

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
 Stamp (Received)
 OCT 09 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 140408
 Date: 10-24-14
 Amount Paid: \$95 10-10-14
 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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Ted & Terri Ramonolis
 Mailing Address: 64505 Gilles Rd, Ashland WI, 54806
 City/State/Zip: Ashland, WI, 54806
 Telephone: 715-796-2574
 Cell Phone: 715-269-4806

Address of Property: 64505 Gilles Rd
 Contractor: self
 Contractor Phone: Plumber:
 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, NE 1/4, 1/2 V 303 P253
 Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-030-1-47-05-33-1-04-000
 Volume: 303
 Page(s): 253

Section 33, Township 47 N, Range 5 W
 Town of: Eileen
 Lot Size: Acreage 3.5

Shoreland Non-shoreland

Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage: Yes No
 If Yes--continue \rightarrow

Value at Time of Completion: \$4,000
 * include donated time & material

Project: New Construction Addition/Alteration Conversion Relocate (existing bldg) Run a Business on Property

Use: 1-Story 2-Story Seasonal Year Round

of Stories and/or basement: 1

of bedrooms: 3

What Type of Sewer/Sanitary System is on the property? Municipal/City (New) Sanitary Sewer/Septic Private (Pit) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it)
 Length: 28' Width: 24' Height: 22'
 Proposed Construction: Length: 28' Width: 16' Height: 19' X (2)

| 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) Deck | () X () | () |
| | with a Deck | () X () | () |
| | with (2 nd) 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) | () X () | () |
| | Accessory Building (specify) | () X () | () |
| | Accessory Building Addition/Alteration (specify) | () X () | () |
| | Rec'd for Issuance | () X () | () |
| | 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 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): Ted & Terri Ramonolis
 Date: 10-8-14

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

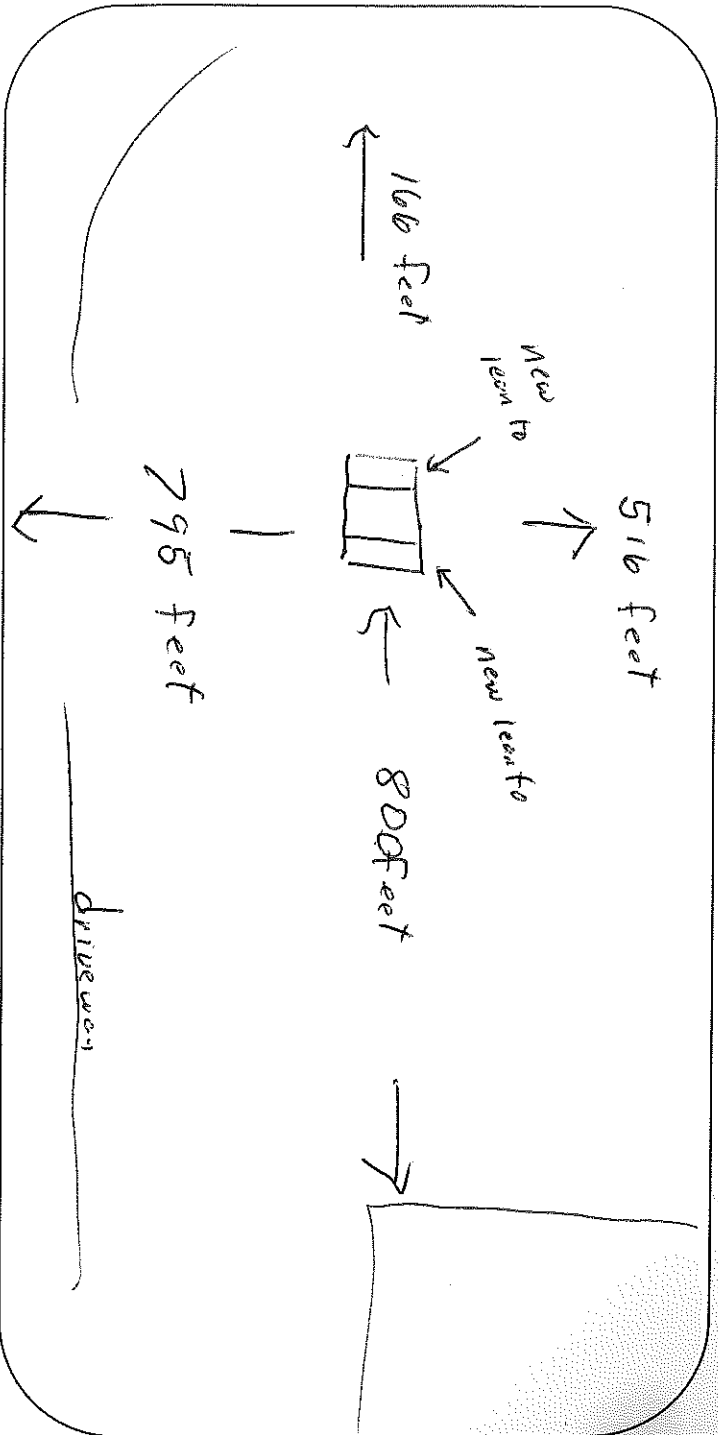
Authorized Agent: Samir G S Abood
 Date: _____

Address to send permit: Samir G S Abood
 Attach Copy of Tax Statement

Tom will pick up 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**
- (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 | 1000 + Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 1000 + Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 516 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 795 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 166 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 800 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | N/A Feet |
| Setback to Drain Field | 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)

Permit Denied (Date): _____ Sanitary Number: N/A # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 14-0402 Permit Date: 10-24-14

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

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: _____

Date of Inspection: 10-22 + 10-23-14 Inspected by: JOSEPH BERGER - MURPHY Zoning District: (A-1)

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: _____ Date of Re-Inspection: _____

Signature of Inspector: _____

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: 10-23-14

STAKE NOT BE USED FOR HUMAN HABITATION OR COMMERCIAL PURPOSES W/O NECESSARY PERMITS

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

Date: **OCT 09 2014**
RECEIVED
 Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|----------|
| Permit #: | 14-0408 |
| Date: | 10-24-14 |
| Amount Paid: | \$75.00 |
| Refund: | 10/16/14 |

INSTRUCTIONS: No permits will be issued until all fees are paid.
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TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Tony & Shikley Neufuss Mailing Address: 30915 St. Hwy 137 City/State/Zip: ASHLAND, WI 54806 Telephone: (715) 680-1054

Address of Property: 30915 St. Hwy 137 City/State/Zip: ASHLAND, WI 54806 Cell Phone: _____

Contractor: Huwad Breesette Contractor Phone: (715) 292-8183 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: NE 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM 471-231 Vol & Page 193 B Lot(s) No. 193 B Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) 471-231 Page(s) 231

Section 12, Township 47 N, Range 5 W Town of: Elieen Lot Size 165' x 264' Acreage 1 Acre

Non-Shoreland Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes No

If Yes--continue Distance Structure is from Shoreline: _____ feet 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 |
|--|-------------|--|--|---------------------------------------|---|--|
| \$ <u>3,000</u> | <u>Deck</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" 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 type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Acidling</u> | <input type="checkbox"/> |
| | | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input checked="" type="checkbox"/> 4 | <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 type="checkbox"/> No Basement | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <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: _____ Width: _____ Height: _____

Proposed Construction: 14' x 14' DECK Length: 14 Width: 14 Height: DECK ONLY

| 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 nd) Porch | () () | () |
| | with a Deck | () () | () |
| | with (2 nd) Deck | () () | () |
| <input type="checkbox"/> Commercial Use | Bunhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | () () | () |
| | Mobile Home (manufactured date) | () () | () |
| <input checked="" type="checkbox"/> Municipal Use | Addition/Alteration (specify) <u>Deck</u> | (<u>14</u> x <u>14</u>) | <u>196</u> |
| | Accessory Building (specify) _____ | () () | () |
| | Accessory Building Addition/Alteration (specify) _____ | () () | () |
| | 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) 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.

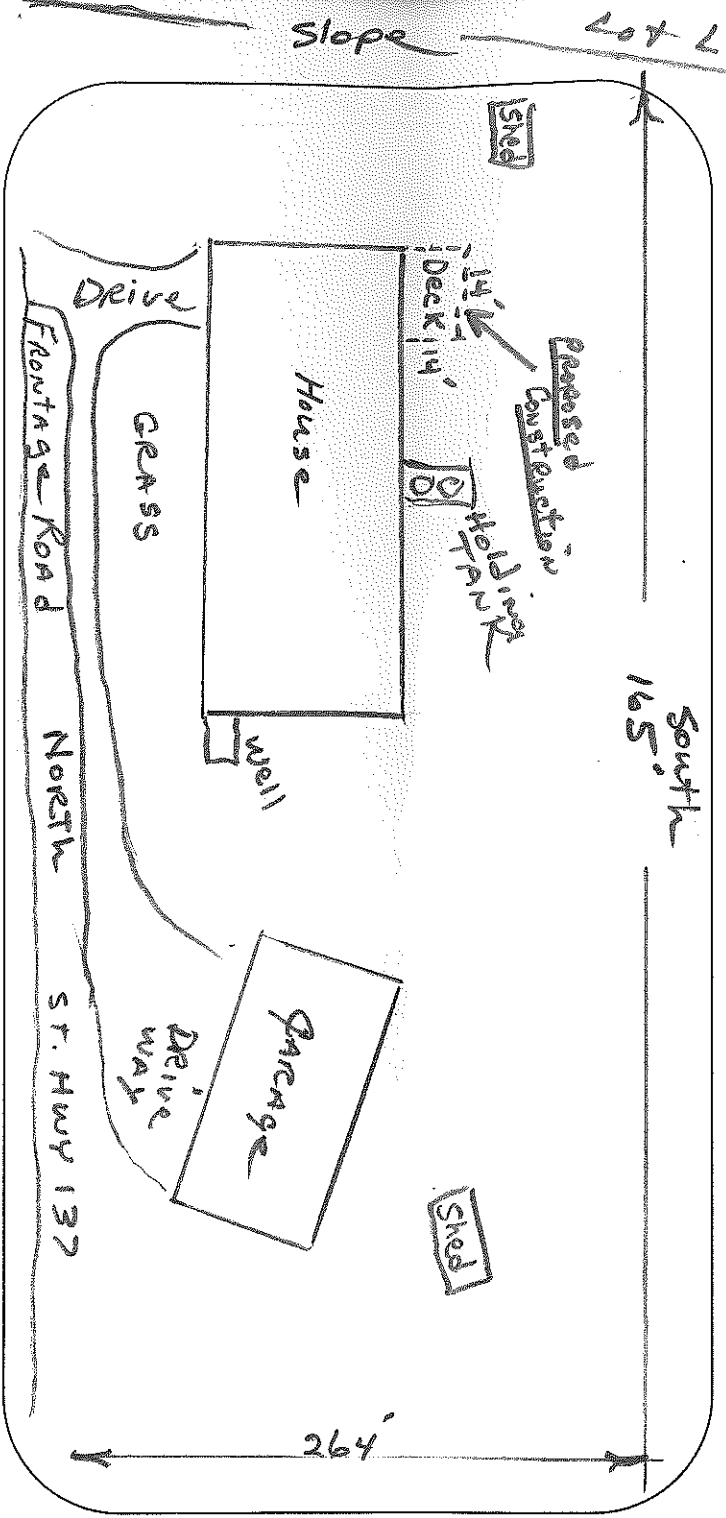
Owner(s): Tony Neufuss Shikley Neufuss Date 10-9-2014

Authorized Agent: _____ Date _____

Address to send permit: _____ Attach Copy of Tax Statement

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)
 Attached (8) Setbacks: (measured to the closest point) OK
 Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 110' | Setback from the Lake (Ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River Stream Creek | Feet |
| Setback from the North Lot Line | 200' | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 125' | Setback from Wetland | Feet |
| Setback from the West Lot Line | 100' | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 35' | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 25' | Setback to Well | 2' |
| Setback to Drain Field | 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 measured 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 measured 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.

09-0151 (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: 09-095 # of bedrooms: 4 Sanitary Date: 4/14/2009
 Permit Denied (Date): Reason for Denial: 2000g.

Permit #: 14-04403 Permit Date: 10-24-14

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes No (Fused/contiguous lots) Yes 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
 Was Proposed Building Site Delineated Yes No

Inspection Record: ALSO INSTALLED A 14x14 SLAB AT GARAGE FOR HOT TUB IN ADDITION TO 14x14 DECK.
 Date of Inspection: 10-2-14 Inspected by: CEON BOVA - MURPHY
 Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 Initials:

Signature of Inspector: Date of Approval: 10-22-14
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: