

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp/Recorded
 SEP 27 2013

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website: www.bayfieldcounty.org/zoning.asp)

Permit #:	13-0341
Date:	10-2-13
Amount Paid:	\$75
Refund:	9-27-13



TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Patrick P. Tosch
Mailing Address: 3093D Weibel Rd., Washburn, WI 54991
City/State/Zip: Washburn, WI 54991
Telephone: 715-202-2284

Address of Property: 3093D Weibel Rd.
Contractor: Washburn, WI 54991
Contractor Phone: Plumber:
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: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-008-2-48-05-13-1-04-000-30000
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.:
 Subdivision: Recorded Document: (i.e. Property Ownership) Volume 893 Page(s) 130

Section 13, Township 48 N, Range RS W
 Town of: Barksdale

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If yes---continue If yes---continue

Distance Structure is from Shoreline: 200 feet
 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
\$ 140,000.00	<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 type="checkbox"/> Pole Barn	<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: ST <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Ft. Width: 30 Ft. Height: 14 Ft.
 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/>	with Loft	()	()
<input type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	with (2 nd) Porch	()	()
<input type="checkbox"/>	with a Deck	()	()
<input type="checkbox"/>	with (2 nd) Deck	()	()
<input type="checkbox"/>	with Attached Garage	()	()
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input type="checkbox"/>	Addition/Alteration (specify)	()	()
<input checked="" type="checkbox"/>	Accessory Building (specify) Pole Barn	(30 X 40)	(1200)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/>	Special Use: (explain)	()	()
<input type="checkbox"/>	Conditional Use: (explain)	()	()
<input type="checkbox"/>	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

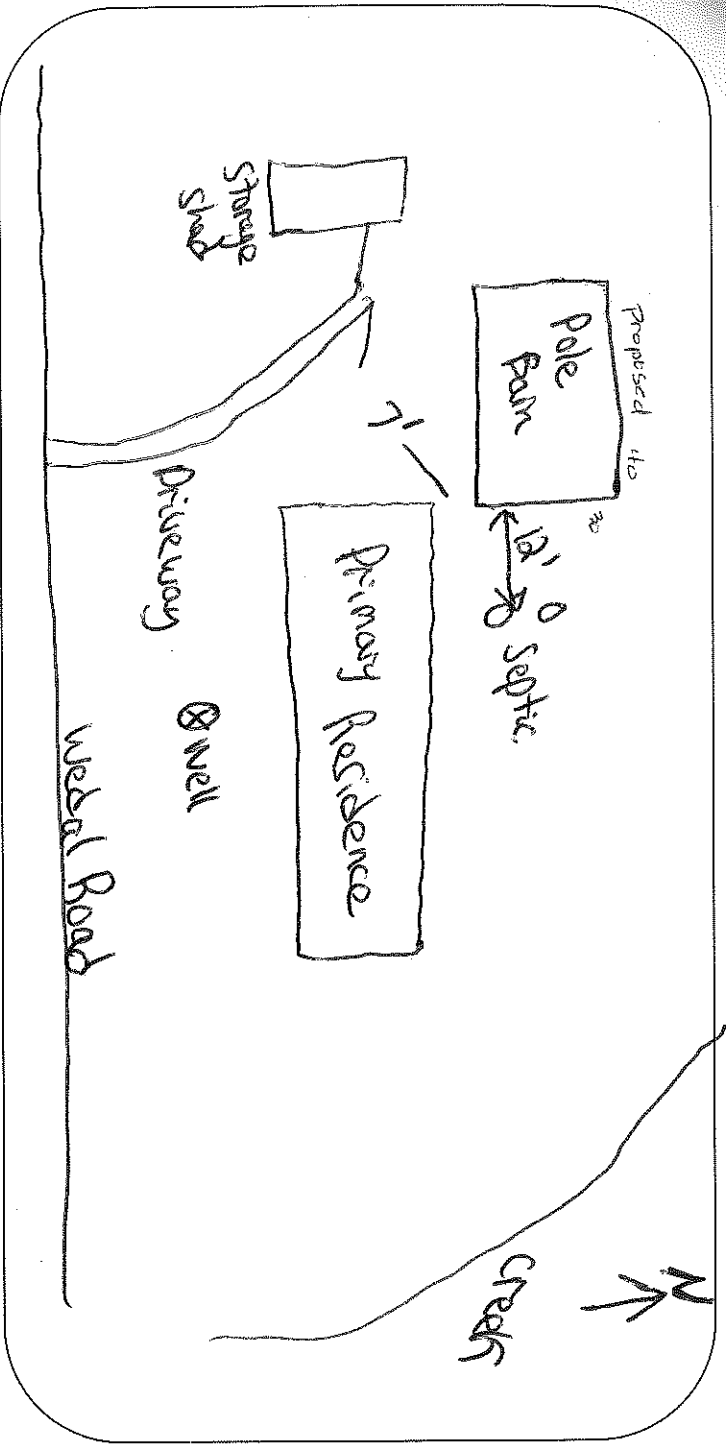
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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 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): Patrick P. Tosch
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: Sept. 2013

Authorized Agent: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Attach
 Copy of Tax Statement

Address to send permit: 3093D Weibel Rd., Washburn, WI 54991
 If you recently purchased the property send your Recorded Deed

- 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	342 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River Stream, Creek	200 Feet
Setback from the North Lot Line	52 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	57 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	460 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	— Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	7 Feet	Setback to Well	100 Feet
Setback to Drain Field	10 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 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: 425194 # of bedrooms: 3 Sanitary Date: 6.2.2004

Permit Denied (Date): Reason for Denial:

Permit #: 13-0341 Permit Date: 10-2-13

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Deed of Record) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A

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

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspection Record: Property Line Represented by Marked Fence Posts. Yes No

Inspected by: J. Crews

Date of Inspection: 10-1-13

Inspected by: J. Crews

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

No Soil Disturbance shall occur w/in 10 FT of the mound. No sale of material or equipment shall be operated w/in 5 FT from the mound. All runoff shall be diverted away from mound.

Signature of Inspector: [Signature]

Date of Approval: 10-1-13

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
 SEP 25 2013
 Date Stamp (Received)
 Bayfield Co. Zoning Dept.

Permit #:	13-0343	ENTERED
Date:	10-2-13	
Amount Paid:	\$519	
Refund:	9-20-13	

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: KRISTINE L LULICH
 Address of Property: 26515 CHERYVILLE RD
 City/State/Zip: ASHLAND, WI 54806
 Telephone: _____
 Cell Phone: _____

Contractor: LIPKA CONSTRUCTION INC.
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: 715-685-0855
 Agent Phone: _____
 Plumber: BLAKEMAN Plumbing And Heating
 Agent Mailing Address (include City/State/Zip): _____
 Plumber Phone: 715-682-6050
 Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, SE 1/4
 Legal Description: (Use Tax Statement) P1N: (23 digits) 04-002-2-48-05-32-4 02-006-32000
 Gov't Lot: _____ Lot(s): 1 CSM: 1729 Vol & Page: V10 P159 Lot(s) No.: _____ Block(s) No.: _____
 Section: 32, Township: 48 N, Range: 05 W
 Town of: BARKSDALE
 Lot Size: _____ Acreage: 5.25

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
 If Yes---continue No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from 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
\$ 173,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/AAlteration <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 checked="" type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>PEP</u> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> 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

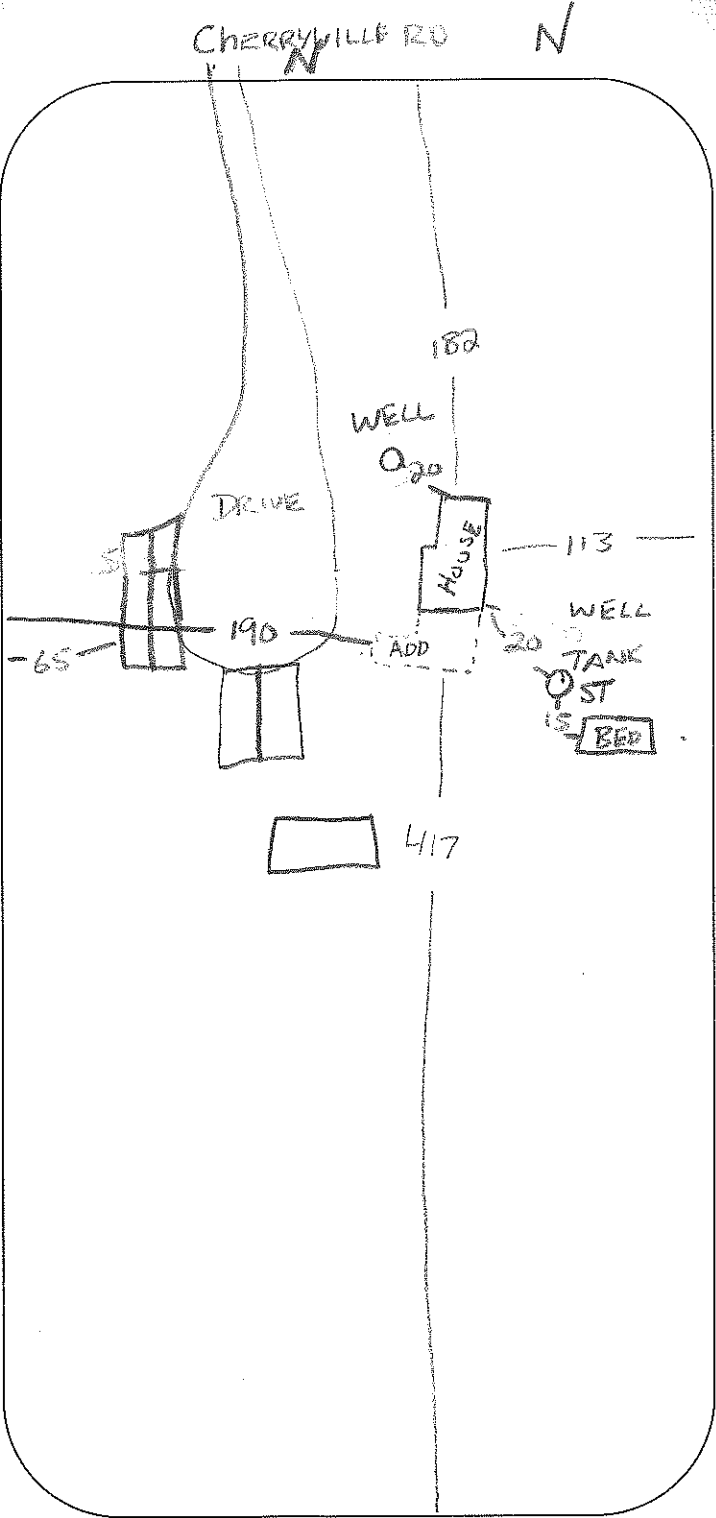
Existing Structure: (if permit being applied for is relevant to it) Length: 46 Width: 24 Height: 16
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	
<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)	(X)	
	Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Municipal Use	Addition/AAlteration (specify) <u>Driveway, Living Room, Bath, Entry</u>	(24 X 24)	720
	Accessory Building (specify)	(X)	
	Accessory Building Addition/AAlteration (specify)	(X)	
Rec'd for Issuance			
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(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 at any reasonable time for the purpose of inspection.
 Owner(s): Kristine Lulich Date: 9/23/13
 (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)
 Address to send permit: _____ Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
 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%



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	229.42 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	182.68 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	417.60 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	205.69 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	113.80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	20 Feet
Setback to Drain Field	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.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: 29066 # of bedrooms: _____ Sanitary Date: 5-6-76

Reason for Denial: _____

Permit #: 13-0343 Permit Date: 10-2-13

Is Parcel a Sub-Standard Lot: Yes (Deed of Record) No No
 Is Parcel in Common Ownership: Yes (fused/contiguous lots) No No
 Is Structure Non-Conforming: Yes _____ No No

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

Was Parcel Legally Created: Yes No Case #: CSM Were Property Lines Represented by Owner: Yes No
 Was Proposed Building Site Delineated: Yes No

Inspection Record: SEE SEPTIC INSPECTION REPORT ATTACHED.

Date of Inspection: 10-1-13 Inspected by: J. CARROLL BORE, MUEPDTG Zoning District: (F-1)
 Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: (N/A)

OWNER SHALL OBTAIN ANY REQUIRED OR PERMITS OR INSPECTIONS PRIOR TO START OF CONSTRUCTION.

Signature of Inspector: _____ Date of Approval: _____

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