

STATEMENT: 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
 JUL 01 2014
 Bayfield Co. Zoning Dept.

Permit #:	15-0308
Date:	8-20-15
Amount Paid:	\$6005 7-1-14
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. 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: John & Kati D Maier Mailing Address: 203 BRADMAN AVE City/State/Zip: WISCONSIN WI 54403 Telephone: 715-218-8163

Address by Property: 715-209-1084 City/State/Zip: WISCONSIN WI 54403 Cell Phone: 715-682-0444

APPLICANT FOR ADDRESS: TRUDY DE BELL Plumber: PLUMBER Plumber Phone: 715-682-0444

Contractor: ARNO GUYT CONSTRUCTION Contractor Phone: 715 209 1084 Plumber: PLUMBER Plumber Phone: 715 682 0444

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715 209 1084 Agent Mailing Address (include City/State/Zip): ASHLAND WI 54806 Written Authorization Attached: Yes No

PROJECT LOCATION: NEW 1/4 SW 1/4 Legal Description: (Use Tax Statement) NEW 1/4 SW 1/4 Gov't lot: 3 Lots: 3 CSM: 3 Vol & Page: 3 Lot(s) No.: 3 Block(s) No.: 3 Subdivision: 1105 Page(s): 273

Section 35, Township 51 N, Range 6 W Town of: BELL Lot Size: 445,795 SF Acreage: 10.23

Shoreland Non-Shoreland

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

Distance Structure is from Shoreline: 200' 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 * include donated time & material	Project (What are you applying for)	# 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 type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" 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 type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>HOOD TRAP</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for, is relevant to it) Length: 30' IN Width: 24' IN Height: 14' 4"

Proposed Construction: Length: 30' Width: 24' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>24</u> X <u>30</u>)	<u>720</u>
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	(<u>24</u> X <u>24.5</u>)	<u>595</u>
	with a Porch	(<u>24</u> X <u>10</u>)	<u>240</u>
	with a Deck	(<u>6</u> X <u>4</u>)	<u>16</u>
	with (2 nd) Deck	(<u>6</u> X <u>14</u>)	<u>84</u>
<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)	(<u> </u> X <u> </u>)	<u> </u>
	Mobile Home (manufactured date)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(<u> </u> X <u> </u>)	<u> </u>
	Accessory Building (specify)	(<u> </u> X <u> </u>)	<u> </u>
	Accessory Building Addition/Alteration (specify)	(<u> </u> X <u> </u>)	<u> </u>
	Special Use: (explain)	(<u> </u> X <u> </u>)	<u> </u>
	Conditional Use: (explain)	(<u> </u> X <u> </u>)	<u> </u>
	Other: (explain)	(<u> </u> X <u> </u>)	<u> </u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

1. (we) acknowledge 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) 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): _____ Date _____

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

Authorized Agent: _____ Date 5-13-2014

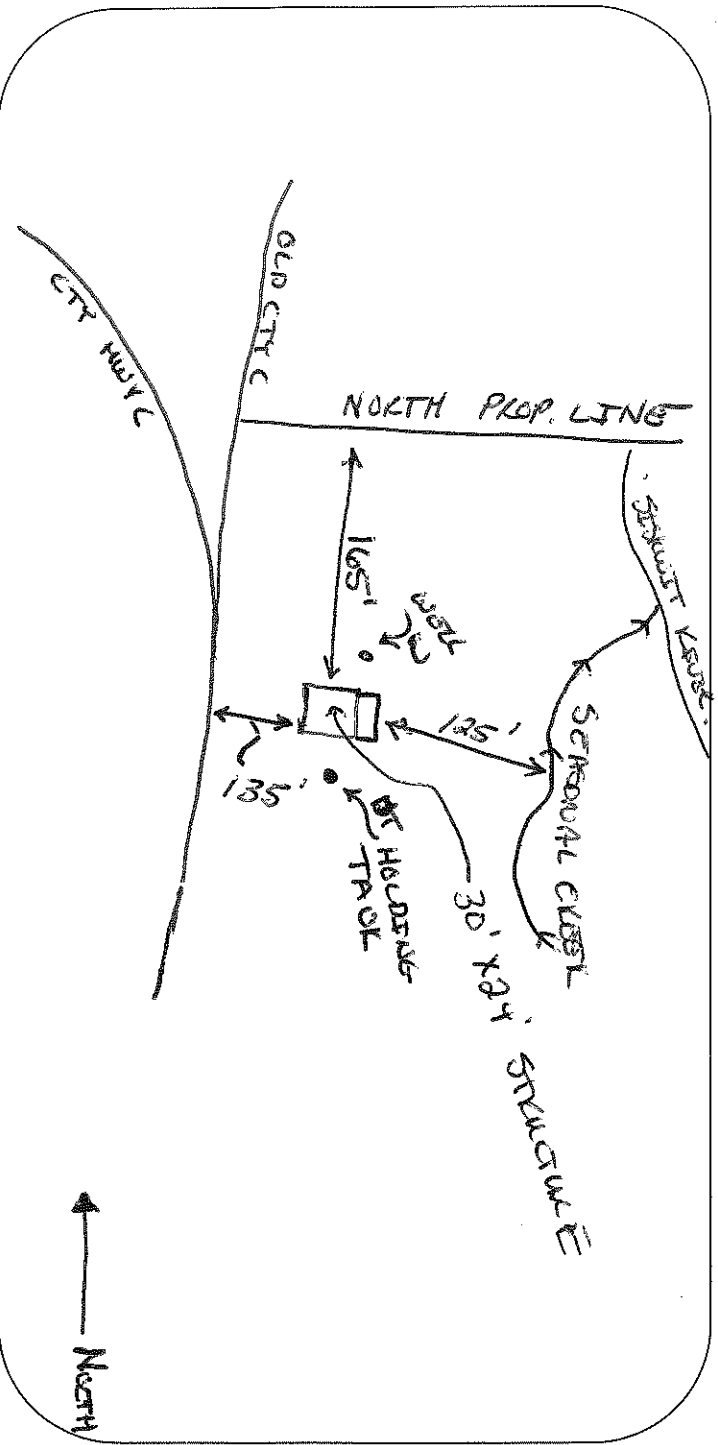
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 422 340 ST W STB 102 ASHLAND WI 54806 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	135 Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	102 Feet	Setback from the River, Stream, Creek	200' / 100' Feet
Setback from the North Lot Line	165 Feet	Setback from the Bank or Bluff	175' Feet
Setback from the South Lot Line	450' +/- Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	100' +/- Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	495' +/- Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	10' 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) Sanitary Number: 4415-1038 # of bedrooms: 2 Sanitary Date: 8.20.15

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 15-0308 Permit Date: 8.20.15

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership 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 #: _____

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Basement & CUBS on site. Job to be inspected before inspection of Riser. Seasonal Sewer Pumping District (AT-1) was viewed & should be treated as non-regulated. OK to issue FEA. Permit 1142 Post Permit DFE to PUMPER DISTRICT. ON SANITARY

Date of Inspection: 7-16-14 Inspected by: J. Campbell, Murphy Sanitary

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

UDC PERMIT REVIEWED

Signature of Inspector: _____

Hold For Sanitary: Hold For IBA: Hold For Affidavit: Hold For Fees:

Date of Approval: 7-11-14

Rec'd 7-23-14

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 07 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-03007
Date:	8-20-15
Amount Paid:	\$975
Refund:	8-20-15

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: MICHAEL KOLOWITH
Address of Property: 81235 STAGE RD.
Contractor: SELF
Authorized Agent: (Person Signing Application on Behalf of Owner(s))
Mailing Address: P.O. BOX 133
City/State/Zip: CORNUCOPIA, WI, 54827
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Telephone: 262-335-7357
Cell Phone: _____
Plumber: _____
Plumber Phone: _____
Written Authorization Attached Yes NO

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, _____ 1/4
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____
 PIN: (23 digits) 04-010 2500602400 281
 Block(s) No. 06000
 Subdivision: SISKIWIIT RIVER VALLEYFRUIT LAND CO
 Section 2, Township 50 N, Range 6 W
 Town of: BELL
 Lot Size _____ Acreage 20
 Recorded Document: (i.e. Property Ownership) Volume 952 Page(s) 369

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage if Yes---continue →
 Non-Shoreland

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
\$ 20,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing Bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> _____	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation <input type="checkbox"/> _____	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None <input type="checkbox"/> _____	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CONV. <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 28' Height: 19'
Proposed Construction:

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, gr () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) GARAGE	(28 X 40)	(1120)
	Accessory Building Addition/Alteration (specify)	() 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 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.

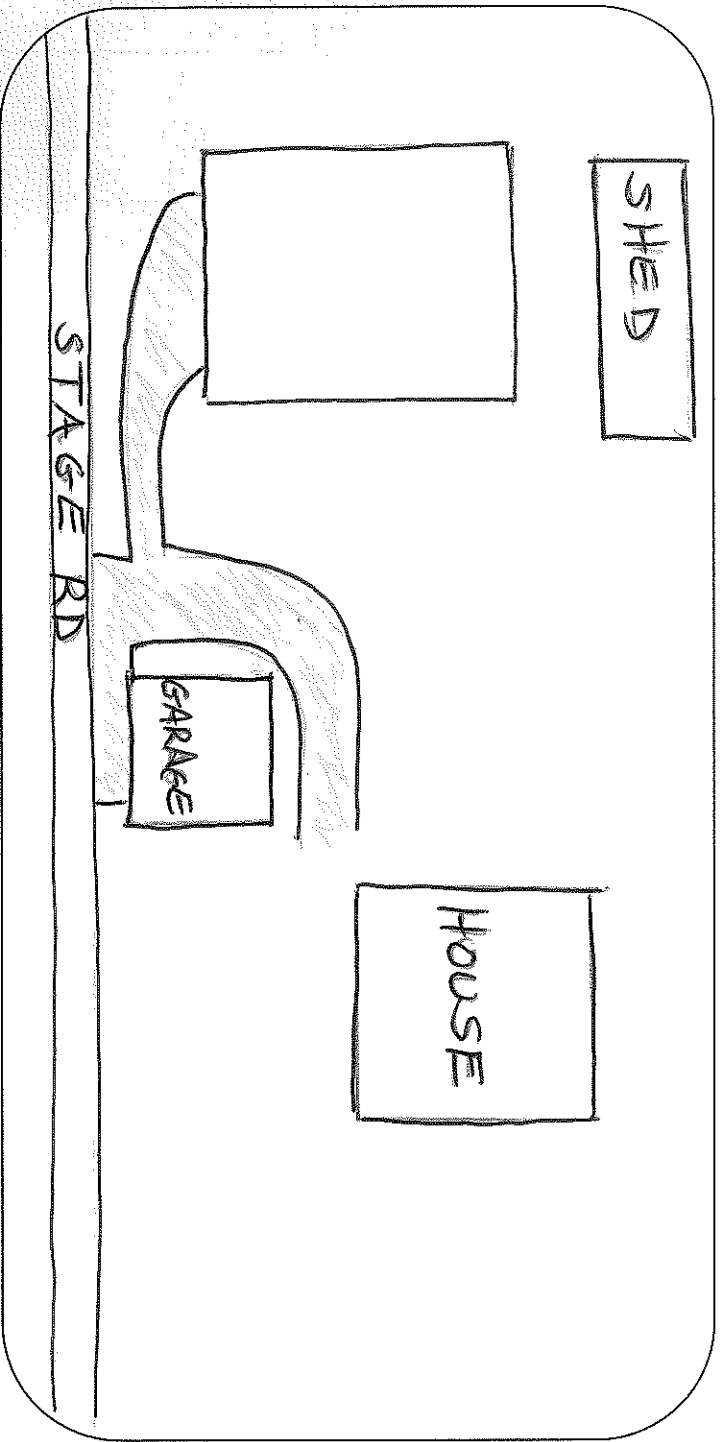
Owner(s): Michael Kolowitz; Mark A. Hillard
 Date: 8/7/15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: P.O. BOX 133 CORNUCOPIA WI 54827 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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	84 Feet	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	250 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1050 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	540 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	151 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	96 Feet	Setback to Well	140 Feet
Setback to Drain Field	180 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)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-03807	Permit Date: 8/20-15			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous Lots)	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>Sanitary is in violation but R. Schiermeyer said to issue a permit.</i>	Date of Inspection: 8-18-15	Inspected by: <i>Carson Boeck Muepfling</i>	Zoning District: <i>R1A</i>	Date of Re-Inspection: <i>NYA</i>
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
<i>Not to be used for sleeping purposes.</i>				
Signature of Inspector:				Date of Approval: 8-19-15
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	