

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 DATE SIGNED: AUG 07 2012  
 BAYFIELD COUNTY ZONING DEPT.

Permit #: 10-0304 EXTENDED  
 Date: 8-17-10  
 Amount Paid: \$75.00  
 Refund: 8/1/12

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 FILE 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: Georgero Kovan Mailing Address: 22655 Kegstone Rd City/State/Zip: MASON WI 54856 Telephone: 715-298-2389

Address of Property: 22655 Kegstone Rd City/State/Zip: MASON WI 54856 Cell Phone: 715-298-2389

Contractor: NA Contractor Phone: NA Plumber: NA Plumber Phone: NA

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

PROJECT LOCATION: NE 1/4, B55E 1/4 Legal Description: (Use Tax Statement) PIN: 04-028-2-47-06-34-402-000-1000 Recorded Document: (i.e. Property Ownership) 04/09/08-2-47-06-34-400 Page(s) 1

Section 34, Township 47 N, Range 6 W Town of: Kegstone Lot Size 40ac.

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  Distance Structure is from Shoreline: NA feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue  Distance Structure is from Shoreline: NA feet

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
\$91,000	New Construction	1-Story	Seasonal	1	Municipal/City	<input type="checkbox"/> City
	Addition/Alteration	1st/2nd Floor	Year Round	NA	(New) Sanitary Specify Type: <u>NA</u>	<input type="checkbox"/> Well
	Conversion	2-Story		NA	Sanitary (Exists) Specify Type: <u>NA</u>	<input type="checkbox"/>
	Relocate (existing bldg)	Basement			Privy (Pit) or Vaulted (min 200 gallon)	
	Run a Business on Property	No Basement			Portable (w/service contract)	
		Foundation			Compost Toilet	
					None	

Existing Structure: (If permit being applied for is relevant to it) Length: 96' Width: 40' Height: 14'2"

Proposed Construction: Length: 96' Width: 40' Height: 14'2"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) X ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
<input type="checkbox"/>	with Loft	( ) X ( )	( )
<input type="checkbox"/>	with a Porch	( ) X ( )	( )
<input type="checkbox"/>	with (2nd) Porch	( ) X ( )	( )
<input type="checkbox"/>	with a Deck	( ) X ( )	( )
<input type="checkbox"/>	with (2nd) Deck	( ) X ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary <u>OR</u> ( ) sleeping quarters, <u>OR</u> ( ) cooking & food prep facilities)	( ) X ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/>	Accessory Building (specify)	( ) X ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/>	Special Use: (explain)	( ) X ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	( )
<input type="checkbox"/>	other: (explain) <u>AG BUILDING AP Land MACHINESHED 40 x 96</u>	( ) X ( )	( )

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 any reasonable time for the purpose of inspection.

Owner(s): George & Mary Date: 8-5-12

(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: \_\_\_\_\_

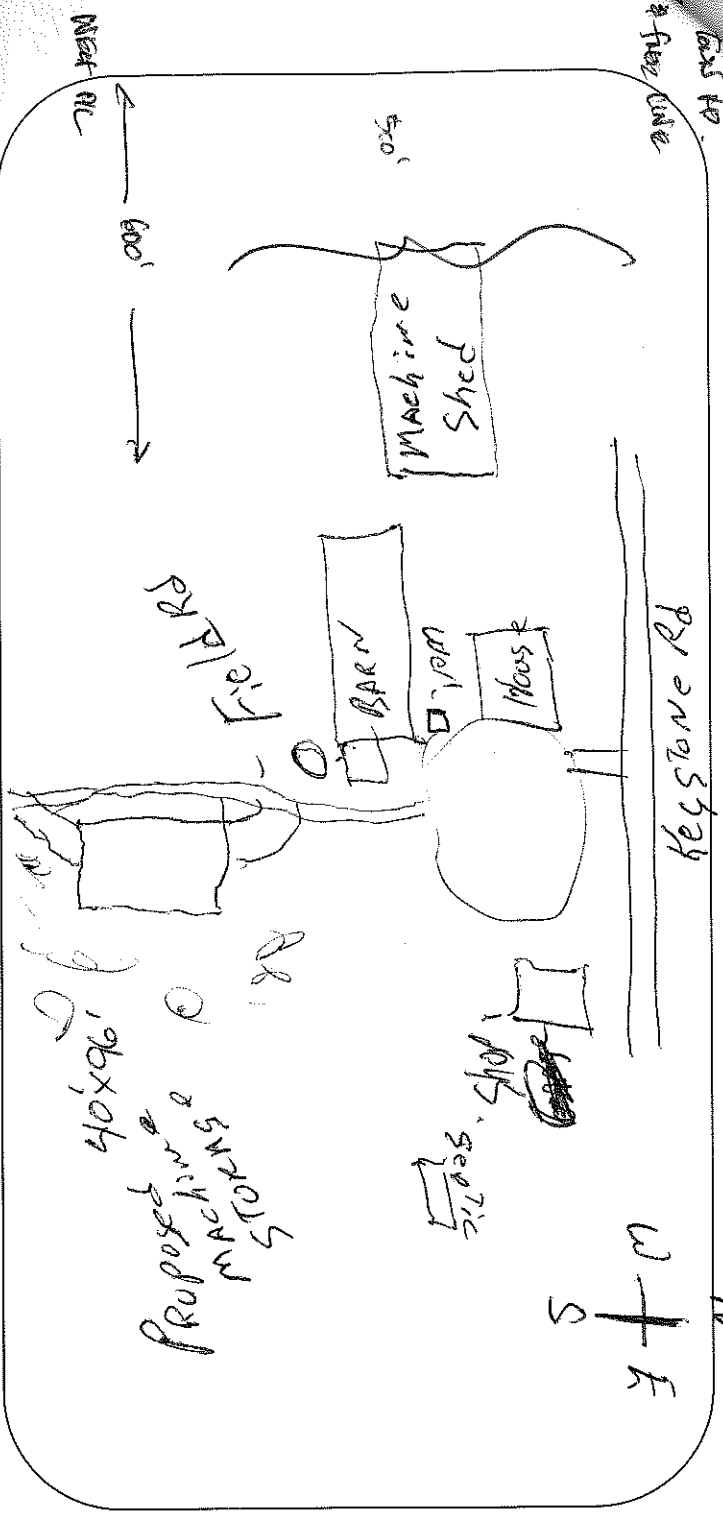
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance \_\_\_\_\_ Attach  
 Address to send permit 22655 Kegstone Rd Mason WI 54856 Copy of Tax Statement  
 AUG 17 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)

- Proposed Construction
- (1) Show Location of:
    - (\*) North (N) on Plot Plan
    - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
    - All Existing Structures on your Property
  - (2) Show / Indicate:
  - (3) Show Location of (\*):
    - (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
    - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
    - (\*) Wetlands; or (\*) Slopes over 20%
  - (4) Show:
  - (5) Show any (\*):
  - (6) Show any (\*):
  - (7) Show any (\*):



(8) Setbacks: (measured to the closest point)  
Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600' Feet	Setback from the Lake (ordinary high-water mark)	75'
Setback from the Established Right-of-Way	100' Feet	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	500' Feet	Setback from the Bank or Bluff	75'
Setback from the South Lot Line	500' Feet	Setback from Wetland	75'
Setback from the West Lot Line	600' Feet	Setback from 20% Slope Area	75'
Setback from the East Lot Line	600' Feet	Elevation of Floodplain	75'
Setback to Septic Tank or Holding Tank	> 50' Feet	Setback to Well	75'
Setback to Drain Field	> 100' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

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

Permit #: B-63016 Permit Date: 8-17-12

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  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  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: Site for structure removed as per owner's representations all structure setbacks met. Permit will be issued.

Date of Inspection: 8-16-12 Inspected by: DC

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

Signature of Inspector: [Signature] Date of Approval: 8-16-12

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 RECEIVED  
 AUG 07 2012

Bayfield Co. Zoning Dept.

Permit #:	12-0307
Date:	8-17-12
Amount Paid:	\$75.00 ROS
Refund:	8/21/12

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: Telery Koval George A Koval Mailing Address: 64610 Ven Erdel Ln City/State/Zip: Mason WI 54856 Telephone: 715-246-2646

Address of Property: 64610 Ven Erdel Ln City/State/Zip: Mason WI 54856 Contractor Phone: 715-746-3381 Cell Phone: 715-415-0192

Contractor: Mason WI 54856 Plumber: 715-209-0057 Plumber Phone:

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

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot NA Lot(s) NA CSM NA Vol & Page NA Lot(s) No. NA Block(s) No. NA Subdivision: NA Volume NA Page(s) NA

Section 34, Township 47E N. Range 6 W. Town of: Keystone Lot Size NA Acreage 40

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes  No Distance Structure is from Shoreline: NA feet Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  Yes  No Distance Structure is from Shoreline: NA feet

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>7732</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"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exst) Specify Type: <u>Drain Field</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: <u>32'</u>	Width: <u>30'</u>	Height: <u>10'6"</u>			
Proposed Construction:	Length: <u>32'</u>	Width: <u>30'</u>	Height: <u>10'6"</u>			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<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)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Mobile Home (manufactured date)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Accessory Building (specify) <u>Garage / Storage</u>	( <u>30</u> X <u>33</u> )	<u>960</u>
	Accessory Building Addition/Alteration (specify)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Special Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Conditional Use: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	Other: (explain)	( <input type="checkbox"/> X <input type="checkbox"/> )	

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 the 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): George A Koval Date 8-5-2012  
 (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) Attach

Rec'd for Issuance 2012.55 Kristine Rd Mason, WI 54856 Copy of Tax Statement  
 Address to send permit 2012.55 Kristine Rd Mason, WI 54856 If you recently purchased the property send your Recorded Deed

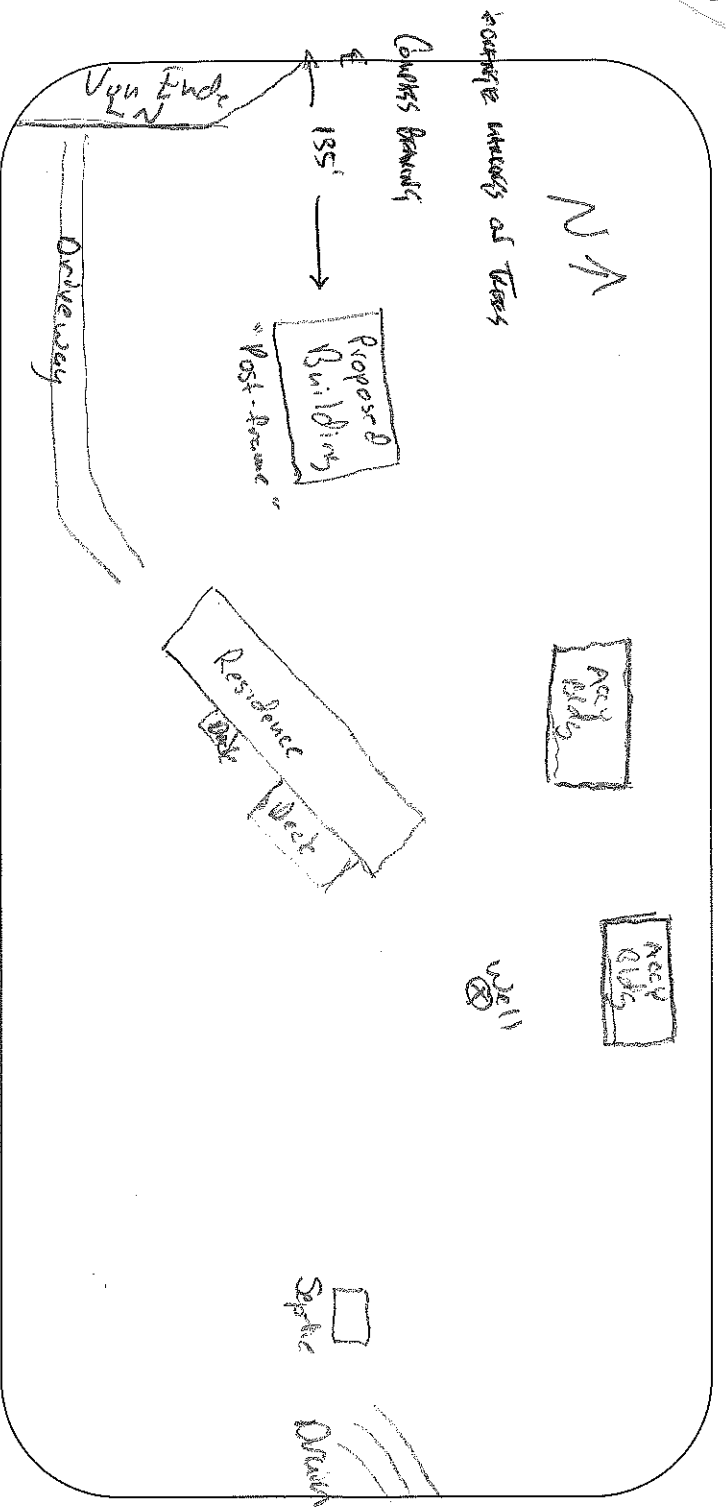
AUG 17 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	350 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	900 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	135' 1300' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	120' + 120' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	330 Feet	Setback to Well	175 Feet
Setback to Drain Field	350 Feet		
Setback to Privy (Portable, Composting)	Feet		

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.

<b>Issuance Information (County Use Only)</b>	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: <b>19-0307</b>	Permit Date: <b>8-17-12</b>		
Is Parcel a Sub-Standard Lot Is Parcel In Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <b>STRUCTURE (ASSESSOR LOCATIONS &amp; PERMITS) FOR SEPTIC TANKS ARE SEPARATE ARE NOT AS THE E.O. PERMIT MAY BE ISSUED</b>		Zoning District Lakes Classification ( )	( A ) ( )
Date of Inspection: <b>8-16-12</b>	Inspected by: <b>DK</b>	Date of Re-Inspection:	

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

Signature of Inspector: <b>DK</b>	Date of Approval: <b>8-16-12</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>
Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>