

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT & NO FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

RETURN TO: Bayfield County Planning and Zoning Department  
 17-0445

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date Stamp (Received)  
 OCT 24 2017  
 Bayfield Co. Zoning Dept.



Permit #:	17-0445
Date:	11-1-17
Amount Paid:	\$15,000 CSM RDS 10/24/17
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: Luke Kavajecz Mailing Address: 63815 Vianes Rd Ashland WI 54806 Telephone: 715-746-2816

Address of Property: 63815 Vianes Rd City/State/Zip: Ashland WI 54806 Cell Phone: 218-448-7873

Contractor: Self Contractor Phone: \_\_\_\_\_ 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: S60 NE 1/4, NE 1/4 Legal Description: (Use Tax Statement) 30920 Tax ID# 2017R Recorded Document: (i.e. Property Ownership) 564577

GOV't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM 1137 Vol & Page 454 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 5, Township 46 N, Range 5 W Town of: Rell Lot Size \_\_\_\_\_ Acreage 20

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

Non-Shoreland  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 Are Wetlands Present?  Yes  NO

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$11,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<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"/> Foundation	<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 checked="" type="checkbox"/> <u>Concrete</u>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holding tank</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 40' Width: 30' Height: 14'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <u>NOB</u>	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	( X )	
	<input type="checkbox"/> with a Porch	( X )	
	<input type="checkbox"/> with (2nd) Porch	( X )	
	<input type="checkbox"/> with a Deck	( X )	
	<input type="checkbox"/> with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use <u>FF</u>	<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"/> Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Pole Shed</u>	( <u>30 X 40</u> )	<u>1200</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/> Special Use: (explain) _____	( X )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/> 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.

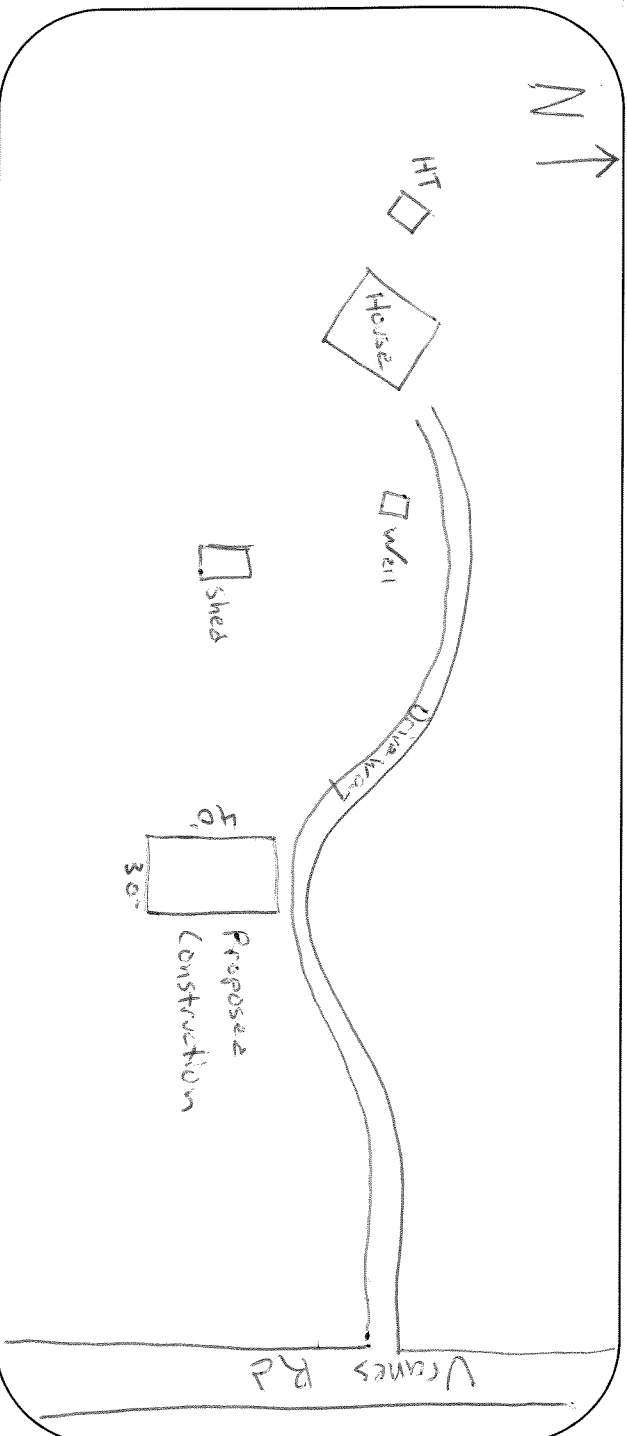
Owner(s): Luca Kavajecz Date 10-22-17  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 63815 Vianes Rd. Ashland WI 54806 Attach  
 Copy of Tax Statement

Now: 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	167 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	1670 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	390 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	273 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	731 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	588 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	190 Feet
Setback to Drain Field	323 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 200 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 425378	# of bedrooms: 2	Sanitary Date: 10/7/04			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0445	Permit Date: 11-1-17						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: Flagged							
Date of inspection: 10/30/17	Inspected by: J. Miller						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)							
Signature of Inspector: J. Miller		Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met.		Date of Approval: 10/31/17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

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

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0445** Issued To: **Luke & Laura Kavajecz**

S 660' of  
Location: **NE** ¼ of **NE** ¼ Section **5** Township **46** N. Range **5** W. Town of **Kelly**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Accessory Structure: [ 1- Story; Pole Shed (30' x 40') = 1,200 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): May not be used for human habitation unless all applicable zoning, sanitary, and UDC codes are fully met.**

**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.

**Tracy Pooler**

Authorized Issuing Official

**November 1, 2017**

Date