

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  
 RECEIVED  
 JUN 16 2014  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 14-018D  
 Date: 6-23-14  
 Amount Paid: \$875 6-17-14  
 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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

On: \_\_\_\_\_ at: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Telephone: 715 54847

Address of Property: Greg & Kathleen Skema-Lewicki 6080 Iron Lake Rd, Iron River, WI Cell Phone: 372-45416

City/State/Zip: \_\_\_\_\_

Address of Property: TOP O THE MOM RESORT Iron River Wisc. 54847

Contractor: Crain Jussila Site # 22 Contractor Phone: 218-834-7077 Plumber: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Crain Jussila Agent Phone: 218-349-9633 Agent Mailing Address (include City/State/Zip): 1704 7th Ave, Two Harbors, WI 54886 Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, NW 1/4 of 2 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: Site # 22

Section 24, Township 47 N, Range 9 W Town of: Hughes Lot Size \_\_\_\_\_ Acreage 20.18

Legal Description: (Use Tax Statement) 04-022-2-47-06-24-2 05-002-10000 PIN: (23 digits) \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) 1180 Page(s) 229

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If Yes--continue  If Yes--continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

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

Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories and/or basement   | Use   | # of bedrooms  | What Type of Sewer/Sanitary System Is on the property?   | Water   |
|--|---|--|---|--|--|---|
| \$400.00   | <input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement | <input checked="" type="checkbox"/> Seasonal<br><input type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Crew</u><br><input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)<br><input checked="" type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |
|  |   |  |   |  | <input type="checkbox"/> None <u>Dump station</u>  |   |

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Ft. Width: 10 Ft Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

| Proposed Use  | Proposed Structure   | Dimensions                | Square Footage |
|---|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property)  | ( ) X ( )                 | ( )            |
|   | Residence (i.e. cabin, hunting shack, etc.)  | ( ) X ( )                 | ( )            |
|   | with Loft  | ( ) X ( )                 | ( )            |
|   | with a Porch   | ( ) X ( )                 | ( )            |
|   | with (2 <sup>nd</sup> ) Porch  | ( ) X ( )                 | ( )            |
|   | with a Deck  | ( ) X ( )                 | ( )            |
|   | with (2 <sup>nd</sup> ) Deck   | ( ) X ( )                 | ( )            |
|   | with Attached Garage   | ( ) X ( )                 | ( )            |
| <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) | ( ) X ( )                 | ( )            |
|   | Mobile Home (manufactured date)  | ( ) X ( )                 | ( )            |
| <input checked="" type="checkbox"/> Municipal Use   | Addition/Alteration (specify) <u>deck</u>  | ( <u>10</u> X <u>24</u> ) | <u>240</u>     |
|   | Accessory Building (specify) _____   | ( ( ) X ( ) )             | ( )            |
|   | Accessory Building Addition/Alteration (specify) _____   | ( ( ) X ( ) )             | ( )            |
| Rec'd for Issuance                                  | Special Use: (explain) _____   | ( ( ) X ( ) )             | ( )            |
|   | Conditional Use: (explain) _____   | ( ( ) X ( ) )             | ( )            |
|   | Other: (explain) _____   | ( ( ) X ( ) )             | ( )            |

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: Crain Jussila Greg & Kathleen Skema-Lewicki Date: July 12<sup>th</sup> 2014

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

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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

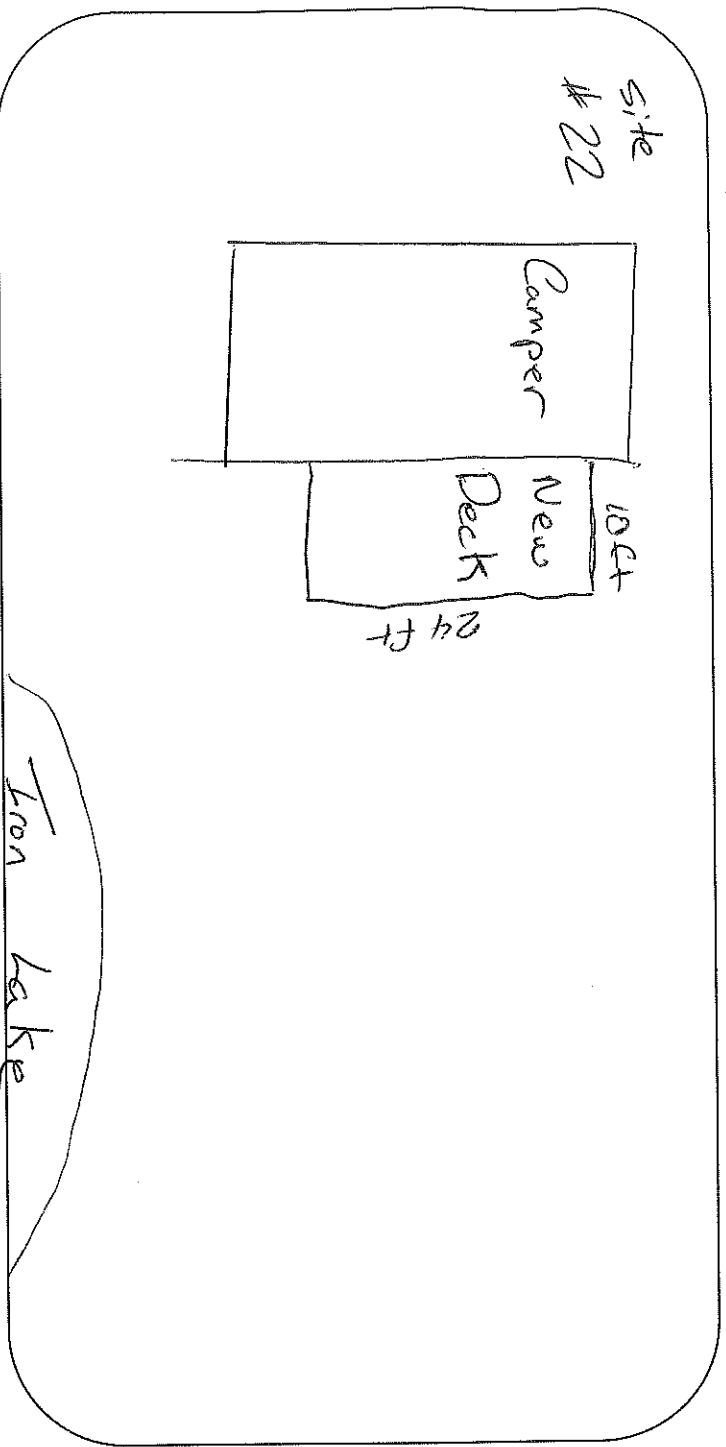
Address to send permit Same as above Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

In the box below, Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

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

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 750+        | Setback from the Lake (ordinary high-water mark) | 175 Feet  |
| Setback from the Established Right-of-Way   | 760+        | Setback from the River, Stream, Creek            | NA Feet   |
| Setback from the North Lot Line             | NA          | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the South Lot Line             | NA          | Setback from Wetland                             | NA Feet   |
| Setback from the West Lot Line              | 250+        | 20% Slope Area on property                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Setback from the East Lot Line              | 350+        | Elevation of Floodplain                          | NA Feet   |
| Setback to Septic Tank or Holding Tank      | NA          | Setback to Well                                  | NA Feet   |
| Setback to Drain Field                      | NA          |  |   |
| Setback to Privy (Portable, Composting)     | NA          |  |   |

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.

|   |   |   |   |                    |   |
|---|---|---|---|--------------------|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number:  | # of Bedrooms:  |                    | Sanitary Date:  |
| Permit Denied (Date):   | Reason for Denial:  | Dump Station  |   |                    |   |
| Permit #: 14 0150   | Permit Date: 6-23-14  |   |   |                    |   |
| Is Parcel a Sub-Standard Lot  | <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 |
| Is Parcel in Common Ownership   | <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 |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.)                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                    |   |
| Granted by Variance (B.O.A.)  | Case #:   | Were Property Lines Represented by Owner                            | Was Property Surveyed   |                    |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                    |   |
| Was Parcel Legally Created  | <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:  |   | Zoning District   | RRB,  |                    |   |
| Meets all setbacks.   |   | Lakes Classification  | ( 8 )   |                    |   |
| Date of inspection:   | 6-19-14   | Inspected by:   | M. Furtak   |                    |   |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) |   |   |   |                    |   |
| Deck boards must be spaced 1/4" apart to not be counted as impervious surface.  |   |   |   |                    |   |
| Signature of Inspector:   | Michael Gurdle  |   |   |                    | Date of Approval: 6-23-14   |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>                        | Hold For Fees: <input type="checkbox"/>                             |                    |   |

**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)  
**JUN 23 2014**  
 Bayfield Co. Zoning Dept.

**ENTERED**

|              |             |      |
|--------------|-------------|------|
| Permit #:    | 14-0154     | \$75 |
| Date:        | 6-24-14     |      |
| Amount Paid: | \$75 Cash   |      |
| Refund:      | 6-19-14 (M) |      |

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: Greg & Kathleen Skowczewski  
 Address of Property: 1080 Iron Lake Rd Iron River, WI  
 Top-O-Morn Campground  
 Contractor: Chuck Skowczewski 715 392-0716  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

City/State/Zip: 54847  
 Telephone: 715 372-4646  
 Cell Phone: \_\_\_\_\_

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04 022-2-47-07-24-205-002-10000  
 1/4, \_\_\_\_\_ W 200 ft Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_  
 Section 24, Township 47 N, Range 9 W Town of: Hughes

Recorded Document: (i.e. Property Ownership) Volume 130 Page(s) 239  
 Subdivision: Site # 73  
 Lot Size \_\_\_\_\_ Acreage 20.18

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  If yes---continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 200 feet

Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* include donated time & material | Project<br>(What are you applying for)               | # of Stories and/or basement            | Use  | # of bedrooms                            | What Type of Sewer/Sanitary System Is on the property?                          | Water                                    |
|--|--|---|--|--|---|--|
| \$ 500   | <input checked="" type="checkbox"/> New Construction | <input 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 type="checkbox"/> 3               | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Govt</u> | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement       | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3               | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)                | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement    | <input checked="" type="checkbox"/> None       | <input checked="" type="checkbox"/> None | <input checked="" type="checkbox"/> Portable (w/service contract)               | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> _____                       | <input type="checkbox"/> Foundation     | <input type="checkbox"/> _____                 | <input type="checkbox"/> None            | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> _____                       | <input type="checkbox"/> _____          | <input type="checkbox"/> _____                 | <input type="checkbox"/> None            | <input type="checkbox"/> _____  | <input type="checkbox"/> _____           |

Existing Structure: (If permit being applied for, is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

| Proposed Use  | Proposed Structure  | Dimensions  | Square Footage |
|---|---|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property)   | ( ) X ( )   | ( )            |
|   | Residence (i.e. cabin, hunting shack etc.)  | ( ) X ( )   | ( )            |
|   | with Loft   | ( ) X ( )   | ( )            |
|   | with a Porch  | ( ) X ( )   | ( )            |
|   | with (2 <sup>nd</sup> ) Porch   | ( ) X ( )   | ( )            |
|   | with a Deck   | ( ) X ( )   | ( )            |
|   | with (2 <sup>nd</sup> ) Deck  | ( ) X ( )   | ( )            |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | ( ) X ( )   | ( )            |
|   | Mobile Home (manufactured date)   | ( ) X ( )   | ( )            |
| <input type="checkbox"/> Municipal Use              | Addition/Alteration (specify) <u>deck</u>   | ( 10 X 16 ) | 160            |
|   | Accessory Building (specify) _____  | ( ) X ( )   | ( )            |
|   | Accessory Building Addition/Alteration (specify) _____                                      | ( ) X ( )   | ( )            |
|   | Special Use: (explain) _____  | ( ) X ( )   | ( )            |
|   | Conditional Use: (explain) _____  | ( ) X ( )   | ( )            |
|   | Other: (explain) _____  | ( ) X ( )   | ( )            |

Rec'd for Issuance JUN 24 2014  
 Secretarial Staff

FAILURE TO OBTAIN A PERMIT AT 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.

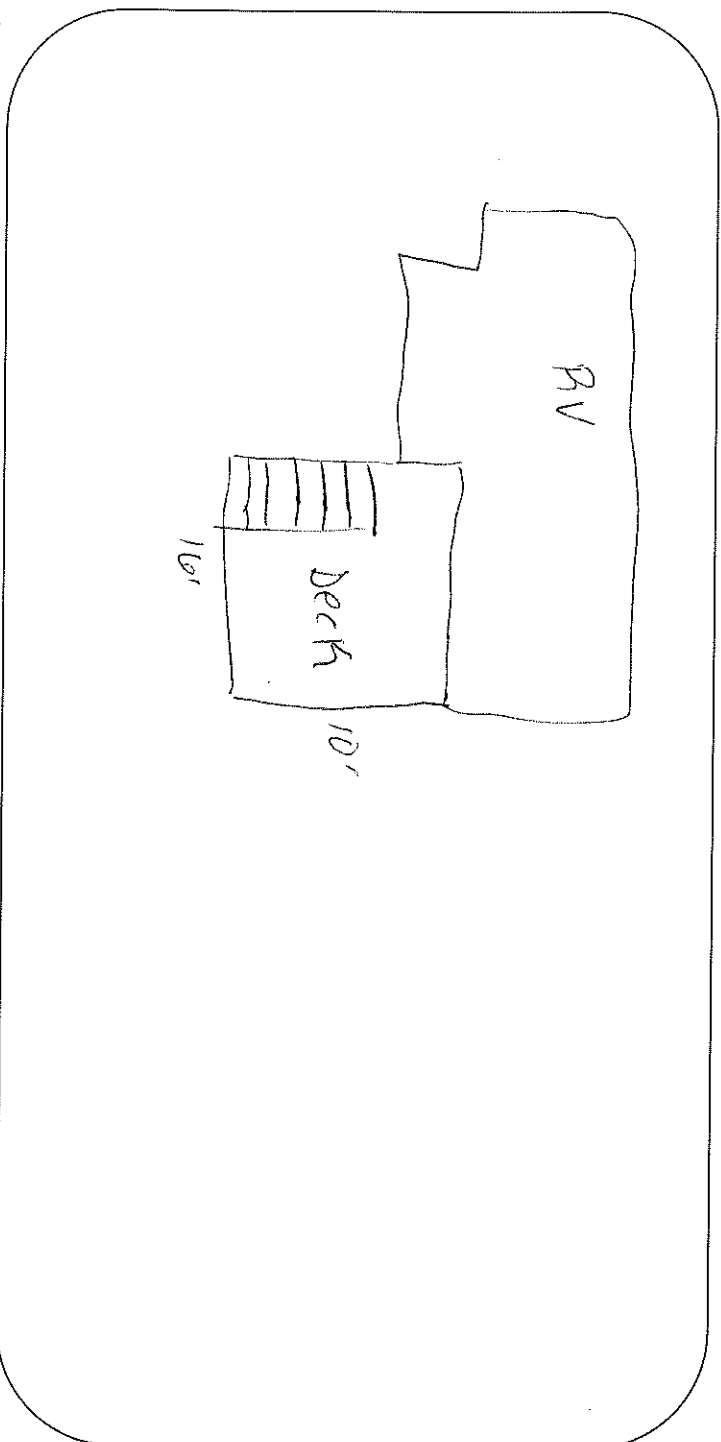
Owner(s): Greg & Kathleen Skowczewski Date 6-19-14  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above Attach   
 Copy of Tax Statement

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

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 900 f       | Setback from the Lake (ordinary high-water mark) | 200 f       |
| Setback from the Established Right-of-Way   | 900 f       | Setback from the River, Stream, Creek            | NA          |
| Setback from the North Lot Line             | NA          | Setback from the Bank or Bluff                   | NA          |
| Setback from the South Lot Line             | NA          | Setback from Wetland                             | NA          |
| Setback from the West Lot Line              | 50 f        | Setback from 20% Slope Area                      | 50 f        |
| Setback from the East Lot Line              | 600 f       | Elevation of Floodplain                          | NA          |
| Setback to Septic Tank or Holding Tank      | NA          | Setback to Well                                  | 50 f        |
| Setback to Drain Field                      | NA          |  |             |
| Setback to Privy (Portable, Composting)     | NA          |  |             |

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: 14-0154 Sanitary Date: 6-24-14

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

Permit #: 14-0154 Permit Date: 6-24-14

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

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

Is Structure Non-Conforming  Yes  No

Granted by Variance (R.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: Met all setbacks.

Date of Inspection: 6-23-14 Inspected by: M. Tuttle Zoning District: (RRB)

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
Deck boards must be at least 1 1/4" apart to not be considered  
impermanent surface.

Signature of Inspector: Michael Tuttle Date of Approval: 6-24-14

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_