

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
 Date Stamp Received: **JUL 26 2013**
 Bayfield Co. Zoning Dept.

Permit #: **13-0303**
 Date: **9-13-13**
 Amount Paid: **\$390**
 Refund: **7-26-13**

#390
ENTRANCE

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: **Spitzers Up North LLC** Mailing Address: **2100 Fareway DR. Muscatine, IA** Telephone: **52761**
 Address of Property: **23325 Spitzer Rd** City/State/Zip: **Calder, WI 54821** Telephone: **536-3311**
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: **715-718-2243**
 Authorized Agent: (Person Signing Application on Behalf of Owner(s)) **Sandra S. Houston** Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, _____ 1/4** Gov't Lot **10** Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section **11**, Township **43** N, Range **6** W Town of: **Nawakagon** Recorded Document: (i.e. Property Ownership) Volume **866** Page(s) **45**

Distance Structure is from Shoreline: _____ Feet
 Distance Structure is from Floodplain Zone? Yes No
 Distance Structure is from Shoreline: **75+** Feet
 Are Wetlands Present? Yes No

Shoreland → Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue → Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →

Value at Time of Completion **\$130,000** (What are you applying for) **New Construction** # of Stories and/or basement **1-Story** Use **Seasonal** # of bedrooms **1** What Type of Sewer/Sanitary System Is on the property? **Municipal/City** Water City Well

Addition/Alteration 1-Story + Loft 2 (New) Sanitary Specify Type: _____ Conversion 2-Story 3 Sanitary (Exists) Specify Type: _____ Relocate (existing bldg) Basement Privy (Pit) or Vaulted (min 200 gallon) Run a Business on: No Basement Portable (w/ service contract) Foundation Compost Toilet Property Foundation None None

Existing Structure: (if permit being applied for is relevant to it) Length: **36'** Width: **28'** Height: **24'**
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/> Residential Use	with loft	(X X)	
<input checked="" type="checkbox"/> Residential Use	with a Porch screen porch	(12 X 12)	144
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	(4 X 24)	96
<input type="checkbox"/> Commercial Use	with Attached Garage	(X 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 X)	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(X X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X X)	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) boat/bunk house	(36 X 28)	912
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) deck	(8 X 12)	96
Rec'd for Issuance	Special Use: (explain)	(X X)	
SEP 13 2013	Conditional Use: (explain)	(X X)	
	Other: (explain)	(X X)	

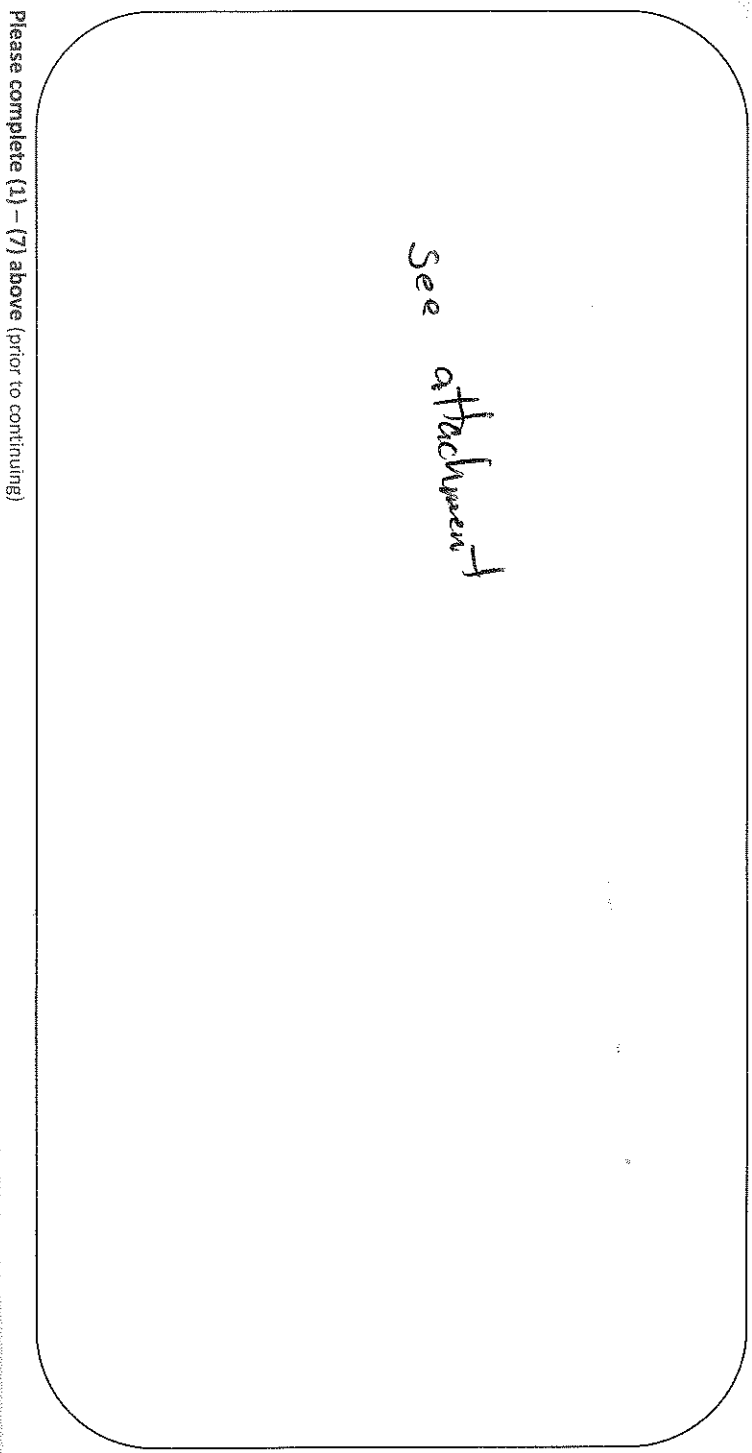
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) acknowledge that I (we) have been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) the owner(s) of the property and that the information I (we) am (are) providing is true and correct. 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): **Spitzer Up North LLC** Date **7-25-13**
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: **Sandra S. Houston** Date _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit **give to Mike** Attach
 (if you recently purchased the property send your Recorded Deed)

Below 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%

See Attachment 1



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)

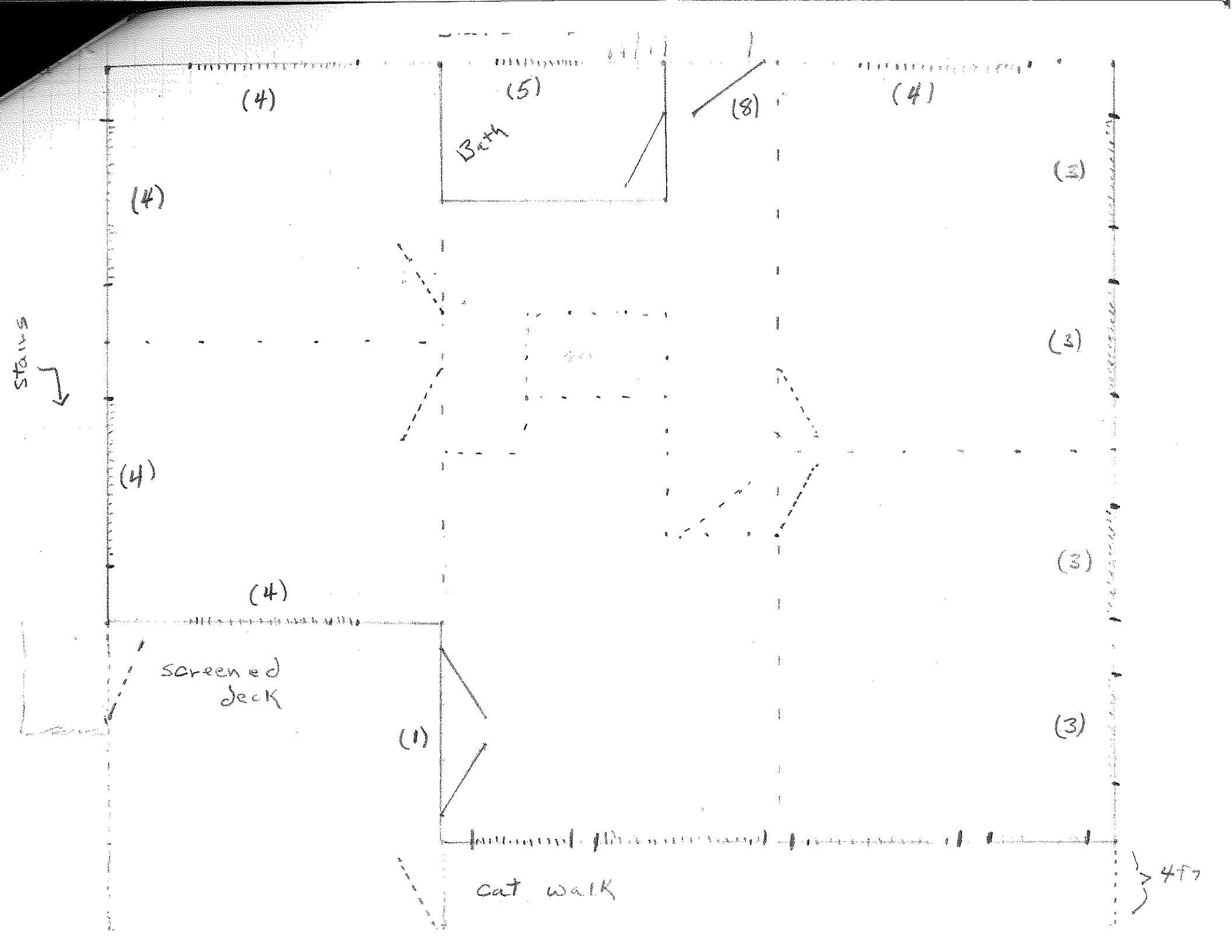
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	3,000± Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	2,000± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	900± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	250± Feet	Setback from Wetland	25 Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Lake 200± Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	N/A 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: 13-985	# of bedrooms:	Sanitary Date: 8-28-13
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0303	Permit Date: 9-13-13			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				
Date of Inspection: 8-9-13		Inspected by: MM. Furdick	Zoning District: (R-1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO they need to be attached.)		Date of Re-Inspection:		
Signature of Inspector: Michael Furdick		Date of Approval: 8-28-13		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



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 26 2013
 Bayfield Co Zoning Dept
 HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #:	13-0304	ENTERED
Date:	9-13-13	
Amount Paid:	\$175	
Refund:	8-21-13	

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.

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

Owner's Name: Michael S & Kristin H. Cooper Mailing Address: 871 Regency Ct City/State/Zip: Brookings, SD 57006 Telephone: 605 697-5070

Address of Property: XXX Co. Hwy M City/State/Zip: Cable, WI 54821 Cell Phone: 605 695-8664

Contractor: Mark Rasmussen Contractor Phone: 798-3651 Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 798-3651 Agent Mailing Address (include City/State/Zip): Plumber Phone:

PROJECT LOCATION Legal Description: (Use Tax Statement) 04-034-2-43-06-07-4 05-007-40000 PIN: (123 digits) 04-034-2-43-06-07-4 05-007-40000 Telephone: 605 697-5070

Section 13, Township 43 N, Range 6 W Vol & Page 1, 344 Lot(s) No. 7 Block(s) No. 276-77 Subdivision: 1096 Recorded Document: (i.e. Property Ownership) 276-77 Page(s)

Distance Structure is from Shoreline: 1.98 Are Wetlands Present? Yes No

Shoreland → Non-Shoreland

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

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

Distance Structure is from Shoreline: 1.98 feet

Distance Structure is from Shoreline: NH 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
\$	<input 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"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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 type="checkbox"/> Well

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

Proposed Construction: Length: _____ Width: _____ Height: _____

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) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
Rec'd for Issuance	Special Use: (explain) <u>Class A Shoreland Grading</u>	()	<u>422,000</u>
SEP 13 2013	Conditional Use: (explain)	()	()
Secretarial Staff	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 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 as any reasonable need for the purpose of inspection.

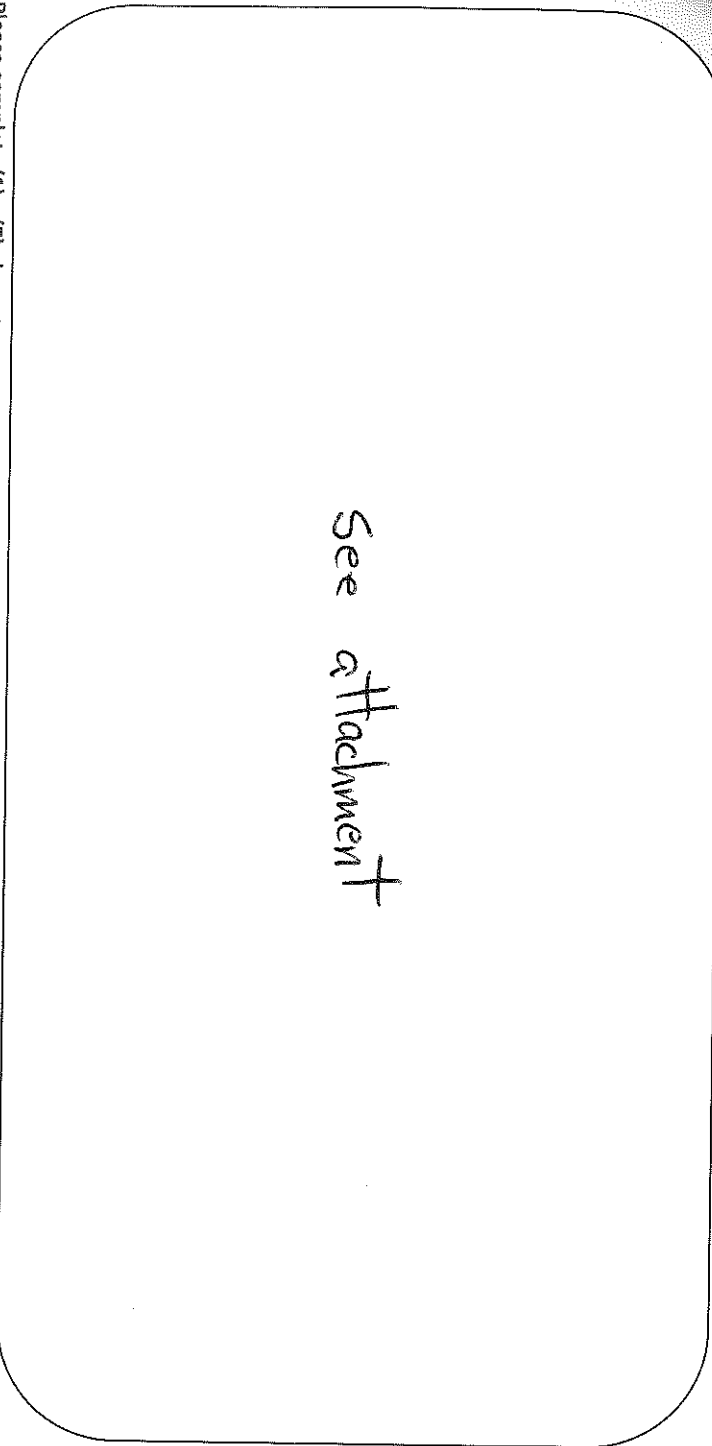
Owner(s): Michael S Cooper Kristin H Cooper Date 9/13/2013
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 same as above Attach _____
 (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)
 (8) Setbacks: (measured to the closest point)
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	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	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

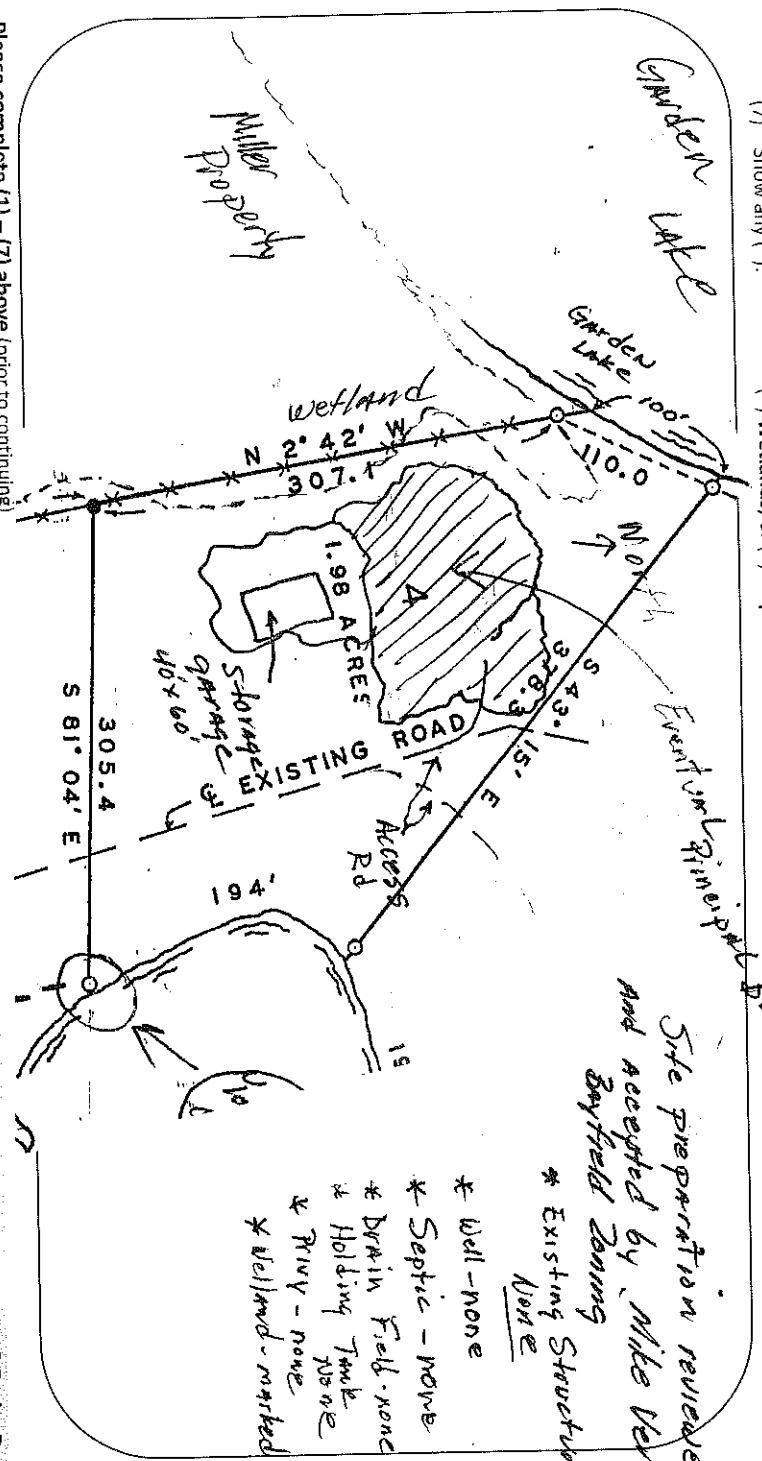
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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).
 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 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 #: 13-0304	Permit Date: 9-13-13			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>Meets all requirements.</i>				
Date of Inspection: 8-29-13	Inspected by: M. Fustak	Zoning District: (R-1) Lakes Classification: (1)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <i>Must use best management practices to prevent erosion and for siltation of the lake or wetlands.</i> Michael Fustak				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 8-30-13

The box below: **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%



Site preparation reviewed
 and accepted by Mike Vetter
 Bayfield zoning

- * Existing Structures
None
- * Well - none
- * Septic - none
- * Drain Field - none
- * Holding Tank - none
- * Privy - none
- * Wetland - marked

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

1