

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

EM DREARY
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
 MAY 09 2014

ENTERED
 Permit #: 14-00087
 Date: 5-15-14
 Amount Paid: 56.00
 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: Andrew & Shaheen O'Kruwey Mailing Address: 77515 Washington Ave Washburn WI 54891 Telephone: 920 410 9767

Address of Property: 77515 Washington Ave City/State/Zip: Washburn WI 54891 Contractor Phone: _____ Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, NW 1/4 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: 28 Block(s) No.: _____ Subdivision: AA Bigelow & Co. Recorded Document: (i.e. Property Ownership) Volume: 1046 Page(s): 352 28 4A

Section: 29 Township: 49 N. Range: 04 W. Town of: Bayvireau Lot Size: _____ Acreage: 3.56

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interim?)
 Creek or Landward side of Floodplain? If yes--continue Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1,000 feet of Lake, Pond or Flowage If yes--continue Distance Structure is from Shoreline: _____ 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
\$ N/A	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<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: <u>Hold Tank</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: 56' Width: 14' Height: 12'

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	() ()	()
<input checked="" type="checkbox"/> Residential Use	with a Porch	() ()	()
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Municipal Use	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() ()	()
<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)	() ()	()
<input checked="" type="checkbox"/> Residential Use	Mobile Home (manufactured date) <u>1979</u>	() ()	()
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify) _____	() ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	() ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	() ()	()
<input checked="" type="checkbox"/> Residential Use	Special Use: (explain) <u>Temporary use to move existing mobile home to & different spot</u>	() ()	()
<input type="checkbox"/> Conditional Use: (explain) _____	Other: (explain) _____	() ()	()

REC'D FOR ISSUANCE MAY 15 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES WHILE OUR NEW HOUSE IS BEING BUILT

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) build and/or install to the best of my (our) knowledge 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) 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): Shaheen O'Kruwey Date: 5/9/14

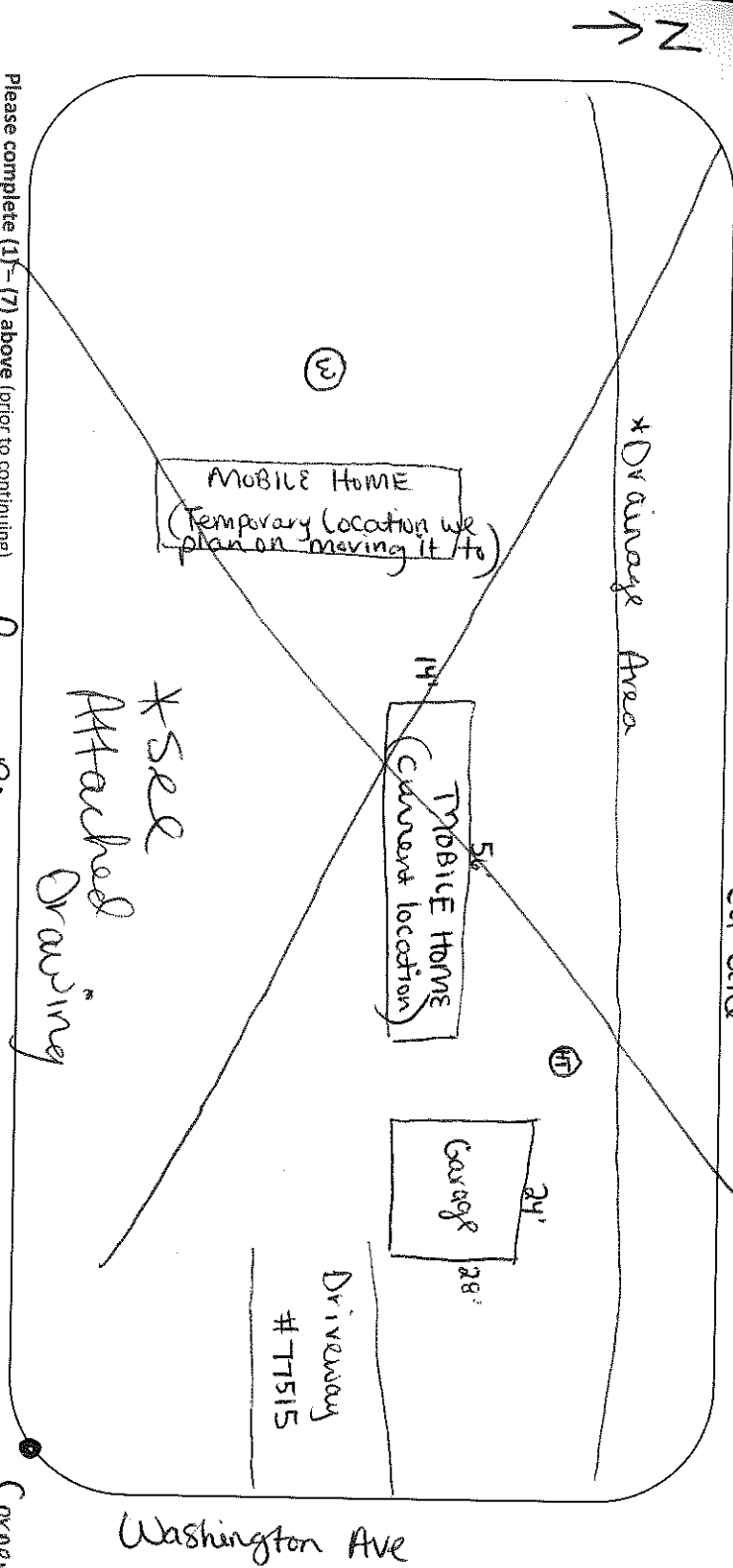
Authorized Agent: _____ Date: _____

Address to send permit: 77515 Washington Ave Washburn WI 54891

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63 Feet	Setback from the Lake (ordinary high water mark)	—
Setback from the Established Right-of-Way	33 Feet	Setback from the River, Stream, Creek	—
Setback from the North Lot Line	171 Feet	Setback from the Bank or Bluff	—
Setback from the South Lot Line	365 Feet	Setback from Wetland	—
Setback from the West Lot Line	286 Feet	Setback from 20% Slope Area	—
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	—
Setback to Septic Tank or Holding Tank	41' 30'	Setback to Well	—
Setback to Drain Field	—	Setback to Privy (Portable, Composting)	—

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 Dwelling: 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: 09-775 # of bedrooms: 3 Sanitary Date: 7/30/09

Permit Denied (Date): Permit Date: 5-15-14 Reason for Denial:

Permit #: 14-00081

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Inspection Record: OWNER PRESENT. WATERWAY SHOWS MAJOR DAMAGE TO EXISTING AT 11' IS NOT NAVIGABLE. THIS MOSTLY VEGETATED WETLAND LESS THAN 2 FEET.

Date of Inspection: 5-15-14 Inspected by: C. ROYBARKER MURPHY Date of Re-Inspection:

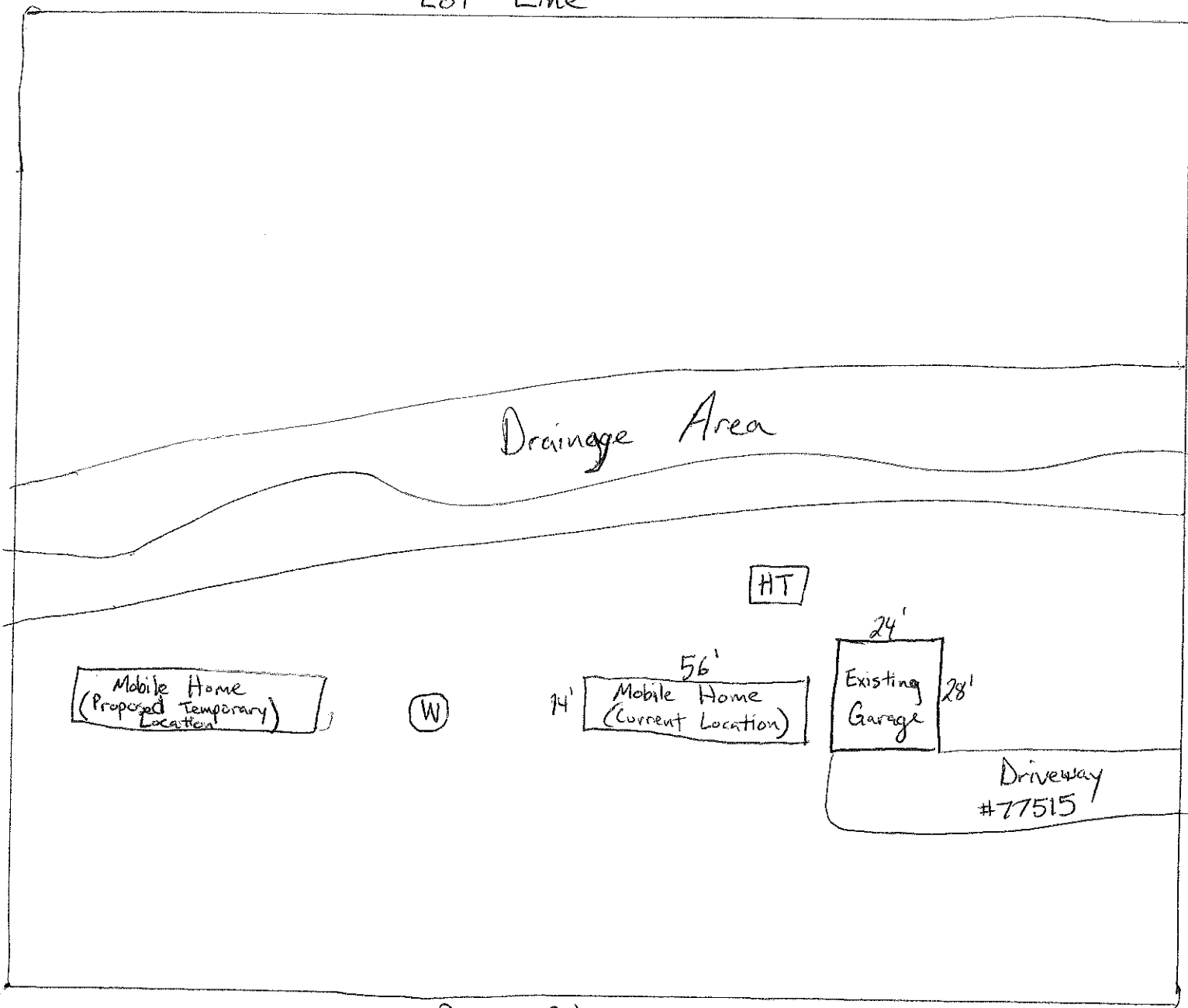
Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

MOBILE HOME SHALL BE CONVERTED TO EXISTING AT PER CODE PERMIT EXPIRATION IN 1 YEAR UNLESS BUDGET EXTENSION GRANTED. THE MOBILE HOME SHALL BE REMOVED.

Signature of Inspector: Date of Approval: 6-15-14

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

Lot Line



Drainage Area

HT

Mobile Home
(Proposed Temporary
Location)

W

74' 56'
Mobile Home
(Current Location)

24' 28'
Existing
Garage

Driveway
#77515

Washington Ave

Peacy Rd

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)
 MAY 09 2014
 Bayfield Co. Permit # 14-0065

Permit #:	14-0065
Date:	5-15-14
Amount Paid:	300
Refund:	LAND USE + REC'D

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: Andrew & Sholeen O'Kueg Mailing Address: 77515 Washington Ave Washburn WI 54891 Telephone: 920 410 9767

Address of Property: 77515 Washington Ave City/State/Zip: Washburn WI 54891 Cell Phone: ---

Contractor: Jeff Oliphant (see North Map) Contractor Phone: 715 292 2994 Plumber: Edward Rejzinger (Superior Plumbing) Plumber Phone: 715 278 3456

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: SE 1/4, NW 1/4 Gov't Lot: --- Lots: --- CSM: --- Vol & Page: --- Lot(s) No.: 27-28 Block(s) No.: --- Subdivision: AA Bigelow + Co. Recorded Document: (i.e. Property Ownership) Volume: 1096 Page(s): 352 286A

Section: 29, Township: 49 N, Range: 04 W Town of: Bayview Lot Size: 248' x 1295' Acreage: 3.56 and 375

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (land in/erritten) Creek or Landward side of Floodplain? If yes---continue Distance Structure is from Shoreline: --- feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: --- feet

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>85,000</u>	<input checked="" 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 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 checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> ---	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding Tank</u>	<input type="checkbox"/> ---
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> ---	<input type="checkbox"/> ---	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> ---
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> ---
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> ---	<input type="checkbox"/> ---	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> ---
	<input type="checkbox"/> ---	<input type="checkbox"/> ---	<input type="checkbox"/> ---	<input type="checkbox"/> ---	<input type="checkbox"/> None	<input type="checkbox"/> ---

Existing Structure: (if permit being applied for is relevant to it) Length: 52' Width: 24' Height: 14'

Proposed Construction: Length: --- Width: --- Height: ---

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>(52' x 24')</u>	<u>1248</u>
	Residence (i.e. cabin, hunting shack, etc.)	<u>(52' x 24')</u>	<u>1248</u>
	with Loft	<u>(---)</u>	<u>(---)</u>
	with a Porch	<u>(---)</u>	<u>(---)</u>
	with (2 nd) Porch	<u>(---)</u>	<u>(---)</u>
	with a Deck	<u>(10' x 32')</u>	<u>320</u>
	with (2 nd) Deck	<u>(---)</u>	<u>(---)</u>
<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)	<u>(---)</u>	<u>(---)</u>
	Mobile Home (manufactured date)	<u>(---)</u>	<u>(---)</u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	<u>(---)</u>	<u>(---)</u>
	Accessory Building (specify)	<u>(---)</u>	<u>(---)</u>
	Accessory Building Addition/Alteration (specify)	<u>(---)</u>	<u>(---)</u>
	Special Use: (explain)	<u>(---)</u>	<u>(---)</u>
	Conditional Use: (explain)	<u>(---)</u>	<u>(---)</u>
	Other: (explain)	<u>(---)</u>	<u>(---)</u>

Rec'd for Issuance: MAY 15 2014

SECRETARIAL STAFF: FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. 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.

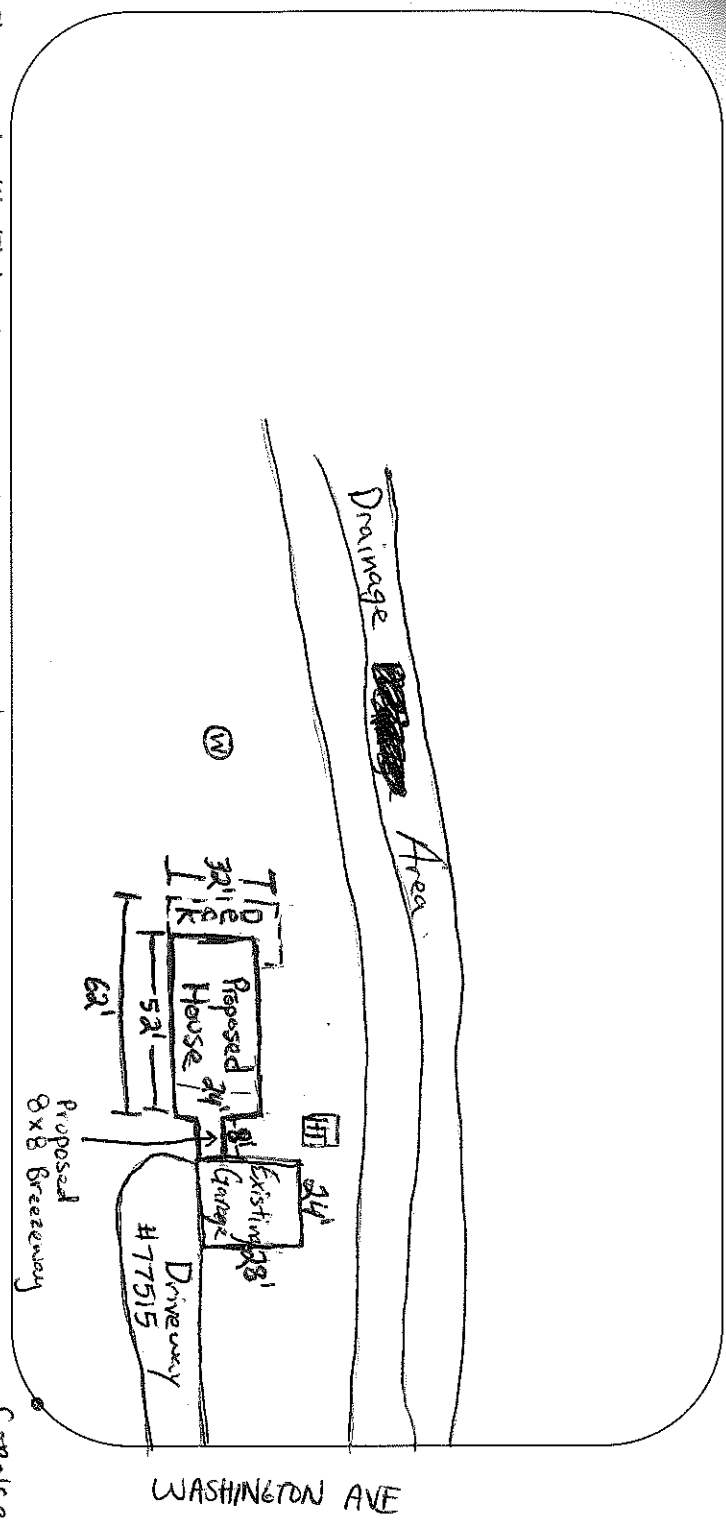
Owner(s): Sholeen O'Kueg Date: 5/9/14

Authorized Agent: --- Date: ---

Address to send permit: 77515 Washington Ave Washburn WI 54891

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Draw or Sketch your Property** (regardless of what you are applying for)
- Show Location of: **Proposed Construction**
 - Show/Indicate: **North (N)** on Plot Plan
 - Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
 - Show: **All Existing Structures on your Property**
 - Show any (*): **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 - Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 - Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing) **PEACOCK RD**
 (8) Setbacks: (measured to the closest point) **CORNER**
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Washington 98 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	70' 40 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	182 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	40 Feet	Setback from Wetland	
Setback from the West Lot Line	177 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	58 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	24 Feet
Setback to Drain Field	20 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: 09-775 # of bedrooms: 3 Sanitary Date: 7-31-2009
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 14-0068 Permit Date: 5-15-14

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) 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: OWNER PRESENT. PEACOCK RD. 163' FROM CENTERLINE OF AC. TOWN. PARAS. PLEASE APPLICATION APPROVED WITH THIS PLACEMENT. MATERIALS NOT NEEDED. UNIFORM DWELLING CODE PERMIT REQUIRED.
 Date of inspection: 5-15-14 Inspected by: TERESA D. WRIGHT Zoning District: (S1)
 Conditions: TOWN, COMMITTEE or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: (N/A)
 Signature of Inspector: _____ Date of Approval: 4-5-16-14
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____