

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

Bayfield Co. Zoning Dept.
 SEP 16 2016

ENTERED

Permit #:	16-6442
Date:	12-16
Amount Paid:	
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: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Bayfield County Forestry	Mailing Address: 117 E. 5th St. Washburn, WI 54891
Address of Property: Whitefish Rd.	City/State/Zip: Bay View
Contractor: CHMIBA	Contractor Phone: 757-948-3544
Authorized Agent: Ron Bergin	Agent Phone: 715-792-3599
	Agent Mailing Address: PO Box 1441, Cable WI 54821
PROJECT LOCATION: NW 1/4 Sec 38	Legal Description: (Use Tax Statement)
Section 32, Township 50 N, Range 4 W	Town of: Bay View
Gov't Lot	Lot(s)
GSM	Vol & Page
Lot(s) No.	Block(s) No.
Subdivision:	Lot Size
Recorded Document: (i.e. Property Ownership) Volume 8	Pages: 38
Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 500.	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water							
							Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____			
Proposed Use	Proposed Structure	Proposed Use	Proposed Structure	Dimensions	Square Footage								
							<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Yes—continue <input checked="" type="checkbox"/> No	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> Yes—continue <input checked="" type="checkbox"/> No			
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<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	Specify Type: _____	<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"/> None
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		<input type="checkbox"/> None
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Portable (w/service contract)		<input type="checkbox"/> None							
<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		<input type="checkbox"/> None							
<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>							

Proposed Use	Proposed Structure	Proposed Use	Proposed Structure	Dimensions	Square Footage	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	() X)	() X)	() X)	() X)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Porch	with (2 nd) Deck	() X)	() X)	() X)	() X)
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> with Attached Garage	with (2 nd) Deck	() X)	() X)	() X)	() 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)	() X)	() X)	() X)
	<input type="checkbox"/> Mobile Home (manufactured date)		() X)	() X)	() X)	() X)
	<input type="checkbox"/> Addition/Alteration (specify)		() X)	() X)	() X)	() X)
	<input type="checkbox"/> Accessory Building (specify)		() X)	() X)	() X)	() X)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X)	() X)	() X)	() X)
	<input checked="" type="checkbox"/> Special Use: (explain) Trailhead		() X)	() X)	() X)	() X)
	<input type="checkbox"/> Conditional Use: (explain)		() X)	() X)	() X)	() X)
	<input type="checkbox"/> Other: (explain)		() X)	() X)	() X)	() X)

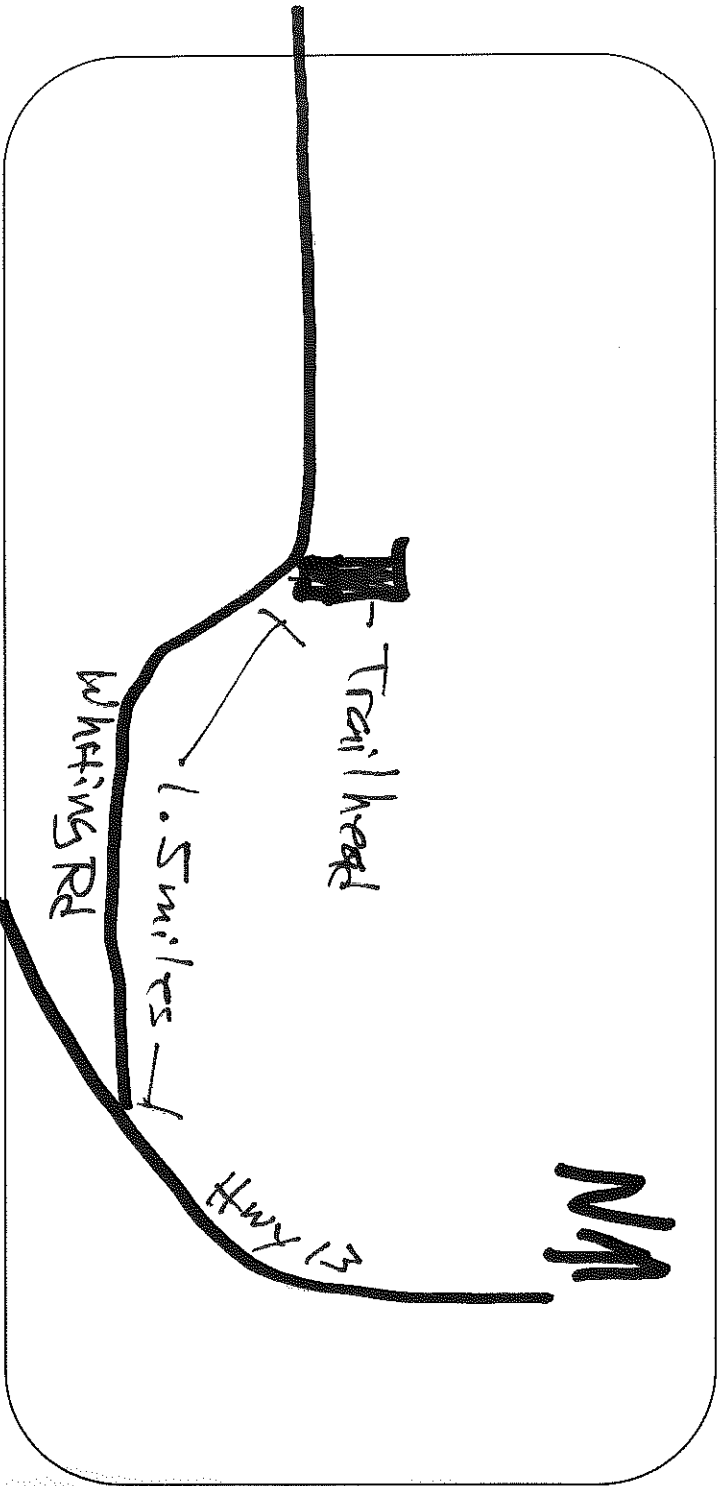
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. Applicant is responsible for the detail and accuracy of all information (level, am, (are), providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County's reliance 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 deed and other records of record for the purpose of inspection.

Owners: Bayfield County Forestry
 Subordinate Owners: None
 Authorized Agent: Ron Bergin
 Address to send permit: P.O. Box 1441, Cable, WI 54821
 Date: 9-14-16
 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)

(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	100 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	2,500 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	110 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	480 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	5,800 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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 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: N/A # of bedrooms: N/A Sanitary Date: _____

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

Permit #: 16-03448 Permit Date: 12-1-16

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Yes No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Yes No

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

Inspected by: Chris B. Murphy Date of Re-Inspection: _____

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

Approved per Planning & Zoning committee approval & conditions

Signature of Inspector: _____ Date of Approval: 12-1-16

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Zoning District: (F-2)

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
 NOV 21 2016
 Bayfield Co Zoning Dept



Permit #:	16-0446
Date:	12-6-16
Amount Paid:	\$300 11-21-16
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: Badinus Resort LLC. Mailing Address: 78800 Badinu RD City/State/Zip: WI, Washburn 54891 Telephone: 373-2822

Address of Property: 78800 Badinu RD City/State/Zip: WI, Washburn 54891 Cell Phone: 209-3730

Contractor: Scott Badinu Construction Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) JEFFERY R BADINU Agent Phone: 715-373-2822 Agent Mailing Address (include City/State/Zip): 78910 Badinu RD Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: Use Tax Statement PIN: (23 digits) 04-04-008-2-49-04-21-1-08 Recorded Document: (i.e. Property Ownership) Volume: 221 - 4780 Page(s) _____

_____ 1/4 _____ 1/4 Gov't Lot _____ Lot(s) _____ CSM 1538 Vol & Page 1132 25+28 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section _____, Township _____ N, Range _____ W Town of: Bayview Lot Size _____ Acreage 9.38

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (land intermittent) Creek or Landward side of Floodplain? If yes---continue If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

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

Distance Structure is from Shoreline: 300 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
\$ <u>100,000 +</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<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"/> Year Round	<input checked="" 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"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Hydro Jet</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 Vented (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" 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"/> Compost Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 48 Width: 24 Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>24</u> x <u>40</u>)	<u>960</u>
	Residence (i.e. cabin, hunting shack, etc.)	(_____ x _____)	_____
	with Loft	(_____ x _____)	_____
	with a Porch	(<u>8</u> x <u>24</u>)	<u>192</u>
	with (2 nd) Porch	(_____ x _____)	_____
	with a Deck	(<u>10</u> x <u>16</u>)	<u>160</u>
	with (2 nd) Deck	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	with Attached Garage	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Mobile Home (manufactured date) _____	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Addition/Alteration (specify) _____	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Accessory Building (specify) _____	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Accessory Building Addition/Alteration (specify) _____	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Special Use: (explain) _____	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Conditional Use: (explain) _____	(_____ x _____)	_____
<input type="checkbox"/> Residential Use	Other: (explain) _____	(_____ x _____)	_____

F.A.U.L.T.E 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): _____ Date: 11/16/16

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

Authorized Agent: Jeffery R Badinu Date: 11/16/16

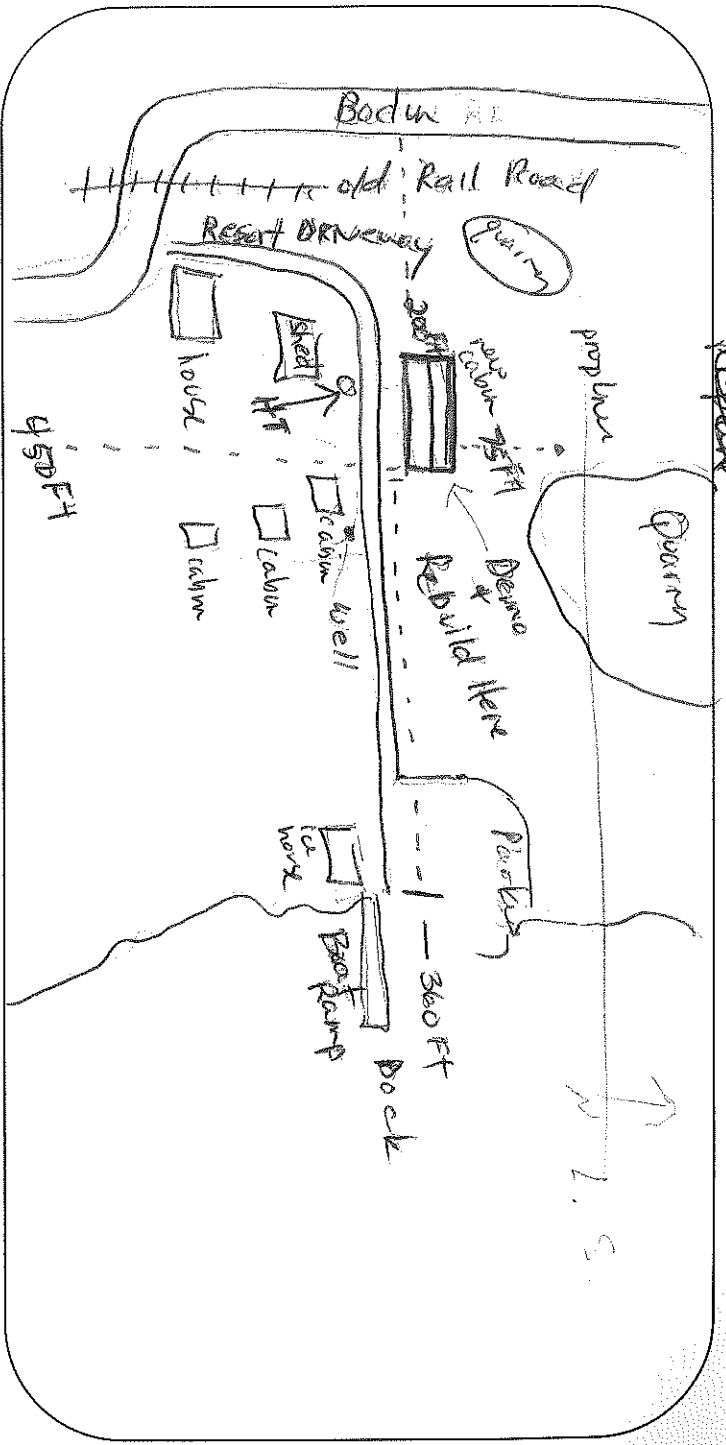
Address to send permit: _____ Attach _____

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Section: 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	200 Feet	Setback from the Lake (ordinary high-water mark)	360 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	450 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	360 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	75 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)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>16-0446</u>	Permit Date: <u>12-10-16</u>			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> 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 lot(s))	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>EXISTING SUBER CABIN RAZED. NEW CABIN IN ITS PLACE. NO NET MOVEMENT IN STRUCTURES - CONSISTENT</u>	Inspected by: <u>JACOBSON</u>	Zoning District: <u>R2B</u>	Date of Re-Inspection:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>not for this inspection</u>
Date of Inspection:	Inspected by:	Zoning District:	Date of Re-Inspection:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)	Inspected by:	Zoning District:	Date of Re-Inspection:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Signature of Inspector:	Inspected by:	Zoning District:	Date of Re-Inspection:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

sanitary record received 12-1-16
 permit approved 12-2-16