

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  
 DEPT. OF PERMITTING  
 AUG 10 2012  
 Bayfield Co. Zoning Dept.

Permit #: 10-0385  
 Date: 10-1-12  
 Amount Paid: \$81.00  
 Refund: 8/20/12  
 (INTERFERED)

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: KENNETH & ANN ZIVIC  
 Address of Property: 79450 MOREISON RD.  
 City/State/Zip: ST. CHARLES, IL 60125  
 Telephone: 630-763-8354  
 Cell Phone: 630-240-8459

Contractor: STRUTZEL BUILDINGS  
 Authorized Agent: (person Signing Application on behalf of Owner(s))  
 City/State/Zip: POET WING, WI 54865  
 Contractor Phone: 763-261-4150  
 Plumber: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: SE 1/4, SW 1/4  
 Legal Description: (Use Tax Statement) 04-042-2-49-08-15-3 04000-10000  
 PIN: (23 digits)  
 Vol & Page: 988 815  
 Lot(s) No.: \_\_\_\_\_  
 Block(s) No.: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_  
 Volume: \_\_\_\_\_  
 Page(s): \_\_\_\_\_

Section: 15, Township: 49 N, Range: 8 W  
 Town of: POET WING  
 Lot Size: 40 Acres  
 Acreage: 40

Value at Time of Completion: \$27,000  
 \* Include donated time & material

Project: Pole Barn  
 # of Stories: 1  
 Use: Seasonal  
 # of bedrooms: 1  
 What Type of Sewer/Sanitary System Is on the property? Municipal/City

Water:  City  Well

Existing Structure: (if permit being applied for is relevant to it) Pole Barn  
 Length: 36' Width: 30' Height: 16'

Proposed Construction: Pole Barn  
 Length: 36' Width: 30' Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) ( )	( )
	with a Porch	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with Attached Garage	( ) ( )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify)	( ) ( )	( )
	Accessory Building (specify)	(30 X 36)	1080
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
	Special Use: (explain)	( ) ( )	( )
	Conditional Use: (explain)	( ) ( )	( )
	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.

Owners(s): Kenneth & Ann Zivic  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Steve Jorkowich  
 Date: 8-3-12

Rec'd for Issuance: Steve Jorkowich PO Box 506 Iron River, WI  
 Address to send permit: 54847  
 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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 Rec'd (Received)  
 AUG 16 2012  
 Bayfield Co. Zoning Dept.

Permit #:	10-0391
Date:	10-1-12
Amount Paid:	
Refund:	

**ENTERED**

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 HOW DO I FILL OUT THIS APPLICATION (Visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

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

Owner's Name: Mary Childs  
 Leann Hess  
 Address of Property: 9155 East White Birch Road  
 City/State/Zip: Port Wing, WI 54865  
 Mailing Address: 9155 East White Birch Road  
 City/State/Zip: Port Wing, WI 54865  
 Contractor: \_\_\_\_\_  
 Contractor 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: NW 1/4, SW 1/4  
 Legal Description: (Use Tax Statement) \_\_\_\_\_  
 PIN: (23 digits) 04-06-250-02-33-3-02-000-10400  
 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page 1007 992  
 Section 33, Township 50 N, Range 8 W  
 Town of: Port Wing  
 Recorded Document: (i.e. Property Ownership) Volume 1007 Page(s) 992  
 Subdivision: \_\_\_\_\_  
 Lot Size \_\_\_\_\_ Acreage 46

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: 100 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
<u>&gt; \$0,000</u>	<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 checked="" type="checkbox"/> 2-Story <u>1.5</u> <input 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"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holding</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: 94' Width: 50' Height: 27' approx  
 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 <sup>nd</sup> ) Porch	( ) ( )	( )
<input type="checkbox"/>	with a Deck	( ) ( )	( )
<input checked="" type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input checked="" 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 type="checkbox"/>	Accessory Building (specify) _____	( ) ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
<input checked="" type="checkbox"/>	Special Use: (explain) <u>Pool &amp; HotTub</u>	( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain) _____	( ) ( )	( )
<input type="checkbox"/>	Other: (explain) _____	( ) ( )	( )

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Owner(s): Mary Childs Leann Hess  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

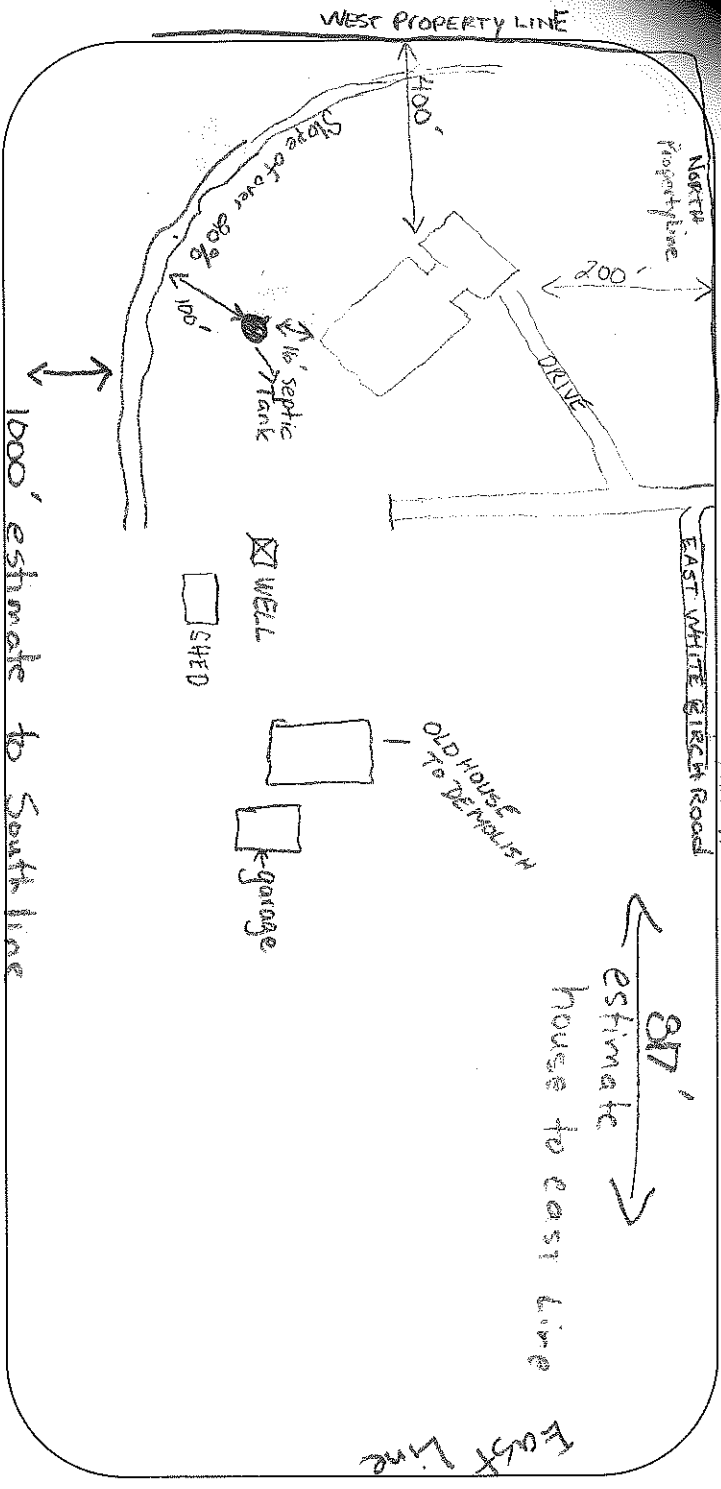
Authorized Agent: \_\_\_\_\_  
 Rec'd for Issuance: \_\_\_\_\_ are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit 001 1 Ave  
 Date 8/15/2012  
 Attach Copy of Tax Statement

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)

- Show location of:
- (\*) Show/Indicate: North (N) on Plot Plan
  - (\*) Show Location of (\*): Frontage Road (Name Frontage Road)
  - (\*) All Existing Structures on your Property
  - (\*) Well (W); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (\*) Wetlands; or (\*) Slopes over 20%



(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	200 Feet	Setback from the Lake (ordinary high-water mark)	NO > 100 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1000 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	817 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	X 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: 69-815 # of ts: 4 Sanitary Date: 8-26-12

Permit #: 12-0391 Permit Date: 10-1-12

Is Parcel a Sub-Standard Lot  Yes  No

Is Parcel In Common Ownership  Yes (Used/Contiguous Lot(s))  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 Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: INSURANCE STRUCTURE OF CONCRETE & DRIP EDGE CASTS

Inspected by: WVC

Date of Inspection: 8-24-12

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

THE PLAN & OF RECORDS W/ID THE REQUESTED BLDG & EXISTENT W/ID NOT EXCEED FOUR (4) BEDROOMS

BASED ON THE DIRECTY & REARD OF THE BURNING PASTS.

Signature of Inspector: [Signature] Date of Approval: 8-26-12

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