

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, WISCONSIN  
 RECEIVED  
 Date Stamp (Retained)  
 OCT 17 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-0481  
 Date: 10-4-13  
 Amount Paid: \$6600  
 Refund: 10-18-13

#6600  
 ENTERED

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: **Lunar Holdings LLC** Mailing Address: **237 W Monroe #4350 Chicago, IL** Telephone: **60606-1334**

Address of Property: **16100 Eagle Knob Rd** City/State/Zip: **Cable, WI 54891** Cell Phone:

Contractor: **Dressler Bros. Const.** Contractor Phone: **715-699-4073** Plumber: **Petes Plumbing (Peter Bowe)** Plumber Phone: **634-8713**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Andrew Bigok** Agent Phone: **580-0303** Agent Mailing Address (include City/State/Zip): **16100 Eagle Knob Rd** Written Authorization Attached  Yes  No

PROJECT LOCATION: **1/4, 1/4** Gov't Lot: **9** Lots: **1** CSM: **1** Vol & Page: **1** Lot(s) No.: **05-009-10000** Recorded Document: (i.e. Property Ownership) Volume **592** Page(s) **194**

Section **28**, Township **44 N, Range 7 W** Town of: **Drummond** Lot Size: **5.528** Acreage

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: \_\_\_\_\_ feet

Distance Structure is from Shoreline: **85+** 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
\$ <b>220,000</b>	<input type="checkbox"/> New Construction <input checked="" 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 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"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>SEW-V</b> <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: **45'** Width: **34'** Height: **26'**

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 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	<b>5 BRs to 3 BRs</b> <b>34' x 45'</b> <b>X</b> <b>X</b> <b>7 x 7</b> <b>X</b> <b>33 x 9</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b>	<b>49</b>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<b>X</b>	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	<b>X</b>	
	Addition/Alteration (specify)	<b>X</b>	
	Accessory Building (specify)	<b>X</b>	
	Accessory Building Addition/Alteration (specify)	<b>X</b>	
	Special Use: (explain)	<b>X</b>	
	Conditional Use: (explain)	<b>X</b>	
	Other: (explain)	<b>X</b>	

Secretarial Staff: \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (I/we) declare that this application (including an 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): \_\_\_\_\_ Date: \_\_\_\_\_

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Andrew Bigok** Date: **10-17-13**

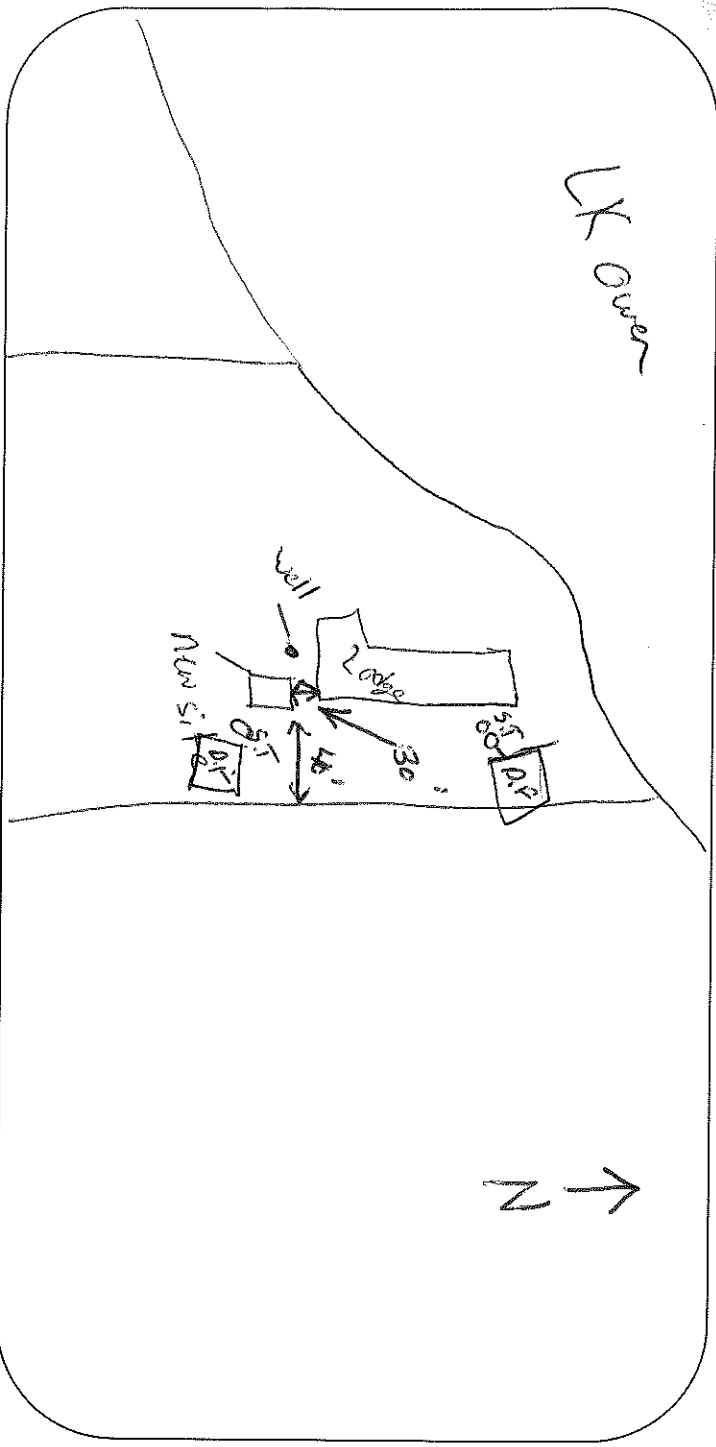
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **16100 Eagle Knob Rd, Cable, WI 54891**

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	800+ Feet	Setback from the Lake (ordinary high-water mark)	850+ Feet
Setback from the Established Right-of-Way	800+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	Lake	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30' Feet	Setback to Well	15 Feet
Setback to Drain Field	40' 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: 11-1215 # of bedrooms: 5 Sanitary Date: 10-31-11

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 13-0401 Permit Date: 10-4-13

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: Met all setbacks.

Date of Inspection: 10-24-13 Inspected by: M. Fuchs

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

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Mitigation Required Mitigation Attached  Yes  No

Previously Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Affidavit Required Affidavit Attached  Yes  No

Zoning District: (R-1)

Lakes Classification: (1)

Date of Re-Inspection: \_\_\_\_\_

Signature of Inspector: M. Fuchs Date of Approval: 10-24-13

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:   Authorization here 11-21-13