

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)
 FEB 05 2014
 Bayfield Co. Zoning Dept.

ENTERED Permit #: 14-00413
 Date: 4-25-14
 Amount Paid: \$1750614
 Refund:

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: Scott & Bonnie Lugen
 Address of Property: 12979 Tri Lakes Rd
 Mailing Address: 2521 Quail Creek Pkwy NE
 City/State/Zip: Blaine, MN 55449
 Telephone: 763-951-2745
 Cell Phone: 763-516-7755

Contractor: TBA
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: Drummond WI 54832
 Contractor Phone: Drummond WI 54832
 Agent Mailing Address (include City/State/Zip):
 Pinned (23 digits): 04-018-2-44-08-36-4 of 8000-
 Recorded Document: (i.e. Property Ownership) 9/5/13
 Volume: 1114 Page(s): 145

PROJECT LOCATION: SE 1/4, SE 1/4
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
 Section: 36, Township: 44 N, Range: 8 W, Town of: Drummond

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 95 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 |
|---|---|--|---|--|--|---|
| \$ 25,000 | <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 type="checkbox"/> Basement <input type="checkbox"/> Foundation | <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 Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST <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: 36 Width: 24 Height: 20
 Proposed Construction: Length: Width: Height:

| 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 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) Screen porch Four Seasonal | () () () | 240 |
| | Accessory Building (specify) | () () () | () |
| | 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 depth 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.

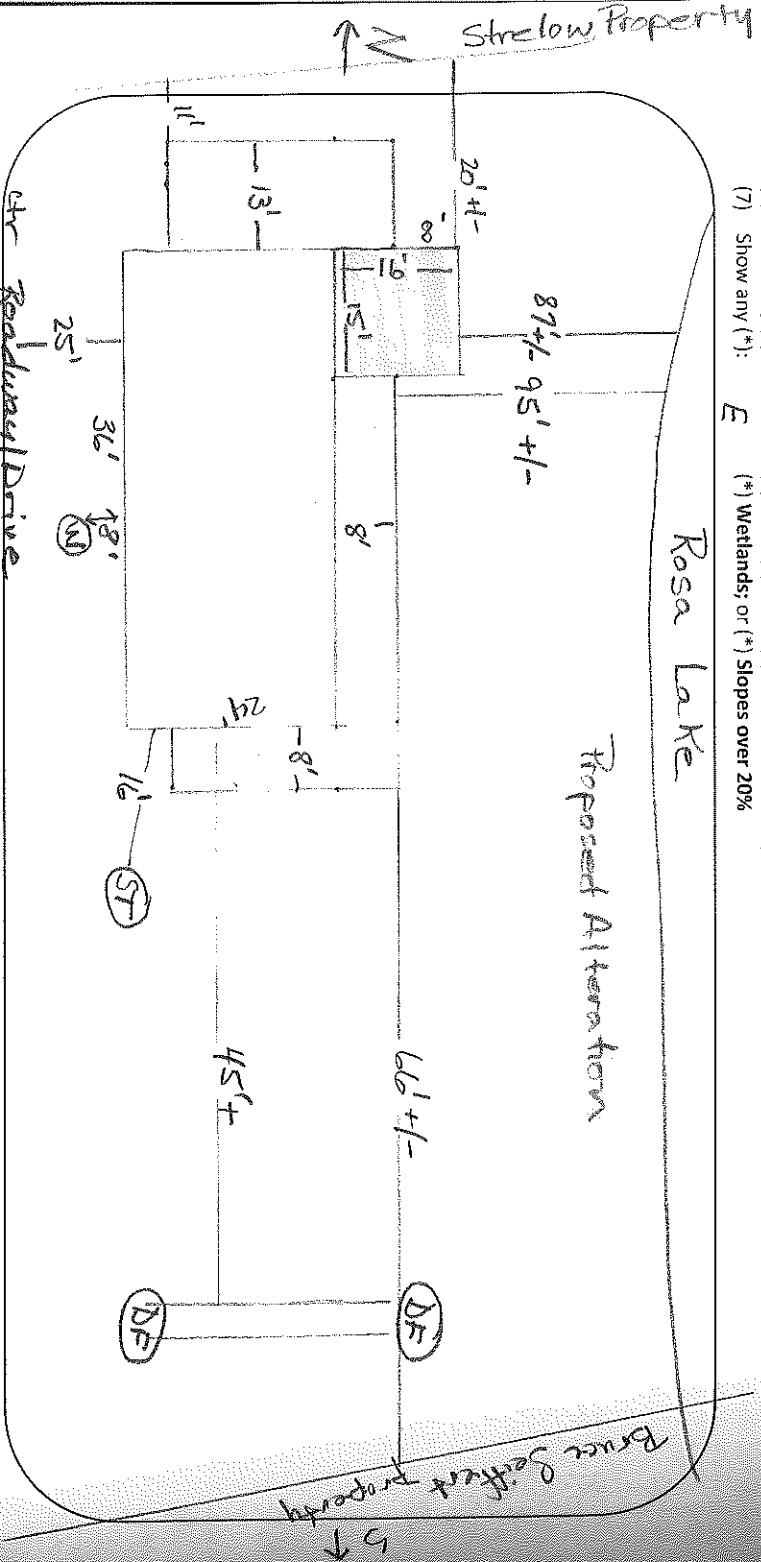
Owner(s): [Signature] [Signature]
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 12-30-13

Authorized Agent: [Signature]
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: _____
 Address to send permit: Same as above
 (If you recently purchased the property send your Recorded Deed)



Look 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%



Please complete (1) - (7) above prior to continuing.
 (8) Setbacks: (measured to the closest point) ↓ W

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 25 Feet | Setback from the Lake (ordinary high-water mark) | 95 Feet |
| Setback from the Established Right-of-Way | | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line | 11 Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 66 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 140 Feet | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | 95 Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | | Setback to Well | 8 Feet |
| Setback to Drain Field | 16 Feet | | |
| Setback to Privy (Portable, Composting) | 45 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: | 367350 | # of bedrooms: | 2 | Sanitary Date: | 8-29-00 |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: 14-0043 | Permit Date: 4-25-14 | by Lakes Cross Sections. | | | | | |
| Is Parcel a Sub-Standard Lot | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is Parcel in Common Ownership | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mitigation Required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Structure Non-Conforming | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is Structure Fused/Contiguous Lot(s) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Mitigation Attached | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Affidavit Attached | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Granted by Variance (B.O.A.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Case #: | | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Inspection Record: | | Structure is non-conforming approx. 8' from OHWM | | | | | |
| Date of Inspection: 1-2-14 | | Inspected by: M. Fustak | | | | | |
| Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | (If No they need to be attached.) | | | | | |
| see BOA decision & affidavit | | | | | | | |
| Signature of Inspector: Michael Fustak | Date of Approval: 1-23-14 | | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | | |