

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY PERMITS DIVISION
 Date Stamp Received
 MAY 22 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-0170
 Date: 10-10-12
 Amount Paid: \$75.00 RDS
 Refund: 5/22/12

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: Michael + Susan Ostranga
 Address of Property: 9765 State Hwy 13
 City/State/Zip: Port Wing WI 54865
 Telephone: 715-774-3254
 715-342-7945 (cell)
 715-225-9447

Contractor: Glen Hill
 Contractor Phone: 715-363-2585
 Plumber: Brian Wink
 Plumber Phone: 715-363-2585
 Agent Mailing Address (include City/State/Zip):
 Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: NE 1/4, NE 1/4
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
 Section 28, Township 30 N, Range 8 W
 Town of: Port Wing
 Lot Size: Acreage: 35.5

Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-042-2-50-08-28-101-600-10000
 Volume: 1069 Page(s): 952

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain? Yes No
 Distance Structure is from Shoreline? Yes No
 Distance Structure is from Floodplain? 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
\$23,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> (New) Sanitary
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holdings</u>	<input type="checkbox"/> Vaulted (min 200 gallon)
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet
Existing Structure: (if permit being applied for is relevant to it) Length: 44 Width: 32 Height: _____ Proposed Construction: Length: 18 Width: 18 Height: 12						

Proposed Use	Proposed Structure	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	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)	Accessory Building (specify)	Accessory Building Addition/Alteration (specify)	Special Use: (explain)	Conditional Use: (explain)	Other: (explain)	Dimensions	Square Footage
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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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): Michael + Susan Ostranga
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 5/18/12

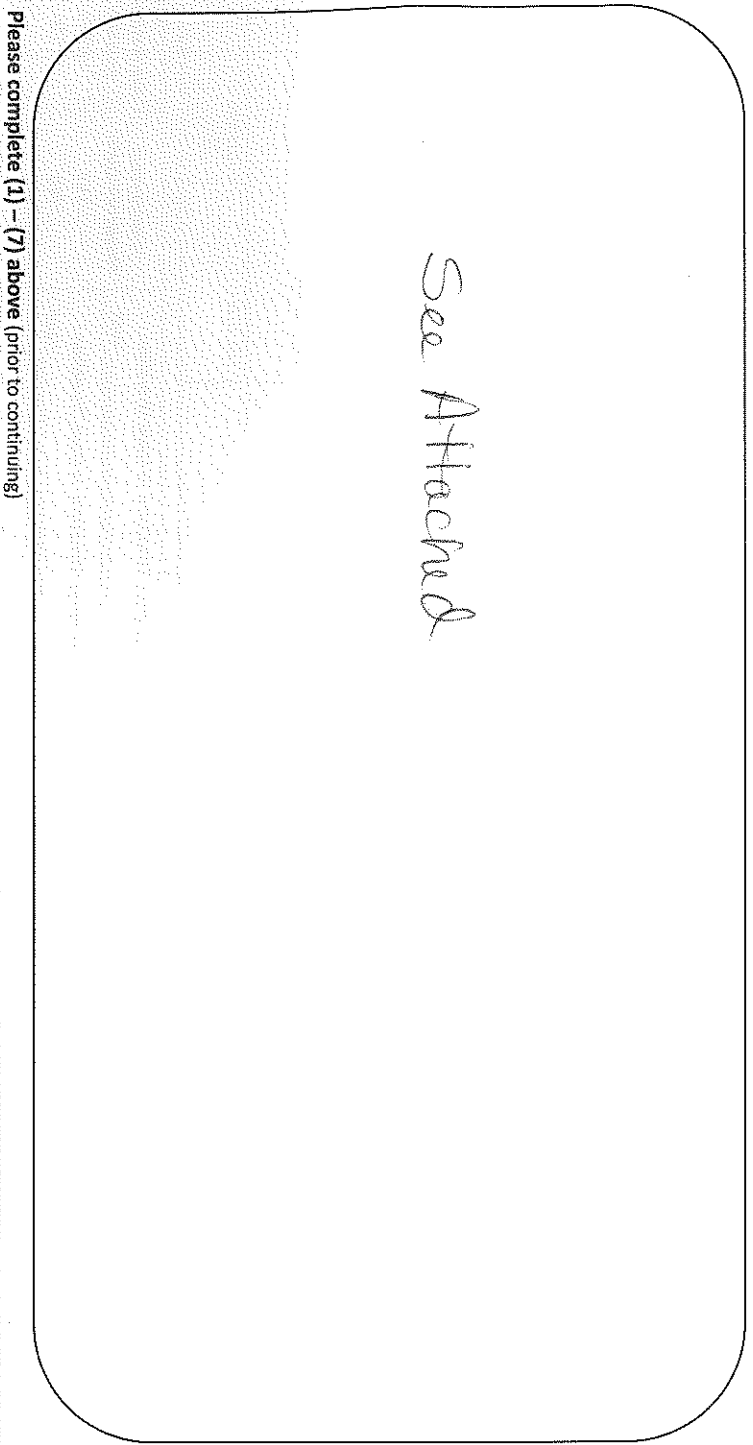
Authorized Agent: Rod for Insurance
 Address to send permit: JUN 6 2012
 Attach

Address to send permit: JUN 6 2012
 Secretarial Staff
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Copy of Tax Statement
 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%

See Attached



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	380 Feet	Setback from the Lake (ordinary high-water mark)	474 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	586 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	7 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	380 Feet	Setback from 20% Slope Area	474 Feet
Setback from the East Lot Line	7 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank - 46013	580 Feet	Setback to Well - 46013	380 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 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: 105 10-05 # of bedrooms: 3 Sanitary Date: 2/6

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 10-0170 Permit Date: 10-10-10

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No 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 Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: NO PROPOSED FOUNDATIONAL APPROVAL & NO OWNER REQUESTED ACTIONS NOT SETBACKS

ARE ONE GARAGE NEW COMPACT PAVEMENT WALKWAYS

Date of Inspection: 5-31-11 Inspected by: DRC

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

Signature of Inspector: [Signature] Date of Approval: 5-31-11

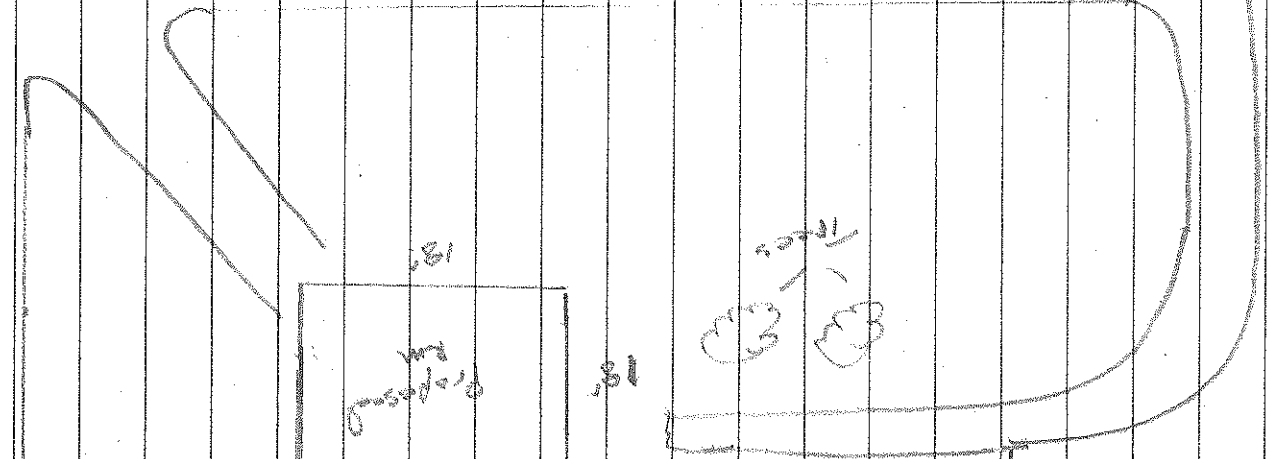
Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

586' from TOUNE Rd to house
388' To 8 STN 13

old
Bicycle Drive 12' W

588'

old 616 TR Drive 12' W



garden shed

House

Holding Tank

10 X 12 Garden Shed

10 X 15 Deck

Sun Porch
10 X 15

38' x 82' Road



14' →
25' →
Well

12' ↓

24' →

22'

44'