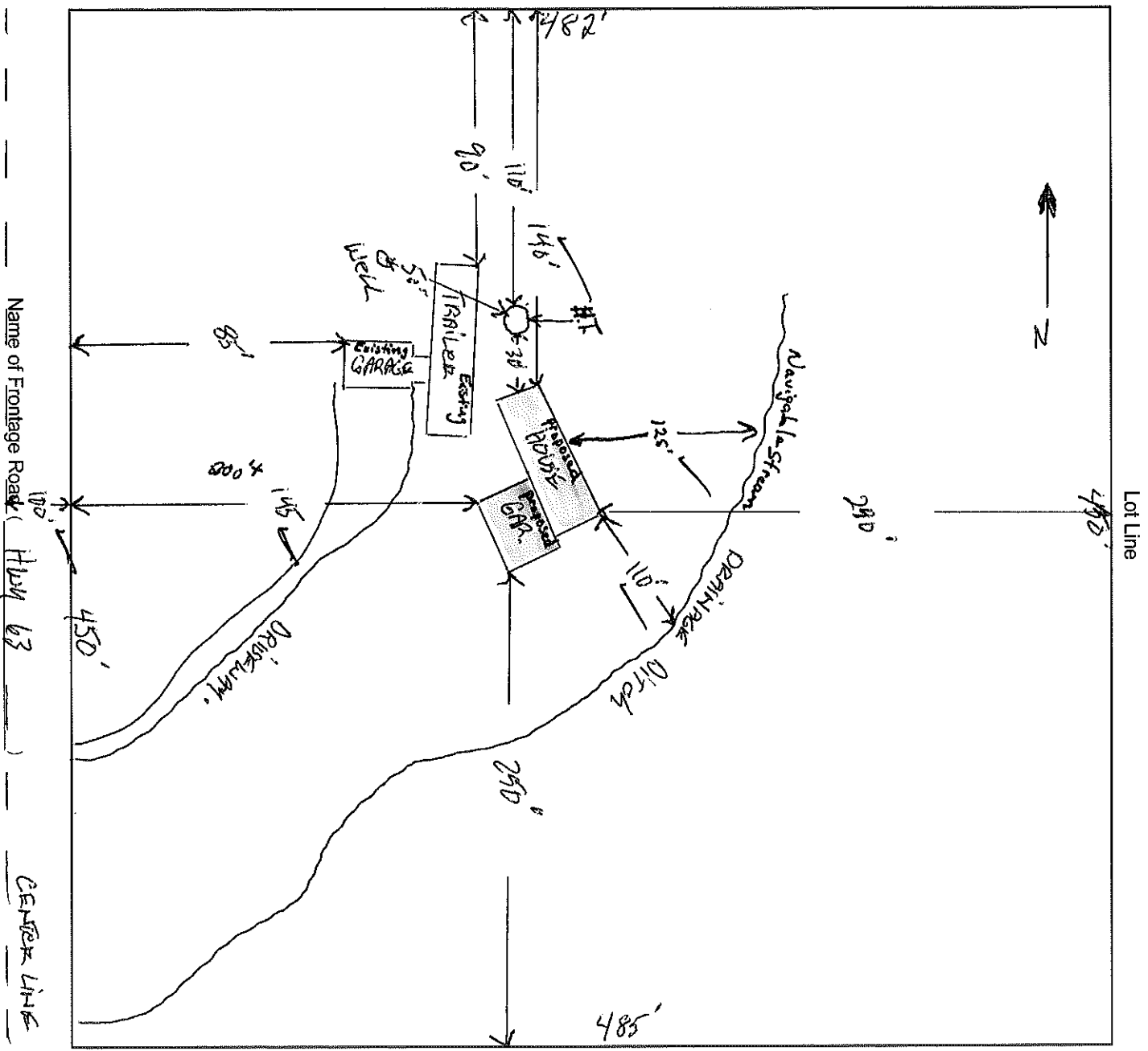
\* See Notice on Back  
 APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: State Sanitary Number 298139 Date 5/06/1998  
 Date 4/2/08 Permit Number 08-0067 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets code requirements per owner's representation. Property has been surveyed GSM submitted for review. Existing mobile will be issued a temp. permit for one(1) year. Stream does appear to be navigable. By Travis Telawitky Date of inspection 3/13/2008  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_

Signed Travis Telawitky Date of Approval 3/31/2008  
 Inspector [Signature]  
 Bayfield County Zoning Department

called Dykstra  
 E Per.# 4/2/08 8:49 am /mg

APR 11 2008  
 Secretarial Staff



Name of Frontage Road: Hwy 63      CENTER LINE

**IMPORTANT**  
 DETAILED PLOT PLAN  
 IS NECESSARY. FOLLOW  
 STEPS 1-7 (a-o) COMPLETELY.

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> a. Building to all lot lines</li> <li><input checked="" type="checkbox"/> b. Building to centerline of road</li> <li><input checked="" type="checkbox"/> c. Building to lake, river, stream or pond</li> <li><input checked="" type="checkbox"/> d. Septic tank to closest lot line</li> <li><input checked="" type="checkbox"/> e. Septic tank to building</li> <li><input checked="" type="checkbox"/> f. Septic tank to well</li> <li><input checked="" type="checkbox"/> g. Septic tank to lake, river, stream or pond</li> <li><input checked="" type="checkbox"/> h. Privy to closest lot line</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> i. Privy to building</li> <li><input type="checkbox"/> j. Privy to lake, river, stream or pond</li> <li><input type="checkbox"/> k. Drain field to closest lot line</li> <li><input type="checkbox"/> l. Drain field to building</li> <li><input type="checkbox"/> m. Drain field to well</li> <li><input type="checkbox"/> n. Drain field to lake, river, stream or pond.</li> <li><input type="checkbox"/> o. Well to building</li> </ul>
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\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 You Must Contact Your Town Chairman / Clerk For More Information.  
 The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

# Temporary

## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

RECEIVED  
FEB 20 2008  
BAYFIELD CO. ZONING DEPT.

Temp \$50.00

Application No.: 08-00027

Date: \_\_\_\_\_

Zoning District: AG-1/class 3

Amount Paid: \$50.00 ROS

2/21/08

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.

LAND USE:  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Legal Description: N 1/4 of S 1/4 of the SW 1/4 of Section 19 Township 42 North, Range 5 West, Town of Eyles

Gov't Lot 1 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 5

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. # 020-1043 05 06 Use Tax Statement for Legal Description \_\_\_\_\_

Property Owner: MIKE & KRISTY MILANOWSKI Contractor: DYKSTRA CONSTRUCTION (Phone) 715-682-9599

Address of Property: 66210 US Hwy 63 Plumber \_\_\_\_\_

MADISON WI 54856 Authorized Agent: Les Dykstra (Phone) 715-682-9599

Telephone: 715 746-2487 (Home) 715-682-6640 (Work) Written Authorization Attached: Yes  No

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_ Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing  Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_

Estimated Cost of Construction \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  Mobile Home (manufactured date) Temporary

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) [Signature] Date 2/19/08

Address to send permit \_\_\_\_\_ ATACH

\* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date: 4-2-08 Permit Number: 08-00027 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Existing mobile home to be used until new residence is built to be removed within one year from the date of this permit. By Travis Telawitky Date of inspection 3/13/2008

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

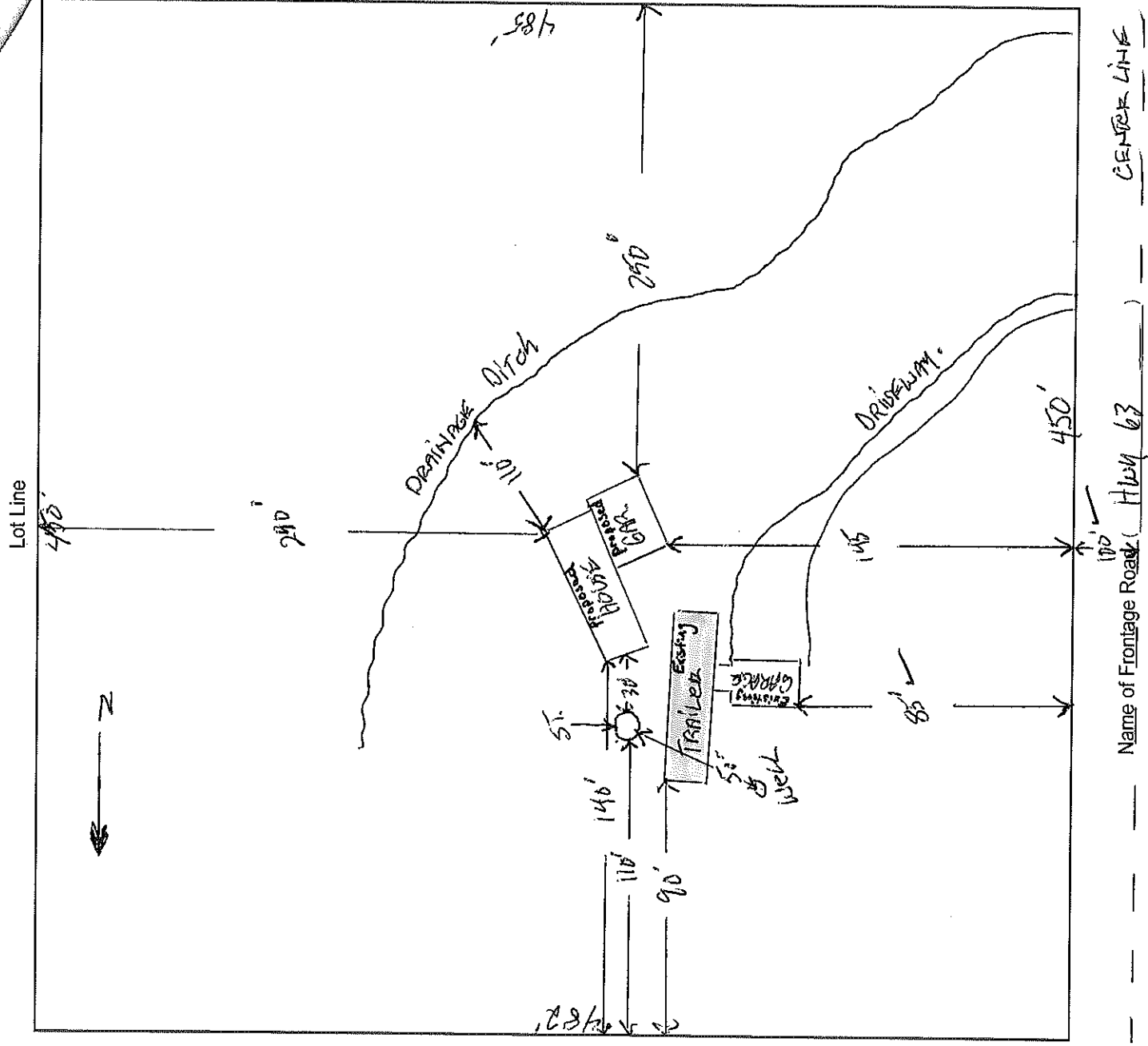
Condition: Existing Mobile home to be removed within one (1) year from the date of this permit. (Apr. 1, 2009)

Signed: Travis Telawitky Inspector \_\_\_\_\_ Date of Approval: 3/13/2008

Rec'd for Issuance \_\_\_\_\_

APR 01 2008

Sealed Staff



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- a. Building to all lot lines
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- c. Building to lake, river, stream or pond
- d. Septic tank to closest lot line
- e. Septic tank to building
- f. Septic tank to well
- g. Septic tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond.
- o. Well to building

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