

**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 RECEIVED**  
 OCT 31 2014  
 Bayfield Co. Zoning Dept.

Permit #: **15-0128**  
 Date: **5-11-15**  
 Amount Paid: **\$450**  
 Refund: **18-3-14**

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: **Robb Sung - New Owner - 82745** Mailing Address: **45090 Chicago Ave Cable WI, 54821** Telephone: **795-2245 (W)**

Address of Property: **45125 Co Hwy D** City/State/Zip: **Cable WI 54821** Cell Phone: **794-2972**

Contractor: **Cable WI 54821** Contractor Phone: **Plumber:** **Agent Mailing Address (include City/State/Zip):** **Plumber Phone:**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Robb Sung** Agent Phone: **794-2972** Written Authorization Attached  Yes  No

**PROJECT LOCATION** Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot **1/4** Lots **1/4** CSM **1/4** Vol & Page **1/4** Lot(s) No. **1/4** Block(s) No. **1/4** Subdivision: **Curteis E. Cordos** Recorded Document: (i.e. Property Ownership) **844** Volume **168** Page(s)

Section **2**, Township **43** N, Range **6** W Town of: **Manakagon** Lot Size **124** Acreage **.037**

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: **1500** feet

Is Property/Land within 1000 feet of lake, Pond or Flowage if yes---continue **→** Distance Structure is from Shoreline: **1500** 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
\$ 150,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" 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 checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pri) or 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 type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

**Structure:** (if permit being applied for is relevant to it) Length: **48** Width: **36** Height: **18**

**Proposed Construction:** Length: **25** Width: **34** Height: **18**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <b>48</b> x <b>36</b> )	<b>1,728</b>
	Residence (i.e. cabin, hunting shack, etc.)	( <b>X</b> x <b>X</b> )	
	with Loft	( <b>X</b> x <b>X</b> )	
	with a Porch	( <b>X</b> x <b>X</b> )	
	with (2 <sup>nd</sup> ) Deck	( <b>X</b> x <b>X</b> )	
	with a Deck	( <b>X</b> x <b>X</b> )	
	with (2 <sup>nd</sup> ) Deck	( <b>26</b> x <b>34</b> )	<b>884</b>
<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)	( <b>X</b> x <b>X</b> )	
	Mobile Home (manufactured date)	( <b>X</b> x <b>X</b> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( <b>X</b> x <b>X</b> )	
	Accessory Building (specify) _____	( <b>X</b> x <b>X</b> )	
	Accessory Building Addition/Alteration (specify) _____	( <b>X</b> x <b>X</b> )	
Rec'd for Issuance	Special Use: (explain) _____	( <b>X</b> x <b>X</b> )	
<b>MAY 11 2015</b>	Conditional Use: (explain) _____	( <b>X</b> x <b>X</b> )	
Secretarial Staff	Other: (explain) _____	( <b>X</b> x <b>X</b> )	

FAILURE TO OBTAIN A PERMIT OF 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 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): **Robb Sung** Date: **10-30-14**  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit: **45090 Chicago Ave Cable WI 54821** Attach Copy of Tax Statement

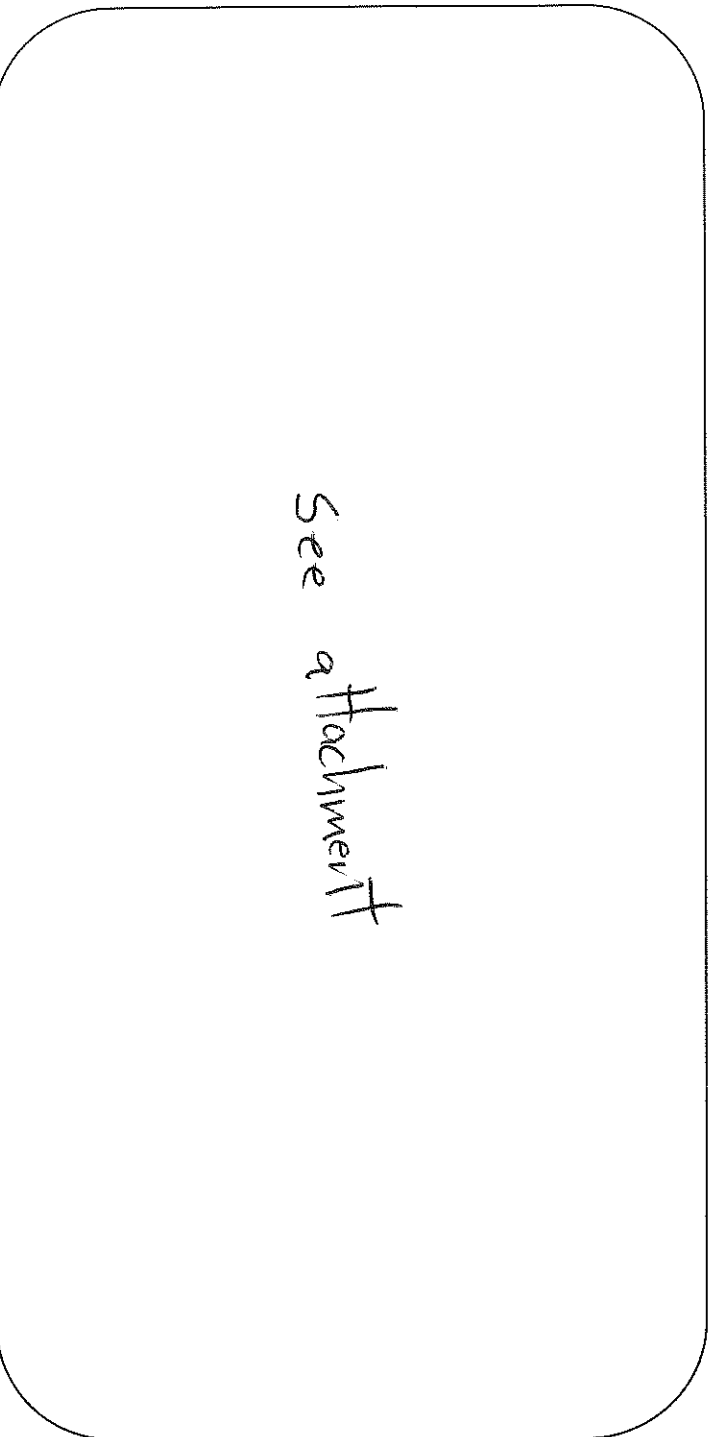
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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%

See attachment



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 <i>Co Highway</i>	85' Feet	Setback from the Lake (ordinary high-water mark)	160' Feet
Setback from the Established Right-of-Way	55' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line <i>Lake</i>	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line <i>Co Highway</i>	N/A Feet	Setback from Wetland	130' Feet
Setback from the West Lot Line <i>Co Highway</i>	65' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	15' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	20' Feet
Setback to Drain Field	N/A 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: 15-375 # of bedrooms: 3 Sanitary Date: 5-7-15

Permit #: 15-0288 Permit Date: 5-11-15 Reason for Denial: \_\_\_\_\_

Is Parcel a Sub-Standard Lot  Yes  No  (Deed of Record) \_\_\_\_\_  No  (Used/Contiguous Lot(s)) \_\_\_\_\_  No  No

Is Parcel in Common Ownership  Yes  No  (Variance) \_\_\_\_\_  No  No

Is Structure Non-Conforming  Yes  No  No  No

Granted by Variance (B.O.A.) Case #: 15-01B (1-29-15) Previously Granted by Variance (B.O.A.)  Yes  No

Was Parcel Legally Created  Yes  No  No  No

Was Proposed Building Site Delineated  Yes  No  No  No

Were Property Lines Represented by Owner  Yes  No  No  No

Was Property Surveyed  Yes  No  No  No

Affidavit Required  Yes  No  No  No

Affidavit Attached  Yes  No  No  No

Inspection Record:

Date of Inspection: 4-16-15 Inspected by: MM Funtak Zoning District: (R-1)

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

Inspection Record: Well stoped. Meets all requirements

Signature of Inspector: Michael Funtak Date of Approval: 5-1-15

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:   Plot Plans  Complete  Zoning

see BOA approval.

Fill out back of application -

© October 2013

OHW

Set Backs

Lake Nantawagan

Hyw D

E

85'

95'

well

15'

Garage  
26 x 34  
884 sq ft

House  
36 x 48  
1728 sq ft

465'

Chicago Ave

Common Grounds

Septic Setbacks