

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)
 JUL 15 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0385
 Date: 8-8-14
 Amount Paid: \$95 75-14
 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

Owner's Name: **LARRY LEE KOCH** Mailing Address: **P.O. Box 353** City/State/Zip: **CARLE, WI 54821** Telephone: **715-748-3327**

Address of Property: **W 255 WEST TAKEODAN LAKE ROAD** City/State/Zip: **CARLE, WI 54821** Call Phone: **715-590-0670**

Contractor: **N/A** Contractor Phone: **N/A** Plumber: **N/A** Agent Mailing Address (include City/State/Zip): **N/A** Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **N/A** Agent Phone: **N/A** Agent Mailing Address (include City/State/Zip): **N/A** Written Authorization Attached Yes No

PROJECT LOCATION: **SE 1/4, SW 1/4** Legal Description: (Use Tax Statement) **Gov't Lot #5, Lot(s) 1, CSM V.1, Vol & Page 1/336, Lot(s) No. 17, Block(s) No. 13800, Subdivision: EAST LAKE SUN DR. OF 388E** PIN: (23 digits) **04 018-2-44-07-34-400-170-** Recorded Document: (i.e. Property Ownership) **361** Pages: **16**

Section **34**, Township **44N**, Range **07** W Town of: **Dunmenon** Lot Size **1.95** Acreage **1.95**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interstream), Creek or Landward side of Floodplain? **N/A** Distance Structure is from Shoreline: **N/A** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage **N/A** Distance Structure is from Shoreline: **N/A** feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 5000.00	<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 type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CONV	<input checked="" type="checkbox"/> WELLS
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: **36'** Width: **22'** Height: **14'**

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
	Bunthouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	<input type="checkbox"/> Addition/Alteration (specify)	()	()
	<input checked="" type="checkbox"/> Accessory Building (specify) UNATTACHED CARPORT	(22' X 36')	792
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
	Rec'd for Issuance	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

Secretarial Staff

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, a valid, signed, county official, changed with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

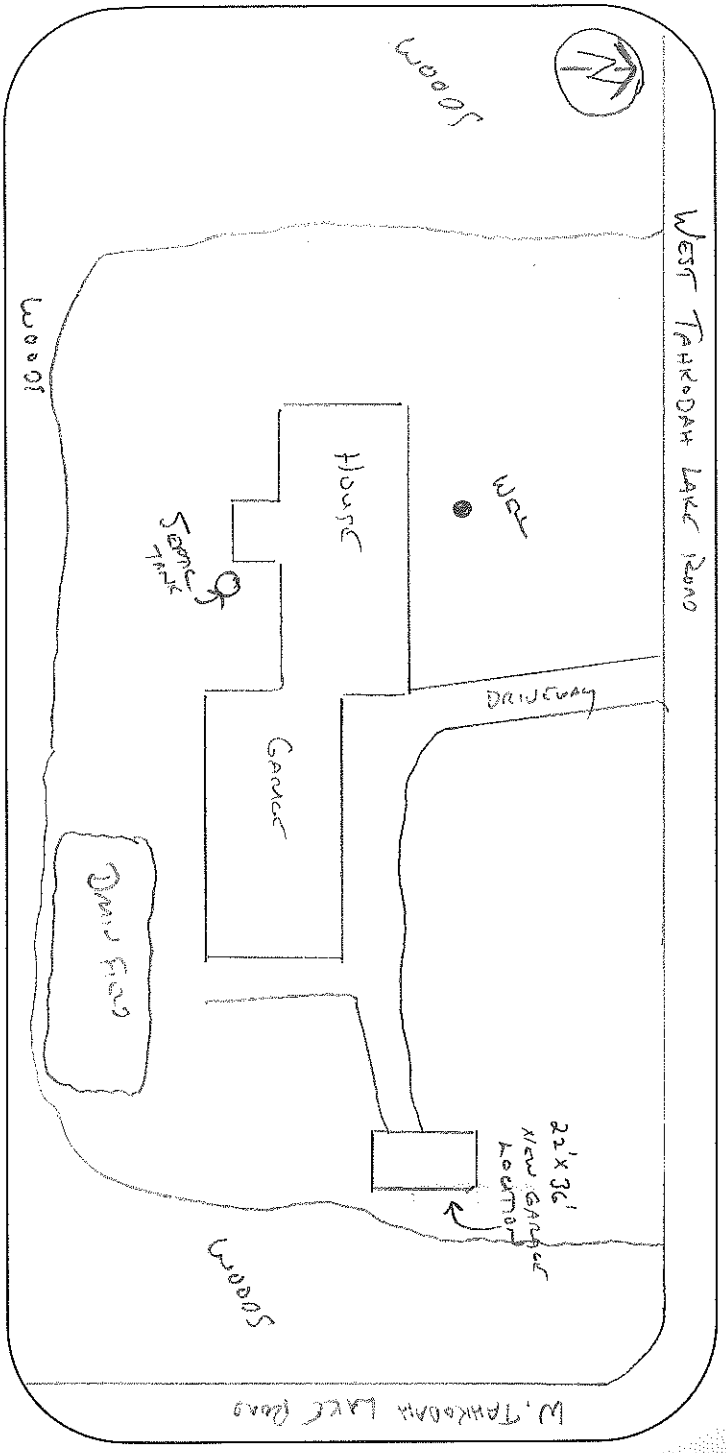
Owners: **LARRY L. + PATRICIA M. KOCH** *[Signature]* **Patricia M. Koch** Date **7/11/2014**

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

Address to send permit **P.O. Box 353 Carle, WI 54821** Attach Copy of Tax Statement
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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)

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	(N) 15' (E) 97' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	(N) 36' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	19' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	19' 5' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	430' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	477' Feet	Elevation of Floodplain	W) 113' Feet
Setback to Septic Tank or Holding Tank	(S) 95' Feet	Setback to Well	(W) 113' Feet
Setback to Drain Field	(S) 82' 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: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 14-0855 Permit Date: 8-8-14

Is Parcel a Sub-Standard Lot Yes No Deed of Record Yes No Mitigation Required Yes No Affidavit Required Yes No Is Parcel in Common Ownership Yes No Fused/Contiguous Lot(s) Yes No Mitigation Attached Yes No Affidavit Attached Yes No Is Structure Non-Conforming Yes No Previously Granted by Variance (B.O.A.) Yes No Case #: Were Property Lines Represented by Owner Yes No Was Proposed Building Site Delineated Yes No Case #: Were Property Lines Represented by Owner Yes No Was Parcel Legally Created Yes No Case #: Were Property Lines Represented by Owner Yes No Was Proposed Building Site Delineated Yes No Case #: Were Property Lines Represented by Owner Yes No Inspection Record: Meets all setbacks. Zoning District: (R-1) Lakes Classification: (NA) Date of Re-Inspection:

Date of Inspection: 8-7-14 Inspected by: M. Furdak

Conditions(s) Town Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
May not be used for human habitation. No water under pressure in structure.
No plumbing fixtures in structure.

Signature of Inspector: Michael Furdak Date of Approval: 8-8-14

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

SUBMITTER 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
 JUL 21 2014
 Bayfield Co. Zoning Dept

ENTERED
 Permit #: 14-0887
 Date: 8-8-14
 Amount Paid: \$75 791-14
 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

Owner's Name: David Swanson Mailing Address: 46195 S. Lake Dr City/State/Zip: CASIE WI 54821 Telephone: 798-3293

Address of Property: 46195 S. Lake Dr City/State/Zip: CASIE WI 54821 Cell Phone:

Contractor: Above ya Contractor Phone: _____ Plumber: _____ Plumber 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: Rd 1A N 3E 1B Legal Description: (Use Tax Statement) 04-018-2-44-07-33-404-000-10000 PIN: (23 digits) 04-018-2-44-07-33-404-000-10000 Recorded Document: (i.e. Property Ownership) Volume 1059 Page(s) 419

Section 33, Township 44 N, Range 7 W Town of: Drummond Lot Size _____ Acreage 10

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interstream) 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

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

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 1000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>level</u>	<input type="checkbox"/>
	<input type="checkbox"/> Conversion				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property				<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 20' Width: 12' Height: 10'

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 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) <u>wood shed</u>	(2 X 20)	240
	Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

Secretarial Staff
 AUG 08 2014
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
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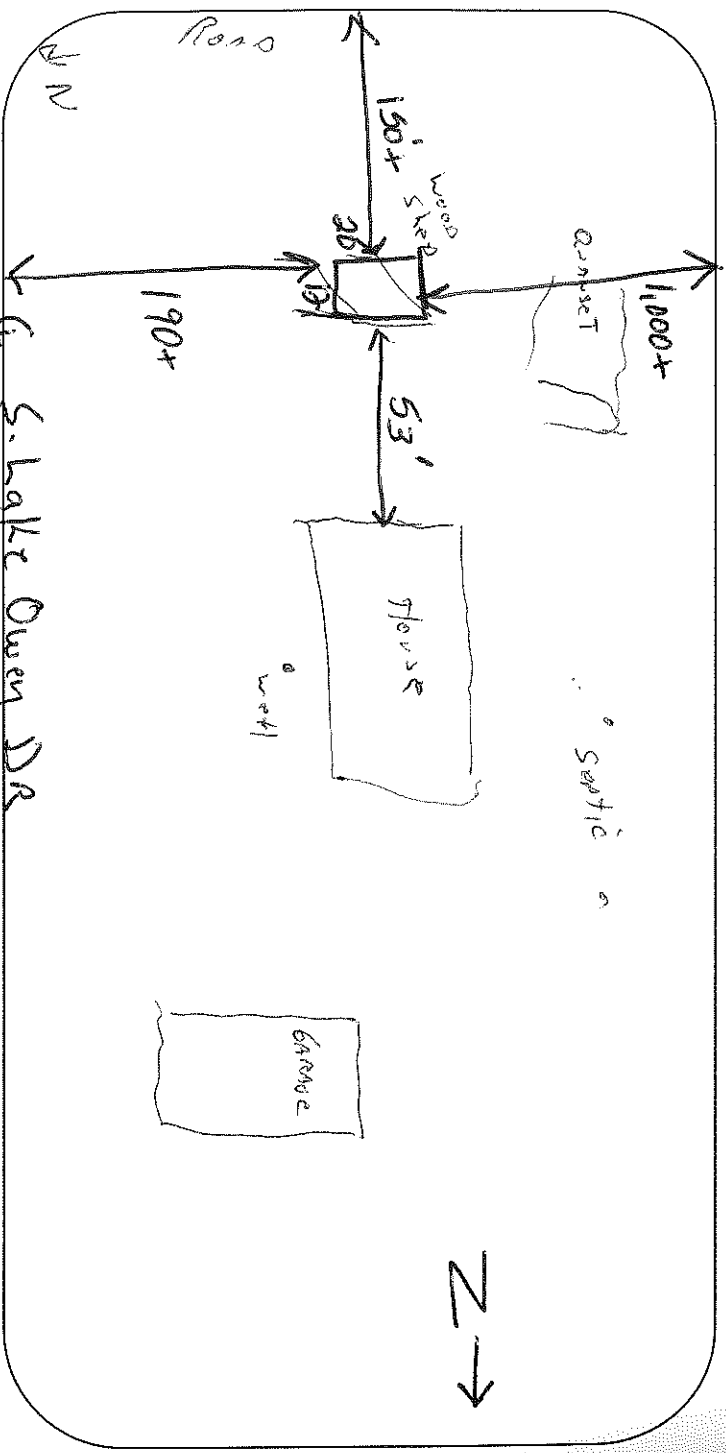
Owner(s): David Swanson Date 7/21/14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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
 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)

(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	193 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	180 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	154 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	176 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	113.5 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	72 Feet
Setback to Drain Field	97 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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(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: _____ # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Reason for Denial): _____

Permit #: 14-0857 Permit Date: 8-8-14

Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record	<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	(Fused/Contiguous lots)	<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 #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: M actual setbacks.

Date of Inspection: 8-7-14 Inspected by: M. Fustal Zoning District: (F-1)

Conditions: May not be used for human habitation. No water under pressure in structure.
No plumbing fixtures in structure.

Signature of Inspector: Michael Fustal Date of Approval: 8-8-14

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