

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
 AUG 20 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0050
 Date: 3-25-15
 Amount Paid: \$75 8-21-14
 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: MARK A. & MARGARET MAKOWSKI
 Mailing Address: 3406 S. 10TH ST. MILWAUKEE, WI 53215
 Telephone: 414 744 3198

Address of Property: 93850 LENAMIE ROAD
 City/State/Zip: HERBSTER, WI 54944
 Cell Phone:

Contractor: NONE
 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: Legal Description: (Use Tax Statement) 1/4, _____ 1/4
 PIN: (23 digits) 04-014-2-50-07-28-1-02-000-1000
 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section 28, Township 50 N, Range 07 W
 Town of: CLOVER
 Lot Size: _____
 Acreage: 30

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue
 Distance Structure is from Shoreline: APPROX 210 feet
 Is Property in Floodplain Zone? Yes No

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	# 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 type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" 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"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> (New) Sanitary
	<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HOLD TANK	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> SLID TO BUNKHOUSE	<input checked="" type="checkbox"/> 5 (2 STORIES HABITABLE)		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 20 FT DIA. Width: 20 FT DIA. Height: 40 FT
 Proposed Construction: Proposed Structure Length: SAME NO CHANGE Width: SAME NO CHANGE Height: 48 FT
 (ADD TREES BUILD ROOF)

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	() ()	()
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Bunkhouse w/ <input checked="" type="checkbox"/> Privy or <input checked="" type="checkbox"/> sleeping quarters or <input type="checkbox"/> cooking & food prep facilities)	(20' X DIA.)	500 S.F.
	Mobile Home (manufacture date)	() ()	(2 HABITABLE FLOORS)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	() ()	()
	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain)	() ()	()
MAR 24 2015	<input type="checkbox"/> Conditional Use: (explain)	() ()	()
Secretarial Staff	<input type="checkbox"/> Other: (explain)	() ()	()

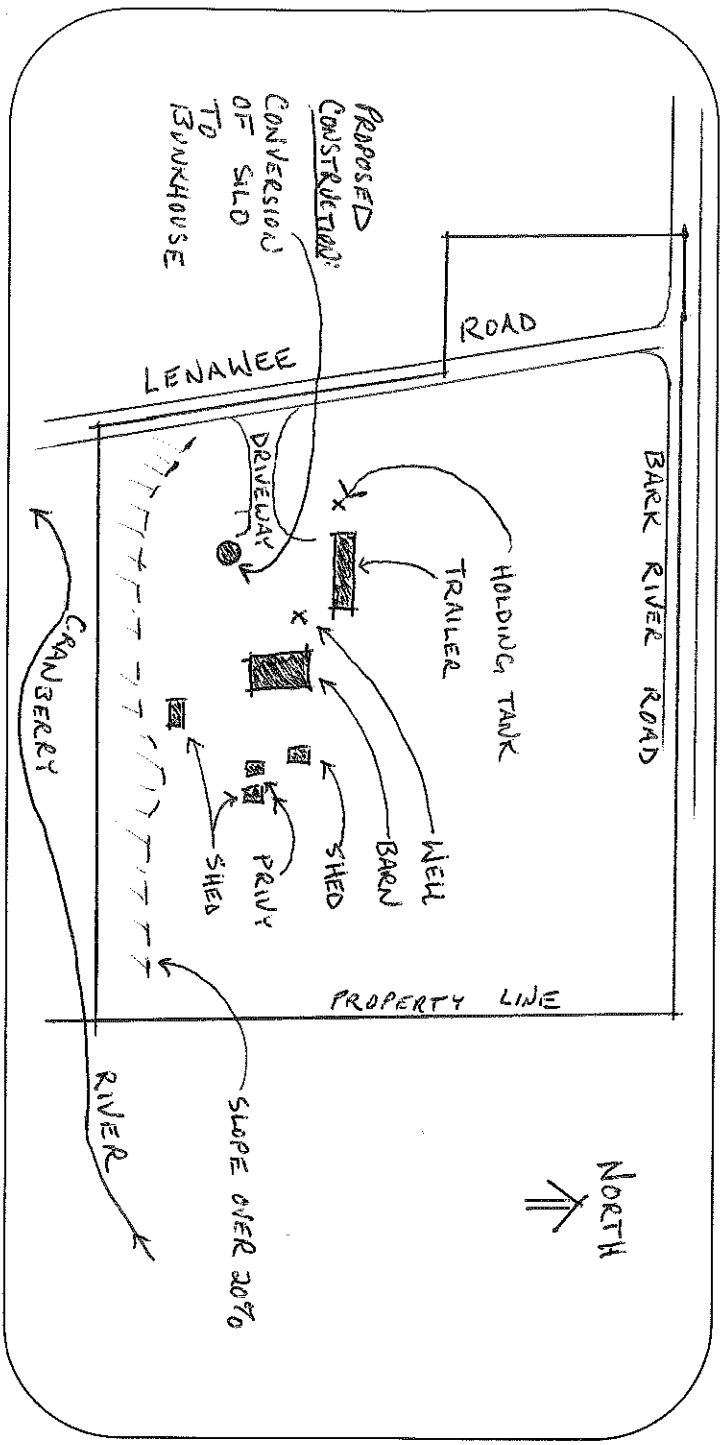
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the 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: Andrew Makowski Margaret Makowski
 (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: 8-19-2014

Address to send permit: 3406 S. 10TH ST MILWAUKEE WI 53215
 Attach Copy of Tax Statement

- (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) (MEASURED FROM AERIAL PHOTO) Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	210 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River, Stream, Creek	210 Feet
		Setback from the Bank or Bluff	80 Feet
Setback from the North Lot Line	900 Feet		
Setback from the South Lot Line	190 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	180 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	750 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	120 Feet	Setback to Well	100 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	250 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: 298177 # of bedrooms: 6-4-98
 Permit Denied (Date): Reason for Denial: Replacement tank

Permit #: 15-0065 Permit Date: 3-24-15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Yes No No
 Is Structure Non-Conforming Yes No No
 Granted by Variance (B.O.A.) Case #: Previously Granted by Variance (B.O.A.) Yes No No

Was Parcel Legally Created Yes No Existing Only Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Existing Only Yes No Was Property Surveyed Yes No No

Inspection Record: Existing brick sbs to be used for bunkhouse. Approved for septic owners only - no plumber.

Date of Inspection: 8-22-14 Inspected by: [unclear]

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
 No plumber fixtures shall be installed + no pressure water shall serve the structure unless proper permits for sanitation issued. Building shall comply with all uniform building code permits, inspections.

Signature of Inspector: [unclear] Date of Approval: 3-25-15

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