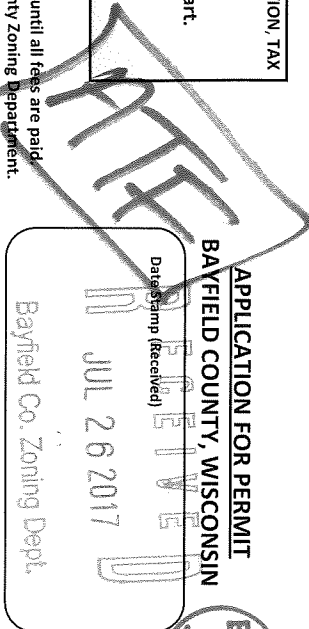


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138



Permit #:	17-0416
Date:	11-20-17
Amount Paid:	175 7-27-17
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.

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received): JUL 26 2017  
 Bayfield Co. Zoning Dept.

Permit #: 17-0416  
 Date: 11-20-17  
 Amount Paid: 175 7-27-17  
 Refund:

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

Owner's Name: RUY'S UNLIMITED PARTNERSHIP  
 Address of Property: PIER # 37905 RUY'S POINT  
 City/State/Zip: BAYFIELD WI 54814  
 Telephone: 412.751.2721  
 Cell Phone:

Contractor: TRIBOVICH CONST. INC.  
 Contractor Phone: 715.209.4809  
 City/State/Zip: N/A  
 Plumber: N/A  
 Written Authorization Attached:  Yes  No

Authorized Agent: N/A  
 Agent Phone: N/A  
 Agent Mailing Address (include City/State/Zip): N/A

PROJECT LOCATION: SEE ATTACHMENT  
 Legal Description: (Use Tax Statement) 34006/4272/35727  
 Tax ID# (4-5 digits): 34006/4272/35727  
 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 779 R-835

Section 6, Township 50 N, Range 2 W  
 Gov't Lot: 1/4, 1/4  
 Lot(s):  
 CSM:  
 Vol & Page:  
 Lot(s) No.:  
 Block(s) No.:  
 Subdivision:  
 Lot Size:  
 Acreage: 3.24

X 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: 250'-800' feet  
 Non-Shoreland

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
					Municipal/City	Well	
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input 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"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> GRADING	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____
		<input type="checkbox"/> N/A	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> None	_____	<input type="checkbox"/> _____

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

Proposed Use	Proposed Structure	Dimensions		Square Footage
		Length	Width	
<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 <sup>nd</sup> ) Deck	( )	( )	
	with a Deck	( )	( )	
	with (2 <sup>nd</sup> ) Deck	( )	( )	
	with Attached Garage	( )	( )	
	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) SHORELINE GRADING	( )	( )	37905

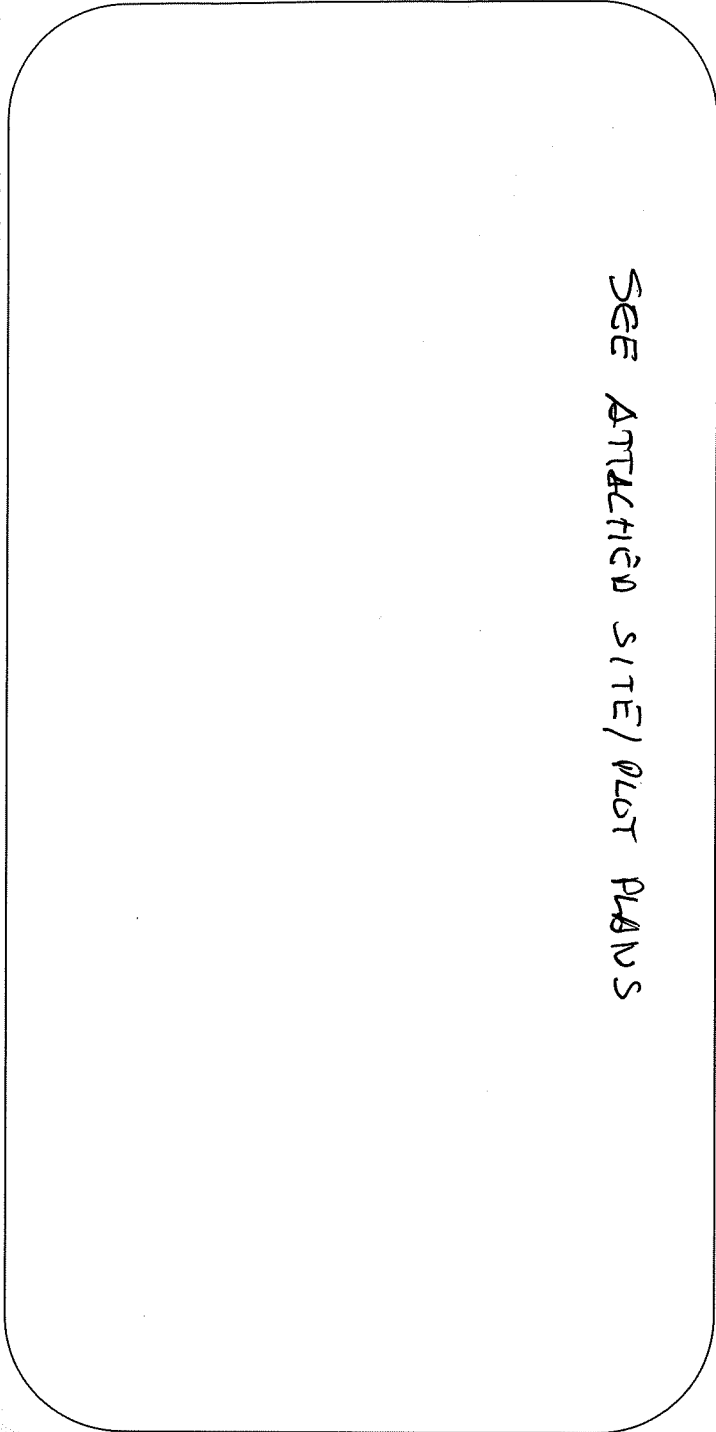
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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.

Owners(s): OWEN J. RYAN, GENERAL PARTNER Date 7/22/2017  
 (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 P.O. 1436, BAYFIELD, WI 54814 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

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 ATTACHED SITE/ PLOT PLANS



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	40 Feet	Setback from the Lake (Ordinary high-water mark)	250 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	0-150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	10 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	40 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.






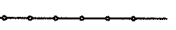

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable 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.

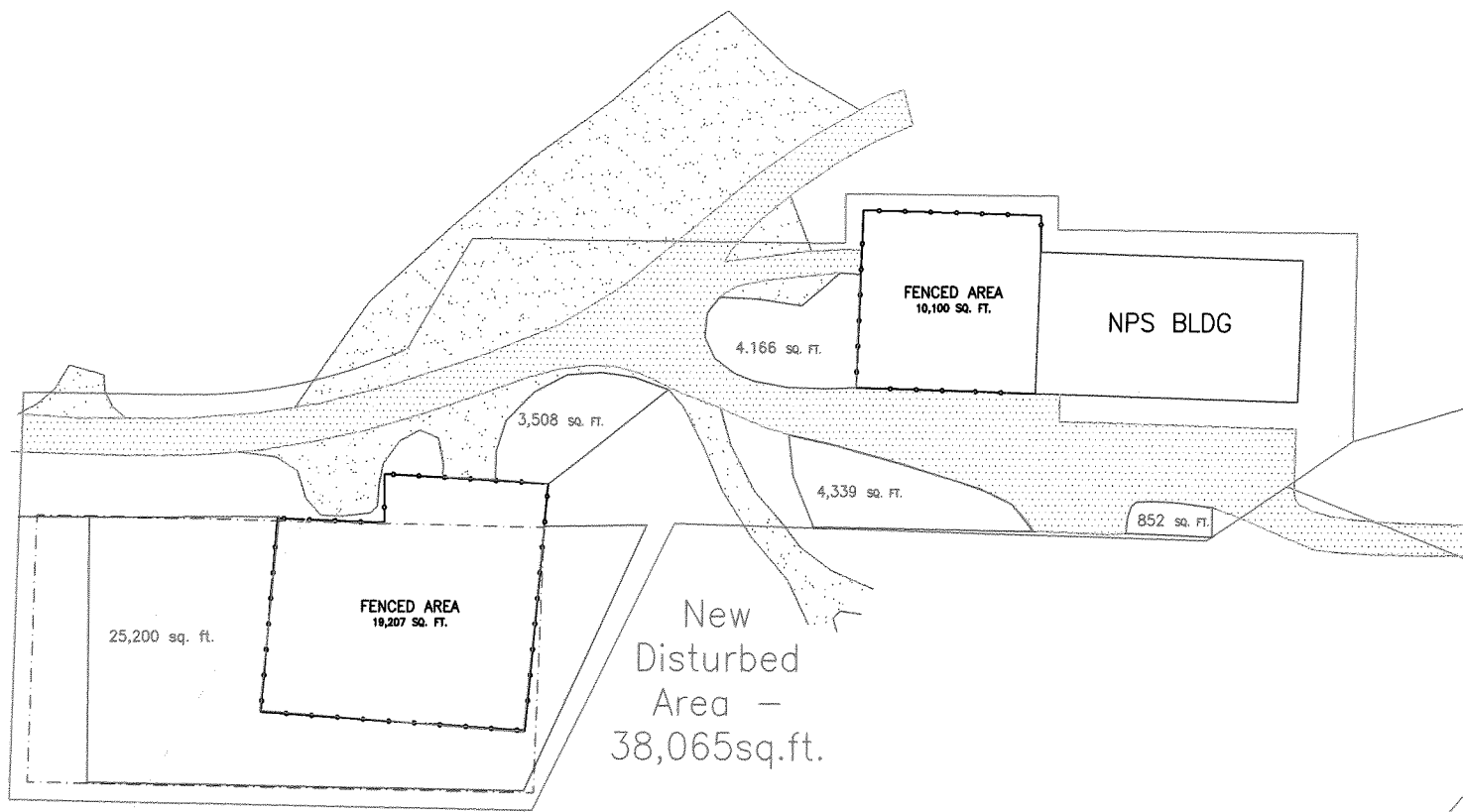
- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
- NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>17-0416</u>	Permit Date: <u>11-22-17</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No (Need of Record)	<input checked="" 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 checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <u>Application for the proposed structure include application variance</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Photos of site inspection attached. Precise info zoning district takes Classification (1-superior)</u>	Inspected by: <u>IC-M wphz</u>			
Date of Inspection: <u>8-4-17 + 10-3-17</u>	Date of Re-Inspection: <u>3-2018</u>			
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
NO LAND DISTURBANCE ACTIVITY IS ALLOWED IN ANY LOCATION LISTED ON THE NATIONAL LIST OF HISTORIC PLACES (BRICKYARD CREEK SAND MINE), OR THAT WOULD IMPACT A CULTURAL OR HISTORIC SITE.				
Signature of Inspector:	<u>(per direction of R.S.)</u>	Date of Approval:	<u>11-21-17</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

STAKE OR MARK PERMIT WITH BE REQUIRED. NO WETLAND SHALL BE DISTURBED OR IMPACTED UNLESS WORK PERMIT IS ISSUED.

N ↑

-  BLACKTOP SURFACE
-  GRAVEL SURFACE
-  CONCRETE SURFACE
-  RIPRAP/ROCK CRIB
-  WOODED DOCKS
-  FENCE
-  PROPOSED WAREYARD



City, Village, State or Federal  
May Also Be Required

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

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

No. **17-0466** Issued To: **Roy's Pointe Limited Partnership / Bob Davidson, Agent**

Location: - ¼ of - ¼ Section **6** Township **50** N. Range **3** W. Town of **Bayfield**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **2018**

For: **Residential Other: [ Shoreland Grading (Irregular) = 38,065 sq. ft. ]**

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

**Condition(s):** No land disturbing activity is allowed in any location listed on the National list of historic places (Brickyard Creek Sawmill), or that would impact a cultural and/or historic site. WDNR grading permit may be required. No wetland shall be disturbed or impacted unless WDNR permit is issued.

**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

**November 22, 2017**

Date