

APPLICATION FOR

RECREATIONAL VEHICLE

RECEIVED
JUN 13 2012

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

Bayfield Co. Zoning Dept.

Office Use:
Zoning District/Lakes Class <u>B/L3</u>
Application No. <u>12-0208</u>
Date <u>6-28-12</u>
Fee Paid <u>\$75.00 6/13/12 RDS</u>

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

Property Owner Brett Hornich

Property Address of RV placement

67308 Lakeside Rd
IRON RIVER WI 54847

Mailing Address 3442 S. CO RD A

Telephone Superior WI 54880

Agent:

Telephone 715-392-5396

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

Zoning District:

NE 1/4 of S1/2 1/4 of Section 16 Township 47 N. Range 8 W. Town of IRON RIVER WI

Gov't Lot _____ Lot _____ Block _____ Subdivision _____

CSM # _____

Volume _____ Page _____ of Deeds Parcel I.D. # 0402424708163010030006 Acreage 6 ACRES

Additional Legal Description: 2 PAB IN NE S1/2 NW 1/4 1061 R524379A

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: New Replacement Vin # 62209003

Make of RV: Demoli Model of RV: 2700RL

FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

Rec'd for Issuance APPLICANT - PLEASE COMPLETE REVERSE SIDE

JUN 27 2012

For Office Use Only

Permit Issued: Secretarial Staff _____ Sanitary Number _____ Date _____

Issuance Date 6-28-12 Permit Number 12-0208 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: located at 67308 address representations given by home owner
ISSUED _____ BY DOL Date of Inspection 6-13-12

Variance (B.O.A.) # N Must be at least 60 ft from the boundary and other with

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 6-30-12

Signed [Signature] Inspector _____ Date of Approval 6-13-12
9/12 Supervised & signed

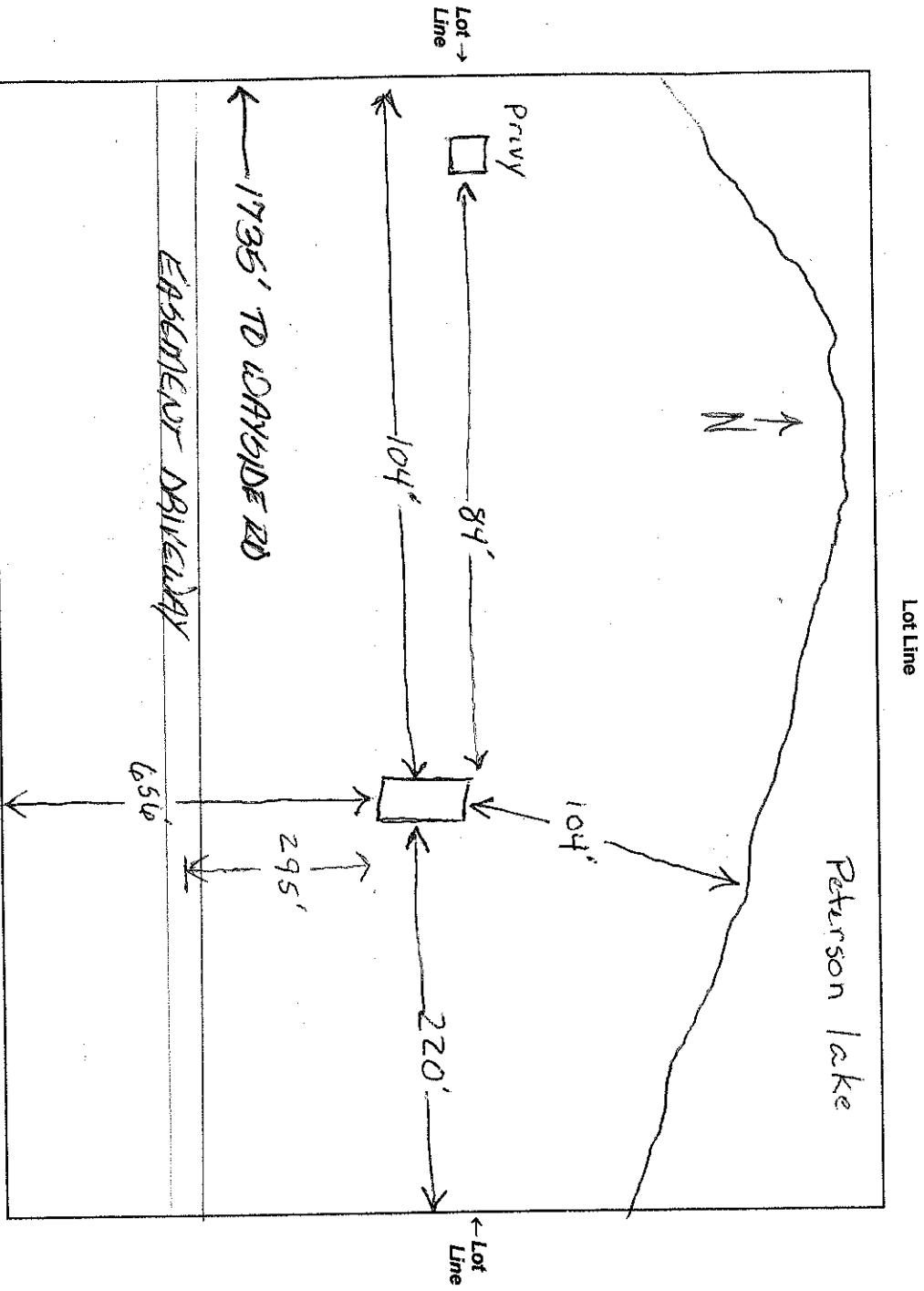
Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

IMPORTANT
Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond
- e. RV from Privy



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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

Brett Hamrick

Date

6/10/12

Address to send permit

3442 S. CO. RD A Superior, WI 54880

APPLICATION FOR
RECREATIONAL VEHICLE



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P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
JUN 13 2012

Office Use:
Zoning District/Lakes Class
Application No. 12-0209
Date 6-28-12
Fee Paid \$15.00 ROS 6/13/12

INSTRUCTIONS: No permits will be issued until all fees are paid to Bayfield Co. Zoning Dept.
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

Property Owner Brett Hornich
Mailing Address 3442 S. Co Rd A
SUPERIOR WI 54880
Telephone 715.392.5396

Property Address 67308 Lakeside Rd
of RV placement 1801 RIVER RD SUPERIOR

Agent: _____
Written Authorization Attached: Yes () No ()
Zoning District: _____

Accurate Legal Description involved in this request:

NE 1/4 of SW 1/4 of Section 16 Township 47 N. Range 8 W. Town of 1801 RIVER RD

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____
Volume _____ Page _____ of Deeds Parcel I.D. # 04024947081630100030000 Acreage _____

Additional Legal Description: 2 PARS IN NE SW 1/4 IN T18N R8W T47N ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: New Replacement Vin # 1UJJA101G1T1BN1847

Make of RV: JAYCO Model of RV: 1207

Rec'd for ISSUANCE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

JUN 28 2012

For Office Use Only

Secretarial Staff _____ Date _____
Permit Issued: _____ Sanitary Number _____
Issuance Date 6-28-12 Permit Number 12-0209 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: VEHICLE OK PER CHECKS REPRESENTATIVE'S SIGNATURE BE ISSUED
By BR Date of Inspection 6-11-12

Variance (B.O.A.) # _____
Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 6-19-12

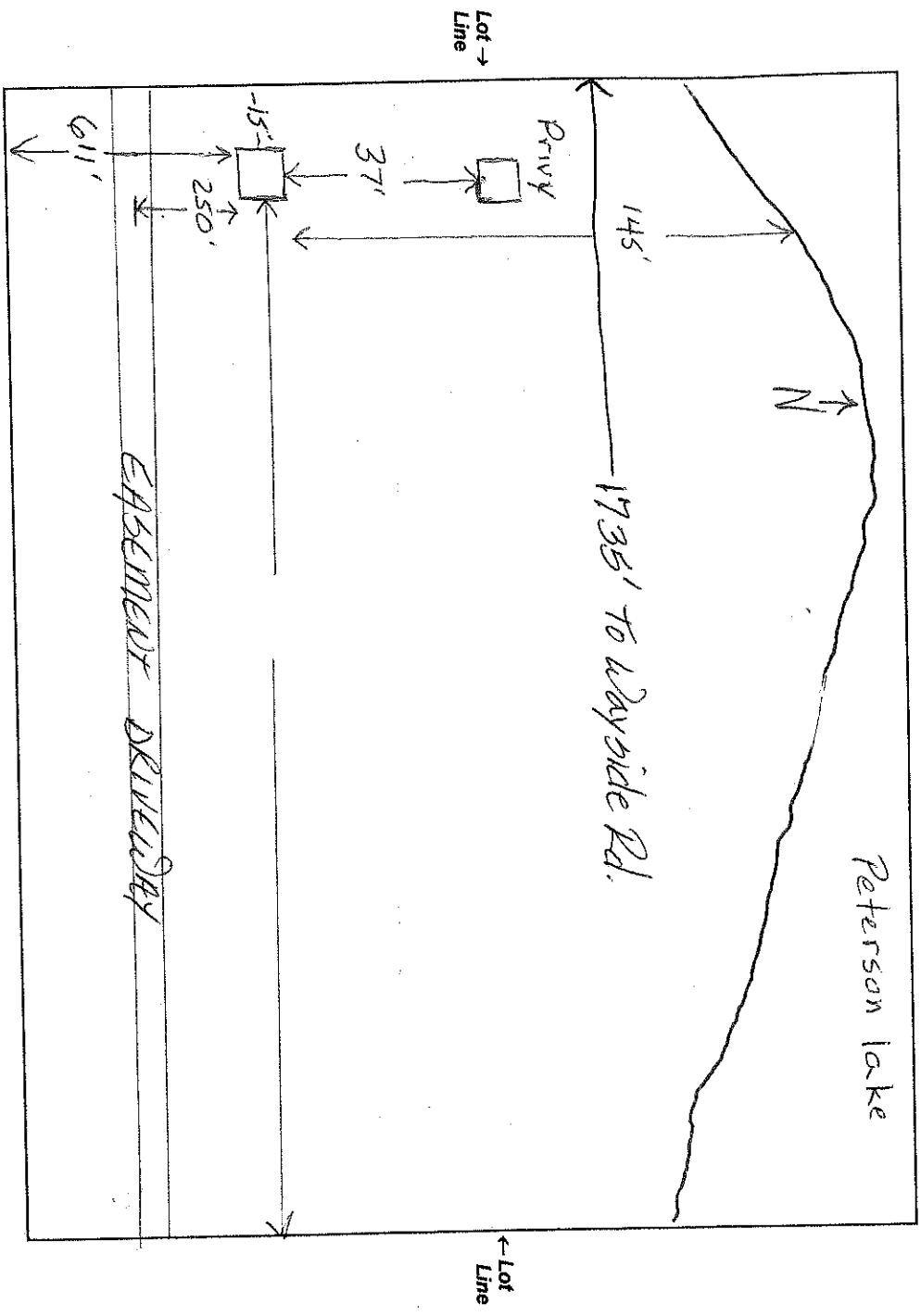
Signed [Signature] Date of Approval _____
Inspector _____
RIC'S SUPERIOR & KAYAKS

and use frontage road as a guideline, and indicate North (N) on plot plan
 Show the RV (Recreation Vehicle) location

IMPORTANT
 Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:
- a. RV from centerline of road(s).
 - b. RV from right-of-way line
 - c. RV from property lines

- d. RV from lake, river, stream or pond
- e. RV from Privy



Name Frontage Road W. Day Side Rd.

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Owner or Authorized Agent Brett Hamill Date 6/10/12
 Address to send permit 3443 S. Co Rd. A Superior, WI 54580

**APPLICATION FOR
RECREATIONAL VEHICLE**



R E C E I V E D
JUN 13 2012

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P.O. Box 58
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Office Use:	Zoning District/Lakes Class
Application No. <u>12-0810</u>	
Date <u>10-28-12</u>	
Fee Paid <u>\$75.00</u>	<u>POS 6/13/12</u>

Property Owner Brett Hornick **Property Address** 67308 Lakeside Rd
Mailing Address 3442 S. Cobble A **of RV placement** BON RIVER WI 54815
Superior, WI 54880 **Agent:** _____
Telephone 715-392-5396 **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request: NE 1/4 of SW 1/4 of Section 16 Township 47 N. Range 8 W. Town of BON RIVER, WI **Zoning District:** _____

Gov't Lot _____ **Lot** _____ **Block** _____ **Subdivision** _____ **CSM #** _____
Volume _____ **Page** _____ **of Deeds** _____ **Parcel I.D. #** 04024247081630100030000 **Acreage** 6.0000
Additional Legal Description: 2 PAR IN NE 1/4 NW 1/4 Sec 16 T47N R8W T1N R16E S74/3724 **ATTACH** _____
 Copy of Tax Statement _____

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: New Replacement **Vin #** 1SAHS04D4Y1GD2174

Make of RV: STAR **Model of RV:** 1706

Rec'd for ISSUANCE FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

JUN 28 2012

Secretarial Staff _____ **For Office Use Only**
Permit Issued: _____ **Sanitary Number** _____ **Date** _____
Issuance Date 10-28-12 **Permit Number** 12-0810 **Permit Denied (Date)** _____
Reason for Denial: 420' To down 21' 4'

Inspection Record: _____ **By** DMC **Date of Inspection** 6-13-12
Variance (B.O.A.) # _____ **Date of Inspection** _____
MUST BE AT LEAST 60' FROM THE SHORELINE FOR WATER

Condition: RV may be placed up to 4 months from issuance date. **Must be removed by:** _____
Signed [Signature] **Date of Approval** 10-19-12
Inspector _____

RV's Covered & Elected

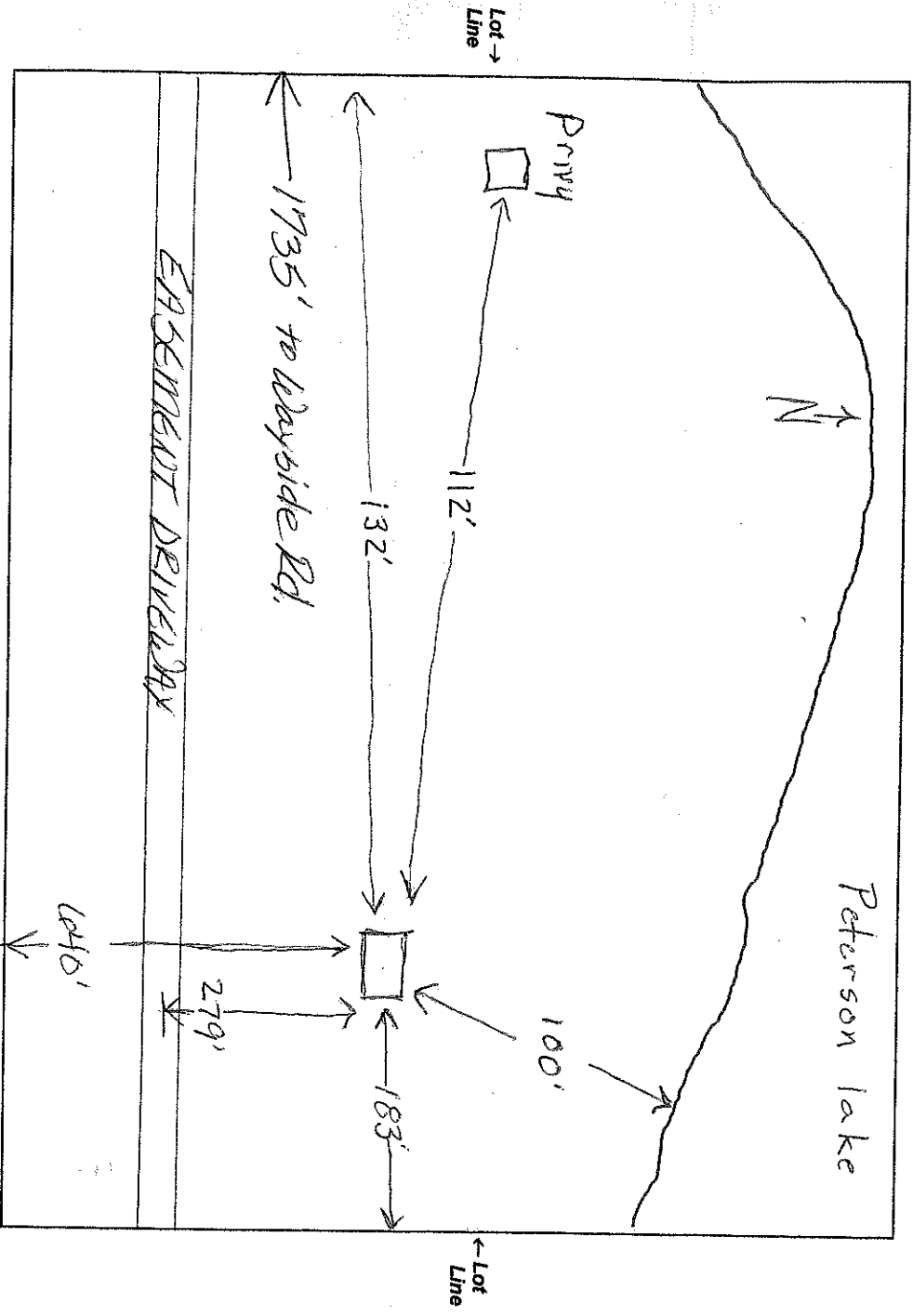
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Owner or Authorized Agent Scott Hamish Date 6/10/12

Address to send permit 3442 S. Co. Rd A Superior, WI 54880

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION**



Zoning District: R-1
Lakes Class: 3

I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name: Brett Tracey Homich JUN 13 2012

Parcel ID Test No: 41-12 County Permit No: 12-0211

Address of Property: 67308 WAYSIDE RD

Bayfield Co. Zoning Dept. 1E 1/4 SW 1/4 S 16 T 47 N R 8

Property Location: 1E 1/4 SW 1/4 S 16 T 47 N R 8 (or W)

Property Owner's Mailing Address: 3442 S CARD A

Township: LDON RIVER Gov. Lot #:

City, State: SUPERIOR, WI

Zip Code: 54880

Phone Number: 715397-5326

Lot #:

Block #:

Subdivision Name or CSM #:

II. TYPE OF BUILDING (Check One)

- State Owned
 Public (Explain the use/purpose Camp)
 1 or 2 Family Dwelling - No. of Bedrooms 1

Parcel ID Tax Number(s): 04024847 06 16 30112230000

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

- A) New Replacement County Private Interceptor
 Reconnection Repair Revision ** Transfer of Owner (List Previous Owner below)
- B) A Sanitary Permit was previously issued. Previous Permit Number: _____ Date issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) *Replacements need previous permit number and date filled out above

- C) Pit Privy Vault Privy (Vault size: _____ gallons or _____ cubic yards)
 Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day _____ 2. Absorp. Area Required (Sq. Ft.) _____ 3. Absorp. Area Proposed (Sq. Ft.) _____ 4. Loading Rate (Gals. / Day / Sq. Ft.) _____ 5. Perc. Rate (Min. Inch) _____ 6. System Elev. (Feet) _____ 7. Final Grade Elev. (Feet) _____

VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank											
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's / Owner's Name: (Print) Brett Homich Plumber's / Owner's Signature: (No Stamps) Brett Homich MP/MPPRSW No.:

Plumber's Address: (Street, City State, Zip Code) 3442 S. Co Rd. A Superior, WI. 54880

Home Phone: (715) 392-5396

Business Phone:

VIII. COUNTY / DEPARTMENT USE ONLY

Approved Disapproved Owner Given Initial Adverse Determination

Sanitary Permit/Transfer Fee: \$150.00 RAS Date Issued: 6/13/12 Issuing Agent's Signature / Date: [Signature] 6-20-12

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: