

STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 D E E P W E D  
 Date Form Received  
 JUN 28 2012  
 Bayfield Co. Zoning Dept.

Permit #: 10-0303  
 Date: 7-3-12  
 Amount Paid: \$ 250.00  
 Refund: FOS 6/28/12

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: Jeffery A. Kaszoka Mailing Address: West 221 South 7415 City/State/Zip: Muskego, WI 53150 Telephone: (614)-349-9250

Address of Property: City/State/Zip: Muskego, WI 53150 Cell Phone:

Contractor: Cedar Brook Construction, LLC (251) 278-3400 Contractor Phone: Plumber: Plumbers  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-209-0625 38810 Jensen Rd Muskego, WI 53150 Written Authorization Attached  Yes  No

PROJECT LOCATION: SE 1/4, SW 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage

Section 15, Township 46 N, Range 5 W Town of: Kelly

Distance Structure is from Shoreline: Distance Structure is from Shoreline: 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
\$ 60,000.00	New Construction	1-Story	Seasonal	1	Municipal/City	<input type="checkbox"/> City <input type="checkbox"/> Well
	Addition/Alteration	1-Story + Loft	Year Round	2	(New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
	Conversion	2-Story	AG	3	Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> MANS
	Relocate (existing bldg)	Basement	Storage		Privy (Pit) or Vaulted (min 200 gallon)	
	Run a Business on Property	No Basement			Portable (w/service contract)	
		Foundation			Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 72' Width: 38' Height: 20' to peak  
 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	38' X 72'	2736
	Residence (i.e. cabin, hunting shack, etc.)		
	with Loft		
	with a Porch		
	with (2 <sup>nd</sup> ) Porch		
	with a Deck		
	with (2 <sup>nd</sup> ) 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)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
<input type="checkbox"/> Municipal Use	Special Use: (explain)		
	Conditional Use: (explain)		
	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 within 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) Jeffery A. Kaszoka and Carole D. Kaszoka  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)

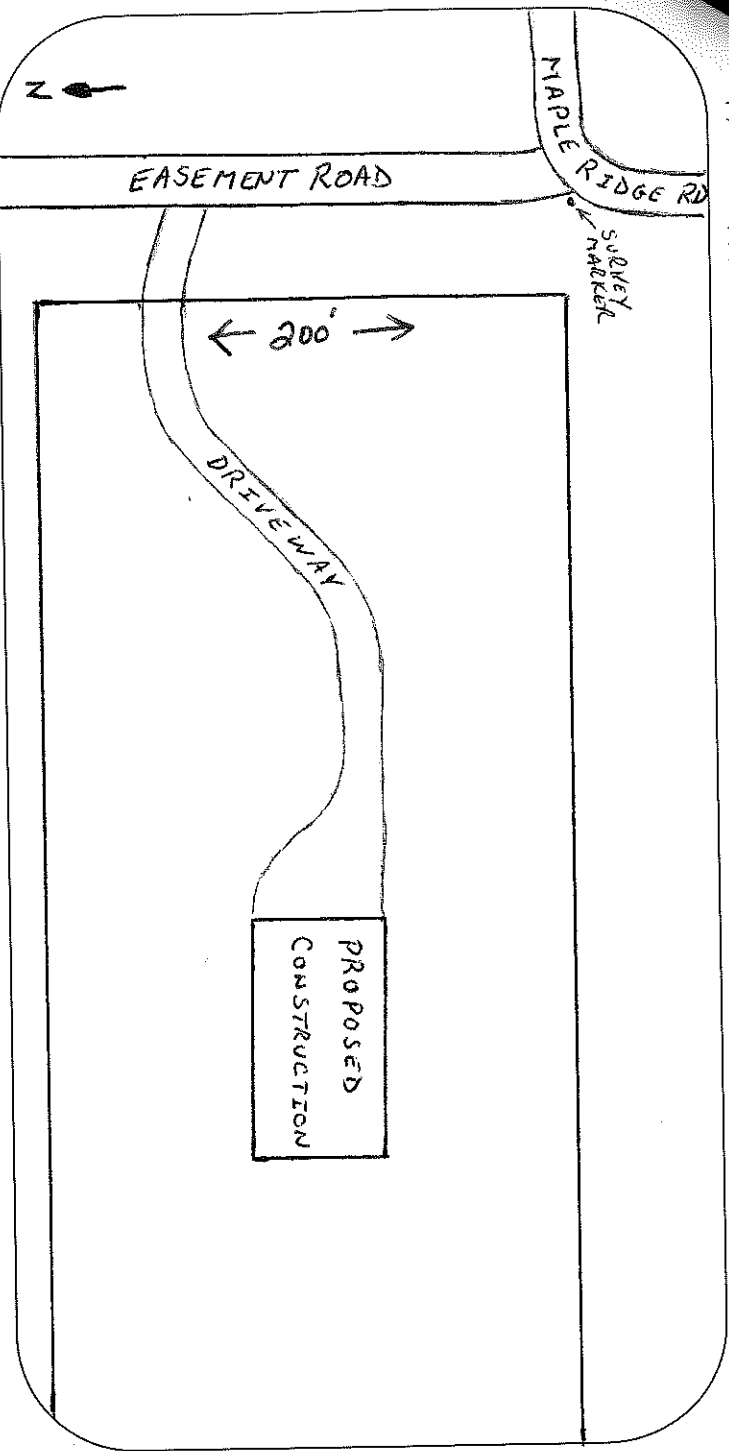
Authorized Agent: \_\_\_\_\_ Date: 6/25/12

Rec'd for Issuance WEST 221 SOUTH 7415 CAROL DR. MUSKEGO, WI 53150 Attach  
 Address to send permit JUL 3 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Secretarial Staff

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)

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	381 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	313 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	82 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1195 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	280 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

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 or marked by a licensed surveyor at the owner's expense.

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 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 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 #: 19-00023	Permit Date: 7-3-12			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District	(A-1)	
Will be used for human habitation		Lakes Classification	(ND)	
Date of Inspection: 6-29-12	Inspected by: M. Frisvold	Date of Re-Inspection:		
Condition(s) Town Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)			
No water under pressure in structure.				
Signature of Inspector: Michael Frisvold				
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:
				Hold For Fees: <input type="checkbox"/>
				Date of Approval: 6-29-12