

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54991  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN  
**RECEIVED**  
 JUL 07 2015  
 Bayfield Co. Zoning Dept.

Permit #: **17-0169**  
 Date: **7/15/15**  
 Amount Paid: **\$3000**  
 Refund: **\$0**

**STILL NEEDS ATF PERS SIGN**

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: **Rich Konzak** Mailing Address: **108558 Long Lake, Von River WI** Telephone: **715-372-8238**

Address of Property: **BURNS RD 1595** City/State/Zip: **Hughes WI** Cell Phone: **218-355-1222**

Contractor: \_\_\_\_\_ 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) **PLN: (23 digits) 04-0222-2-47-29-29-102-008-10000-5222-017-05-008** Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_

Section **6**, Township **47 N**, Range **9 W** Town of: **Hughes** Lot Size \_\_\_\_\_ Acreage **21.65**

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interment) \_\_\_\_\_ Distance Structure from Shoreline: \_\_\_\_\_ feet

Creek or Landward side of Floodplain? \_\_\_\_\_ If yes—cont. to \_\_\_\_\_ Distance Structure from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Floeage \_\_\_\_\_ If yes—cont. to \_\_\_\_\_ Distance Structure from Shoreline: \_\_\_\_\_ feet

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	
<del>\$88000.00</del> <b>\$20,000.00</b> per owner's pa. 2-2-15	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Lot <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Round <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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) Length: **08** Width: **10** Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( )	( )
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft		( )	( )
<input type="checkbox"/> with a Porch		( )	( )
<input checked="" type="checkbox"/> Residential Use with (2 <sup>nd</sup> ) Porch		( )	( )
<input type="checkbox"/> with a Deck		( )	( )
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( )	( )
<input type="checkbox"/> with Attached Garage		( )	( )
<input type="checkbox"/> Commercial Use		( )	( )
<input type="checkbox"/> Secretarial		( )	( )
<input type="checkbox"/> Addition/Alteration (specify)		( )	( )
<input type="checkbox"/> Accessory Building (specify)		( )	( )
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( )	( )
<input type="checkbox"/> Special Use: (explain)		( )	( )
<input type="checkbox"/> Conditional Use: (explain)		( )	( )
<input checked="" 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.

Owner(s): **Rich Konzak** Date **7/7/15**

(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 \_\_\_\_\_

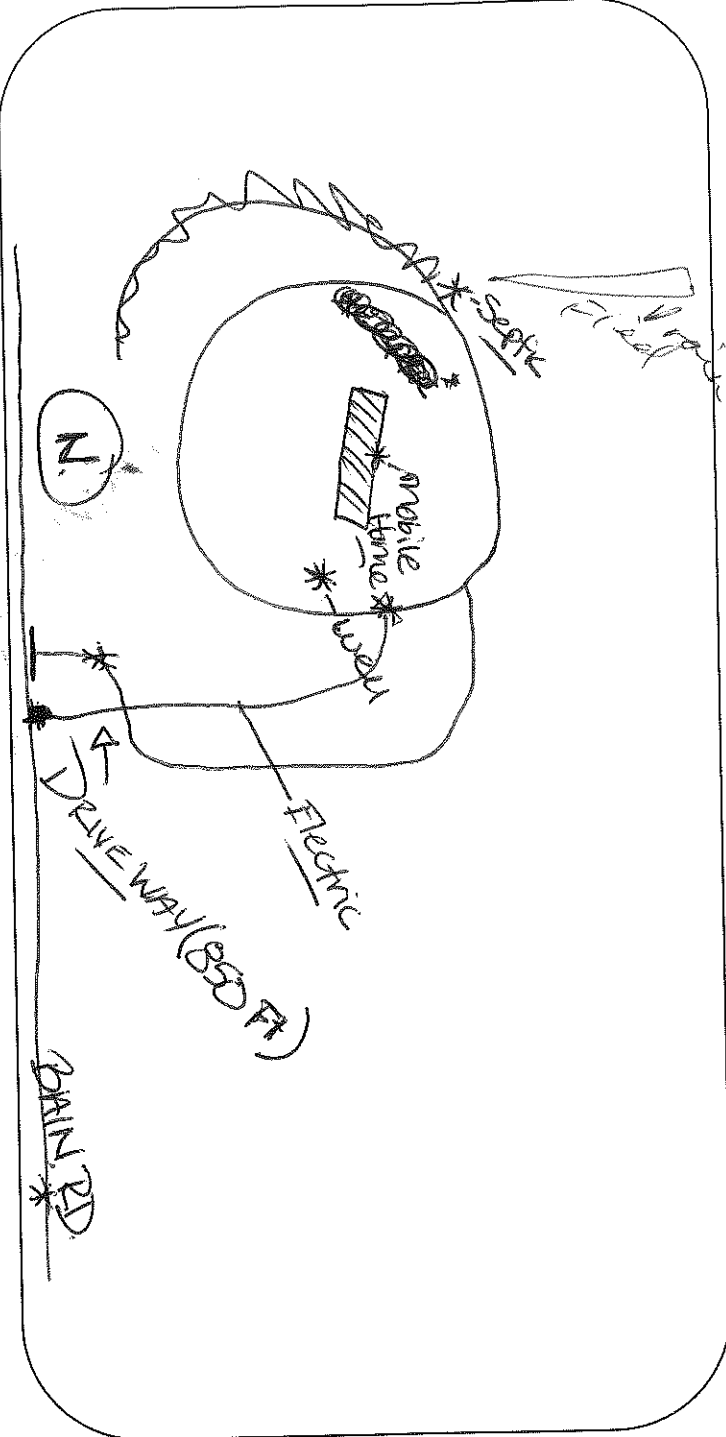
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_ Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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) 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	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	850 +	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	150 +	Elevation of Floodplain	Feet
Setback from the East Lot Line	450 +	Setback to Well	Feet
Setback to Septic Tank or Holding Tank	50 +		
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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 15-775	# of bedrooms: 2	Sanitary Date: 7-1-15
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0169	Permit Date: 5-24-17			
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: repeated at time of sanitary installation	Zoning District: (R-1)			
Date of inspection: 7-7-15	Inspected by: [Signature]	Lakes Classification (N/A)	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Necessary uniform driveway code permit + inspection shall be obtained + complied with.				
Signature of Inspector: [Signature]	Date of Approval: 7-15-15			
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 15-77S  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0169** Issued To: **Ricky Konczak**

E ½ of  
Location: **NW** ¼ of **NE** ¼ Section **6** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Use: [ 1- Story; Mobile Home (68' x 16') = 1,008 sq. ft.; Deck (10' x 12') = 120 sq. ft. ]**  
**Total Overall = 1,208 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Necessary UDC permit and inspections shall be obtained and complied with.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**May 24, 2017**

Date