

Bayfield

REGISTERED APPLICATION, TAX AND FEE TO: Bayfield County Zoning Department, 54891

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
RECEIVED
APR 02 2012
Bayfield Co. Zoning Dept.

Permit #: 10-0126
Date: 5-16-09
Amount Paid: \$ 75.00 BBS
Refund: 4/5/12

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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Ray Drestkovich Mailing Address: 19805 Keystone Rd Mason WI 54856 Telephone: 7157462307

Address of Property: Same City/State/Zip: Same Agent Phone: Same Agent Mailing Address (include City/State/Zip): Same Written Authorization Attached Yes No

Contractor: Same Contractor Phone: Same Plumber: Same Plumber Phone: Same

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Same Agent Phone: Same Agent Mailing Address (include City/State/Zip): Same Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, SE 1/4 South of Road Legal Description: (Use Tax Statement) 04-028-2-47-06-30-41 PIN: (23 digits) 04-028-2-47-06-30-41 Recorded Document: (i.e. Property Ownership) 749 Page(s) 165

Section 30, Township 47 N, Range 6 W Town of: Keystone Lot Size: 6 Acreage: 6

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 175 Distance Structure is from Shoreline: 175 feet Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Distance Structure is from Shoreline: 175 feet No Yes

Non-Shoreland

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
\$ <u>1,000</u>	<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"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>MOUND</u> <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 20' Width: 20' Height: 14'

Proposed Construction: Length: 20' Width: 20' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)
<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) _____	(<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>)
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>garage</u> Accessory Building Addition/Alteration (specify) _____ Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)

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): Raymond Drestkovich & Judith C. Drestkovich Date 3-30-12
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

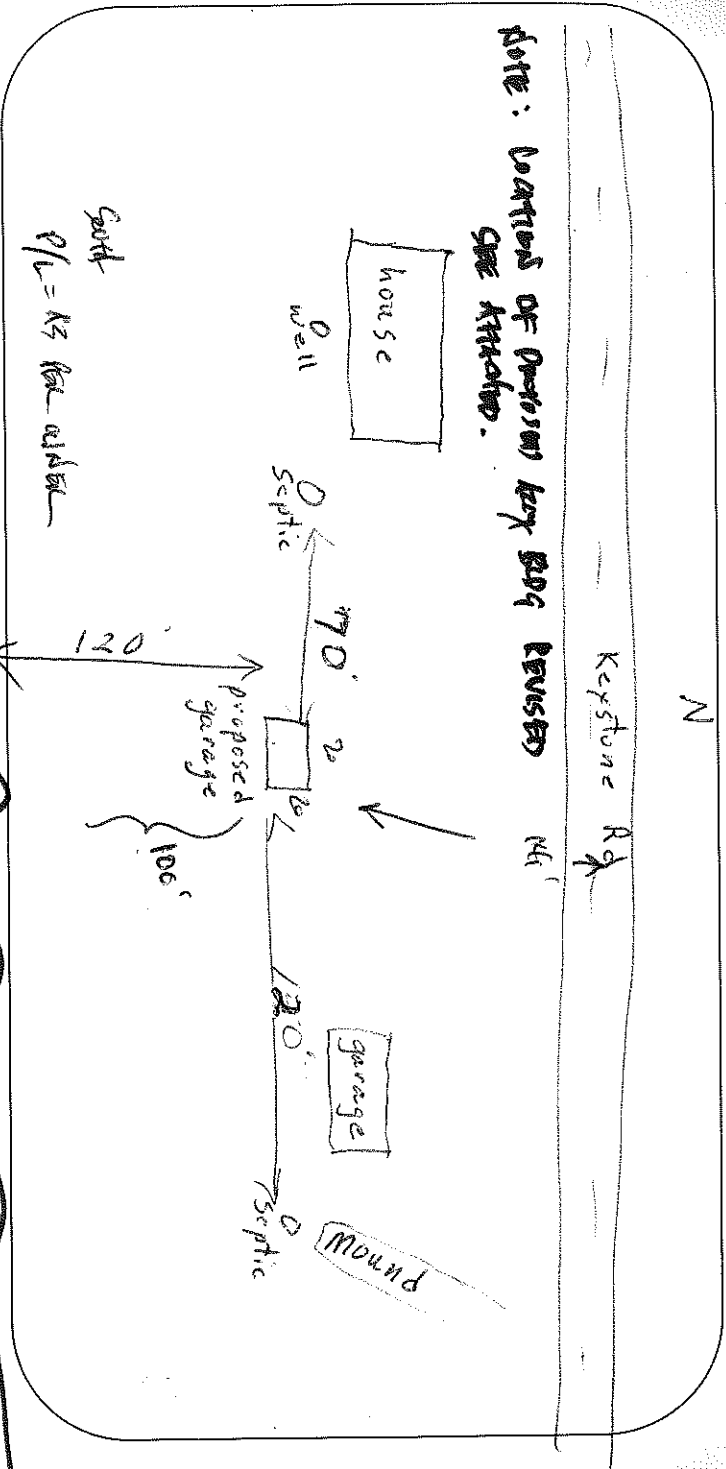
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance _____ Attach
Address to send permit _____ Copy of Tax Statement
MAY 16 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



NOTE: VARIATION OF DIMENSION BY BDD REVERSED SEE ATTACHED.

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	140' 0"	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	185' Feet
Setback from the North Lot Line	187' 0"	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	6' 0"	Setback from Wetland	Feet
Setback from the West Lot Line	345' 0"	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	712' 0"	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7' 0"	Setback to Well	120' Feet
Setback to Drain Field	180' Feet		

Setback to Privy (Portable, Composting) 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.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: 60225 # of bedrooms: _____ Sanitary: 2885

Permit #: 12-01816 Permit Date: 5-16-12

Is Parcel a Sub-Standard Lot Yes No (based on Record) Yes No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: PERIOD OF NON-VALIDITY DUE TO VIOLATION OF HISTORIC DESIGN PDG LOCATED AT VERNACULAR BY OWNER MEETS CODE REQUIREMENTS & REPAIR WORK BE BEING

Date of Inspection: 4/24/12 Inspected by: DDC

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

Signature of Inspector: _____ Date of Approval: 5-16-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Sanitary & Sealed