

**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**

**R E C E I V E D**  
**FEB 26 2008**

Bayfield Co. Zoning Dept.

Application No: 08-0126  
 Date: ENTERED  
 Zoning District: AG-1  
 Amount Paid: \_\_\_\_\_

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 B

Legal Description SE 1/4 of SE 1/4 of Section 28 Township 47 North, Range 6 West, Town of Keystone

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 10 Acreage 10

Volume 784 Page 475 of Deeds Parcel I.D. # 04-028-2-47-06-28-4 Use Tax Statement for Legal Description 4-000-30000  
 Property Owner Wayne Stork Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 21970 Keystone Rd Plumber \_\_\_\_\_  
Mason WI 54856 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-746-2300 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 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   
 Estimated Cost of Construction \_\_\_\_\_ Square Footage \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing   
 Basement: Yes \_\_\_\_\_ No  Number of Stories Attendant Conventional  
 Privy \_\_\_\_\_ City \_\_\_\_\_

- USE:**
- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_
  - \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
  - Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_
  - \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_
  - Residential Addition / Alteration (explain) \_\_\_\_\_
  - Residential Accessory Building (explain) \_\_\_\_\_
  - Residential Accessory Building Addition (explain) \_\_\_\_\_
  - Residential Other (explain) \_\_\_\_\_
  - Mobile Home (manufactured date) \_\_\_\_\_
  - Commercial Principal Building \_\_\_\_\_
  - Commercial Principal Building Addition (explain) \_\_\_\_\_
  - Commercial Accessory Building (explain) \_\_\_\_\_
  - Commercial Accessory Building Addition (explain) \_\_\_\_\_
  - Commercial Other (explain) \_\_\_\_\_
  - Special/Conditional Use (explain) Home Business (woodworking store)
  - External Improvements to Principal Building (explain) \_\_\_\_\_
  - External Improvements to Accessory Building (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) Wayne Stork Date \_\_\_\_\_  
 Address to send permit 21970 Keystone Rd Mason, WI 54856 ATTACH Copy of Tax Statement

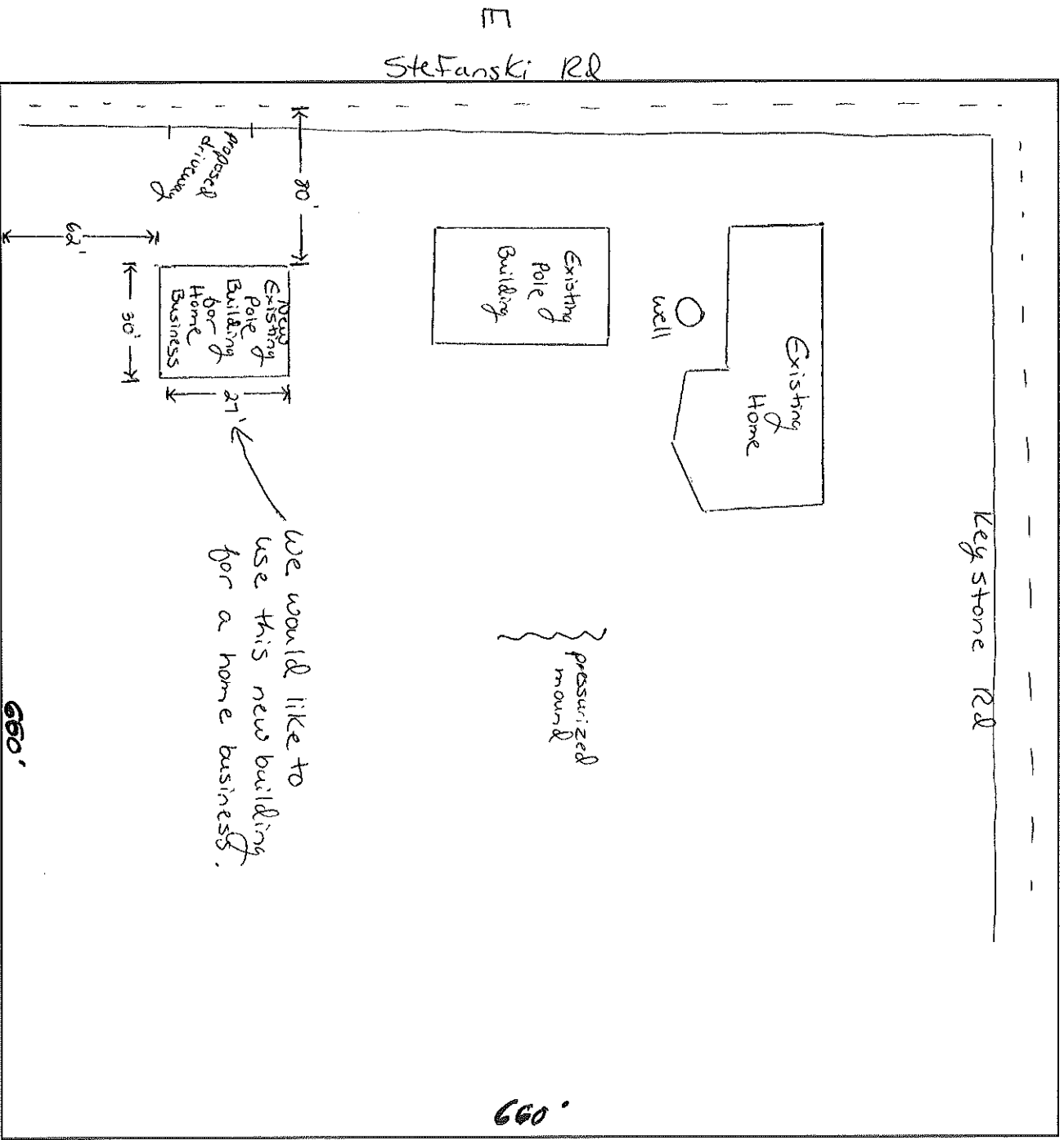
\* See Notice on Back **APPLICANT — PLEASE COMPLETE REVERSE SIDE** Attach a Copy of Recorded Deed

Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 5/13/08 Permit Number 08-0126 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Home-based business for woodworking & retail sales located out of existing accessory building. Requires special the class B permit.  
 By Travis Tulowitzky Date of Inspection 5/13/2008  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: Per recorded Affidavit.  
 Signed Travis Tulowitzky Date of Approval 5/13/2008  
 Inspector \_\_\_\_\_

Permit Issued: \_\_\_\_\_  
 Date of Issuance: May 13 2008

S  
Lot Line



Name of Frontage Road ( Stefanski Rd )

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:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - 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

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

\*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.



**APPLICATION FOR SIGN**

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

**RECEIVED**  
MAY 01 2008

Bayfield Co. Zoning Dept.

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

Office Use:  
Application No. 08-0127  
Date \_\_\_\_\_  
Fee Paid \$50.00 PDS  
5/11/08

**Applicant** Wayne & Andrea Stock Contractor Self  
**Address** 21970 Keystone Rd Authorized Agent \_\_\_\_\_  
Mason WI 54856 Agent's Telephone \_\_\_\_\_  
**Telephone** 715-746-2300 Written Authorization Attached: Yes ( ) No ( )

**Accurate Legal Description involved in this request:** AI  
SE 1/4 of SE 1/4 of Section 28 Township 47 N. Range 6 W. Town of Keystone Zoning District: \_\_\_\_\_  
**Gov't Lot** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Subdivision** \_\_\_\_\_ **CSM #** \_\_\_\_\_  
**Volume** 784 **Page** 475 **of Deeds** **Parcel I.D. #** 04 0003 0000  
04 028-2-47-06-28-4 **ACREAGE** 10

**Additional Legal Description:** \_\_\_\_\_ **ATTACH** Copy of \_\_\_\_\_  
**Sign:** On-premise  Off-premise  **Sign:** New  Replacement  **Tax Statement**  
**Size of Sign:** 2' 3/4" **Feet by** 6 **Feet** **Height of Sign:** 6 **Feet** from grade to top of Sign

**If this sign is off-premise, owner of property must complete the following:**  
I, \_\_\_\_\_, owner of the above described property, do hereby give  
my authorization for \_\_\_\_\_ to erect and maintain a sign on my property.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner  
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
APPLICANT - PLEASE COMPLETE REVERSE SIDE

**For Office Use Only**

**Permit Issued:** \_\_\_\_\_  
**Date** 5/13/08 **Permit Number** 08-0127 **Permit Denied (Date)** \_\_\_\_\_  
**Reason for Denial:** \_\_\_\_\_  
**Inspection Record:** Meets code requirements per owner's representation. Owner present at time of inspection verified proposed sign location + By Travis Talbot Date of Inspection 5/13/2008  
**Variance (B.O.A.) #** \_\_\_\_\_  
**Condition** \_\_\_\_\_  
Signed Travis Talbot Inspector 5/13/2008 Date of Approval  
MAY 13 2008

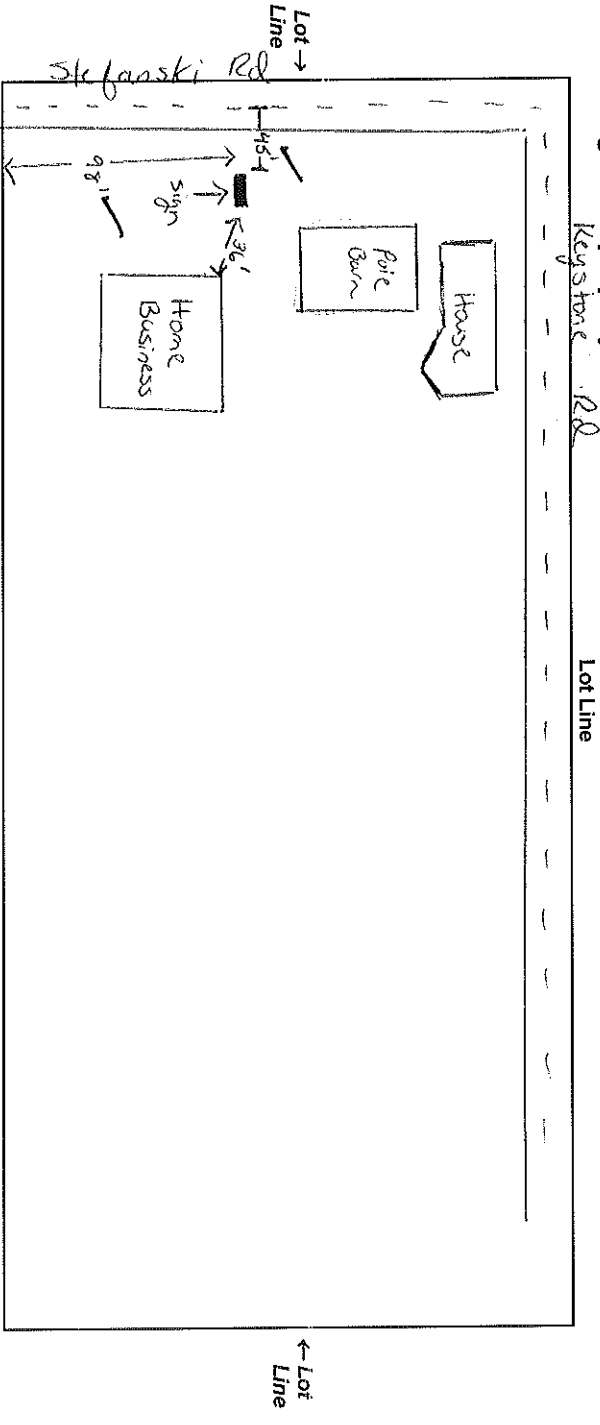
1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the sign location

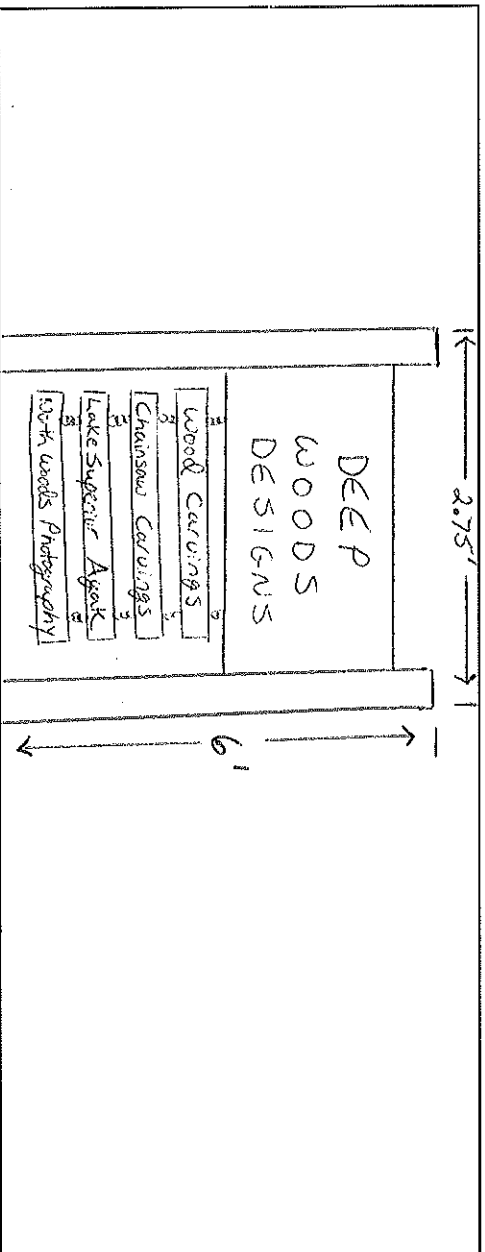
3. Show dimensions in feet on the following:

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

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



Name Frontage Road ( Stefanski )  
 NOTICE: The local town, village, city, state or federal agencies may also require permits.  
 Sign Plan  
 (Fill in Information Desired on Sign)



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.

I, the undersigned, attest that the information contained herein is accurate and true.

Arden Stack Applicant's/ Agent's Signature  
2970 Keystone Rd Address to Mail Permit to  
4/27/08 Date