

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
 JUN 05 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0342
Date:	8-29-17
Amount Paid:	1,300 (6-517)
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: Michael A. Mikula
Address of Property: 2202 Golf Course Rd, Ashland WI 54806
 49821 Co Hwy D, Cable WI 54821
City/State/Zip: Ashland WI 54806
Telephone: 715-682-8400
Cell Phone: 715-292-2071

Contractor: Michael A Mikula
Contractor Phone: 715-682-8400
Plumber: Blakeman Plumbing
Plumber Phone: 715-682-6050

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Michael Estak (615) 817-3034
Agent Phone: 6173 Iron Lake Rd WI 54877
Agent Mailing Address: (include City/State/Zip) Iron Lake WI 54877
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 1/4, 1/4 Gov't Lot 11, Lot(s) 55, CSM 1788, Vol & Page V.10 P.289, Lot(s) No. 1, Block(s) No. NAWAKAGON Lake Shore Sub
 Section 14, Township 49 N, Range 06 W, Town of: NAWAKAGON

PROJECT LOCATION: Subdivision: NAWAKAGON Lake Shore Sub
 Lot Size: _____ Acreage: 1.060

Recorded Deed: (i.e. # assigned by Register of Deeds) Document #: 1108 R-682

Shoreland Non-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 →

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 75 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
\$400,000	<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"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: STD <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: Removed Width: Removed Height: Removed

Proposed Construction: Length: 90 Width: 84 Height: 30

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	() (38 X 20) (17 X 8) (26 X 14) () () () (38 X 30)	2482 700 136 364 1140
<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	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	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): _____ Date: _____

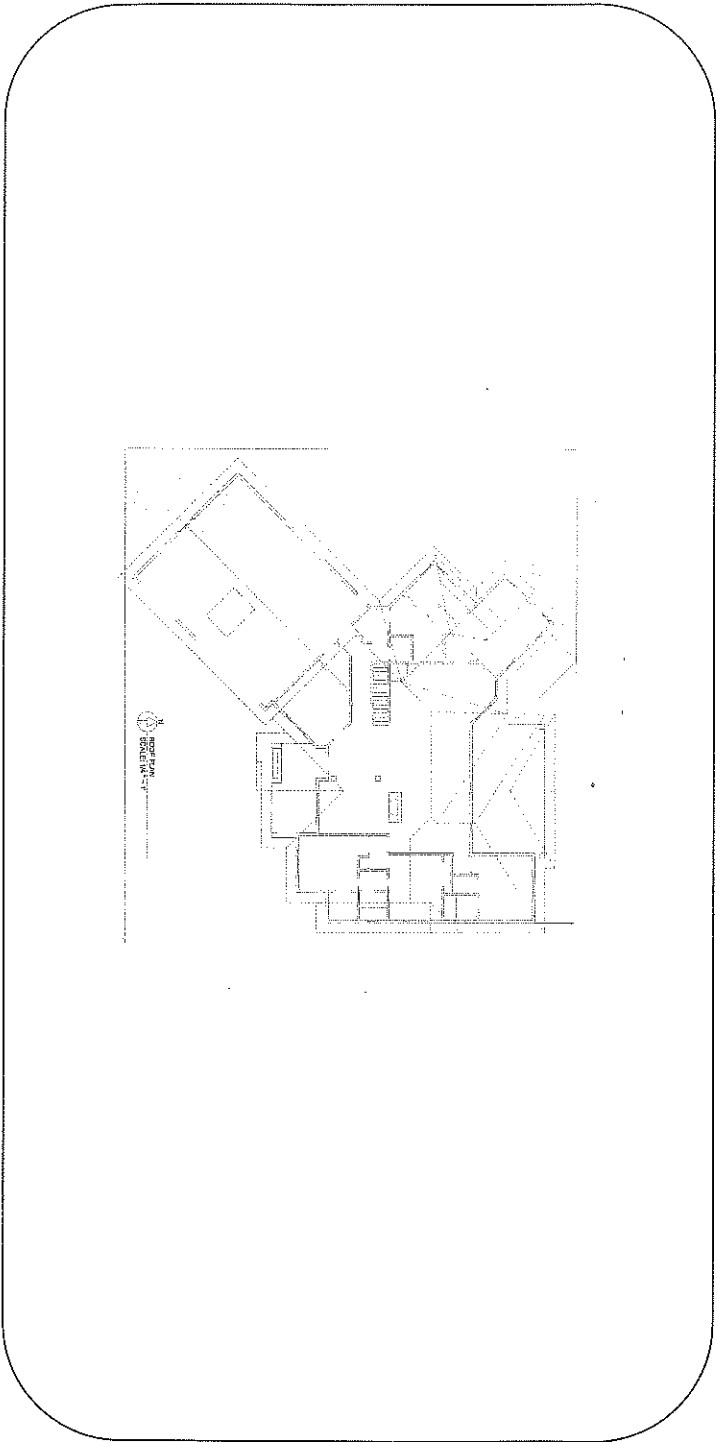
(If there are Multiple Owners listed on the Deed All Owners must sign or (letter(s) of authorization must accompany this application)

Authorized Agent: Michael Estak
 (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 Lake, WI 54877
 54847
 Date: 6-1-2017
 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)

(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	140 Feet	Setback from the Lake (ordinary high-water mark)	78 Feet
Setback from the Established Right-of-Way	113 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	53 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	78 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	113 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	750 Feet
Setback to Drain Field	30 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: 12-595	# of bedrooms: 3	Sanitary Date: 7-3-2012
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0348	Permit Date: 8-29-17		
<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 (Need of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> 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"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Project location well staked. Property lines surveyed. Location as represented by owner appears to be code compliant. OK to issue LV Permit.		Zoning District: (RKB) Lakes Classification: (1)	
Date of Inspection: 8/1/2017		Inspected by: Robert Shiverman	
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.) Must contact local Uniform Dwelling Code (UDC) inspection agency and secure DOC permit as required by state statute.			
Signature of Inspector: <i>[Signature]</i>		Date of Approval: 8/29/2017	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

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

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X
SANITARY – Reconnect 12-59S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **17-0342** Issued To: **Michael Mikula / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **14** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision **Namakagon Lakeshore** CSM# **1788**

For: **Residential Use:** [**1.5- Story; Residence (Irregular) = 2,482 sq. ft.; Loft (38' x 20') = 760 sq. ft.;**
Porch #1 (17' x 8') = 136 sq. ft.; Porch #2 (26' x 14') = 364 sq. ft.;
Attached Garage (38' x 30') = 1,140 sq. ft.] Total Overall = 4,122 sq. ft.

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

Condition(s): Must contact local UDC inspection agency and secure UDC permit as required by State Statute.

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.

Rob Schierman

Authorized Issuing Official

August 29, 2017

Date