

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Rec'd (Received)
 NOV 09 2015
 Bayfield Co. Zoning Dept.

ENTERED Permit #: 15-01164
 Date: 12-15-15
 Amount Paid: \$8005
 Refund: 12-15-15

\$165 + \$100 Imp

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: AKA Tapawingo, L.P. Mailing Address: 5 CUTE 2350 City/State/Zip: 60603 Telephone: (312) 606-2681
Stellar West Holdings L.P. 1355. Lakeside St. Chicago, IL
 Address of Property: 48775 S. Lake Owen Dr. City/State/Zip: Cable, WI 54821 Cell Phone:
 Contractor: North Fork Builders Contractor Phone: 406-451-1468 Plumber: NA Plumber Phone:
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 817-30034 Agent Mailing Address: 6173 Iron Lake Rd 54847 Written Authorization Attached Yes No
Mike Furtak 715 817-30034 6173 Iron Lake Rd 54847 AKes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 1747 CSM Vol & Page 10, 198 Lot(s) No. 13000 Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 1061 Page(s) 9

Section 14, Township 44 N, Range 7 W Town of: Duwmond Lot Size 83.49 Acres

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: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Distance Structure is from Shoreline: _____ feet
 Non-Shoreland

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
\$35,000	<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"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> New
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
					<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet
						<input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 18 Width: 18 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)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Porch	() X ()	
	<input type="checkbox"/> with a Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
	<input type="checkbox"/> with Attached Garage	() X ()	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	() X ()	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>dry 1st bathroom 1st storage</u>	(18 X 13)	234
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>covered porch</u>	(18 X 5)	90
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	() X ()	
	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	
	<input type="checkbox"/> Other: (explain) _____	() X ()	

Special Staff: _____ FAIL 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 placed on 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 entire property and responsible for the purpose of inspection.

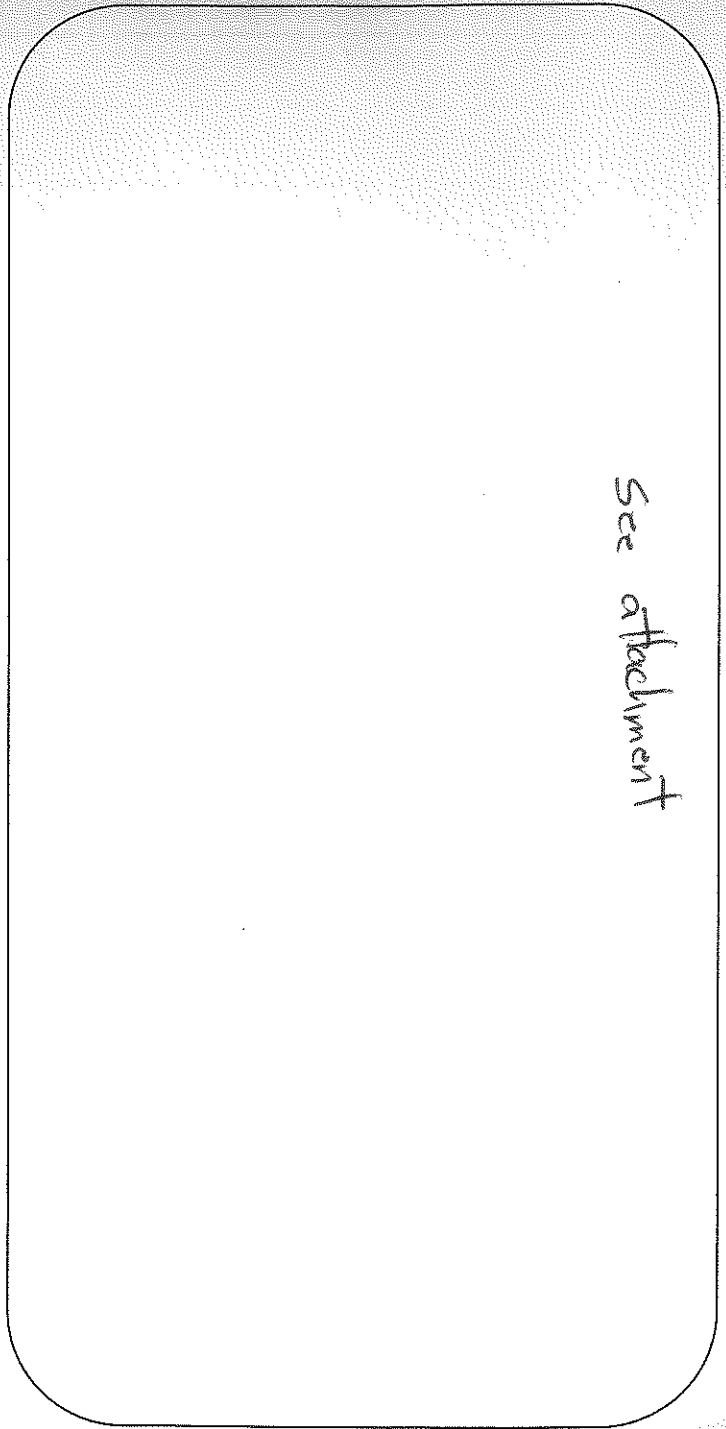
Owner(s): _____ Date: _____
 (If the Secretary of State is acting on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Mike Furtak Date: 11-2-15
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 6173 Iron Lake Rd, Iron River, WI 54847 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In 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	1,500+ Feet	Setback from the Lake (ordinary high-water mark)	18 Feet
Setback from the Established Right-of-Way	1,500+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1,500+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1,200+ Feet	20% Slope Area on property	X Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	800+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	200+ Feet	Setback to Well	200+ Feet
Setback to Drain Field	200+ 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: _____ # of bedrooms: _____ Sanitary Date: _____

Permit: Denied (Date): _____ Reason for Denial: _____ Permit Date: 12-15-15

Permit #: 15-0164

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 #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspected by: Jek

Date of Inspection: 11-12-15

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

Not As - Hawn habikho

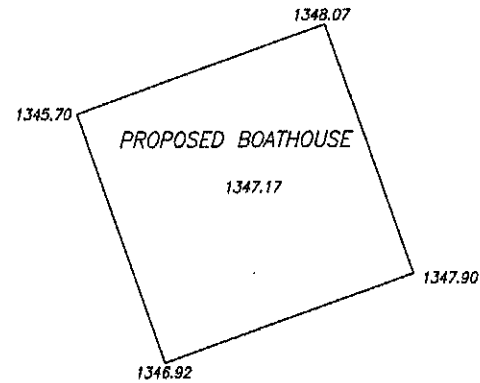
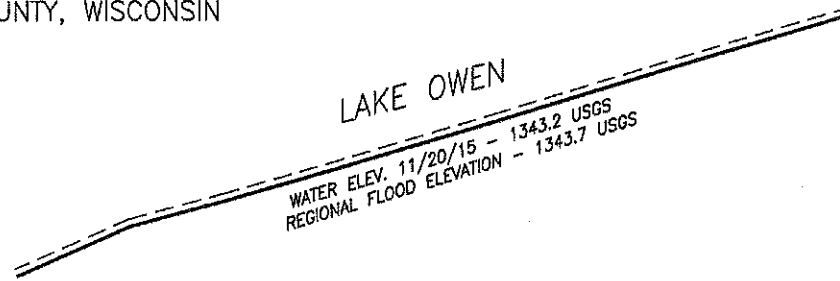
Signature of Inspector: [Signature] Date of Approval: 12/15/15

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

Abd Hjo wada Pissone Must be 2' Above Road Road Road

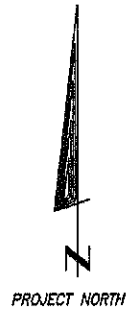
ELEVATION SKETCH

PROPOSED BOATHOUSE
LOCATED IN SECTION 14, T. 44 N., R. 7 W., IN THE TOWN OF
DRUMMOND, BAYFIELD COUNTY, WISCONSIN



ELEVATION INFORMATION

ELEVATIONS ARE USGS BASED ON
WI DNR BENCHMARK NO. 442-C
ELEV. - 1347.48



LEGEND
1347.17 SPOT ELEVATIONS

CLIENT: STELLAR EAST HOLDINGS
JOB NO.: H15/213 FILE: M744NR7W
SCALE: 1" = 10' FILE: H15_213
DATE: 12/4/15 SHEET 1 OF 1

**NELSON
SURVEYING
INCORPORATED**
SURVEYING NORTHERN WISCONSIN SINCE 1964

101 W. MAIN STREET
SUITE 100
ASHLAND, WISCONSIN 54806
(715) 682-2822
FAX: (715) 682-5100
MAP NO. 054