

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 APR 05 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-0080
 Date: 4-26-12
 Amount Paid: \$105.00
 Refund: 4/5/12

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

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

Owner's Name: Robb Sung / Mary Sung
Mailing Address: 45135 Co Hwy D, Cable, WI 54821
City/State/Zip: Cable, WI 54821
Telephone: 794-2265
Cell Phone: 794-2972

Address of Property: 45135 Co Hwy D
City/State/Zip: Cable, WI 54821
Contractor Phone: Cable WI 54821
Plumber:

Contractor: self
Agent Phone:
Agent Mailing Address (include City/State/Zip):

Authorized Agent: (person Signing Application on behalf of Owner(s))

PROJECT LOCATION: Legal Description: (Use Tax Statement) PAR 1D
 Lot(s) 1/4, 1/4
 CSM 5
 Vol & Page
 Lot(s) No. 5
 Block(s) No.
 Subdivision:
 Lot Size
 Acreage 1.514

Section: 2, **Township:** 43 N, **Range:** 6 W, **Town of:** Namakagon

Distance Structure is from Shoreline: Is Property/Land within 300 feet of River, Stream (lined, intermittent) Creek or Landward side of Floodplain? Yes No
Distance Structure is from Shoreline: Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No
 If yes---continue -->

Recorded Document: (i.e. Property Ownership)
 Volume 730, Page(s) 136
 05-005-2660
 04-0342-43-06-02-3

Is Property in Floodplain Zone? Yes No
Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$8,000	<input type="checkbox"/> New Construction <input checked="" 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 + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CADW</u> <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: 8' Width: 36' Height: 14'

Proposed Construction:

Proposed Use	Proposed Structure (first structure on property)	Dimensions	Square Footage
<input checked="" 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 type="checkbox"/>	with (2 nd) Porch	()	()
<input type="checkbox"/>	with a Deck	()	()
<input type="checkbox"/>	with (2 nd) Deck	()	()
<input checked="" type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>walk in cooler</u>	(8' x 36')	288 sq
<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 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 design 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, my (our) 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.

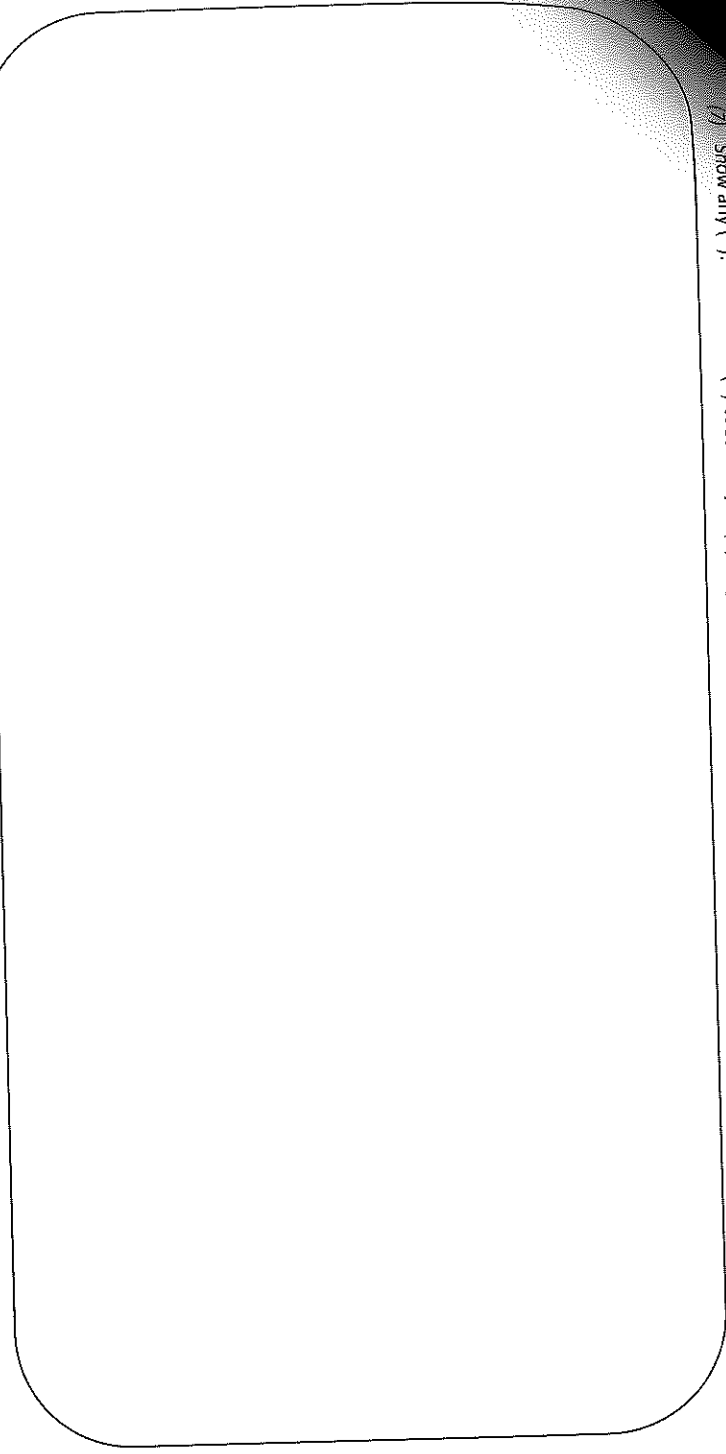
Owner(s): Robb Sung / Mary Sung
 (If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 4-5-12

Authorized Agent: [Signature]
 (You are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Attach
 Copy of Tax Statement
 Record for Issuance

Address to send permit: same as above
 APR 20 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 OR TO PLS
 4/24/12

Secretary Staff

Location of: Frontage Road
 Address: North (N) on Plot Plan
 Location of (*): Frontage Road (Name Frontage Road)
 (**) Driveway and (*) Frontage Road
 All Existing Structures on your Property
 (**) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (**) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (**) 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	100 Feet	Setback from the Lake (ordinary high-water mark)	49 Feet
Setback from the Established Right-of-Way	45 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	58 Feet	Setback from Wetland	54 Feet
Setback from the South Lot Line	45 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	74 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	3 Feet		
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	10 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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 to 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.

Sanitary Information (County Use Only) Sanitary Number: 298207 # of bedrooms: _____ Sanitary Date: 6/26/98

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

Permit #: 12-0080 Permit Date: 4-26-12

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Mitigation Required Yes No Affidavit Required Yes No

Is Parcel in Common Ownership Yes (used/contiguous lot(s)) No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No No Yes No Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: 4-26-01-0413

Yes No Yes No Yes No 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

Inspection Record: Inspected by: M. Fuchs

Range structure 80' from OHW. Meets ACT 170+NR115.

Date of Inspection: 12-12 Inspected by: M. Fuchs

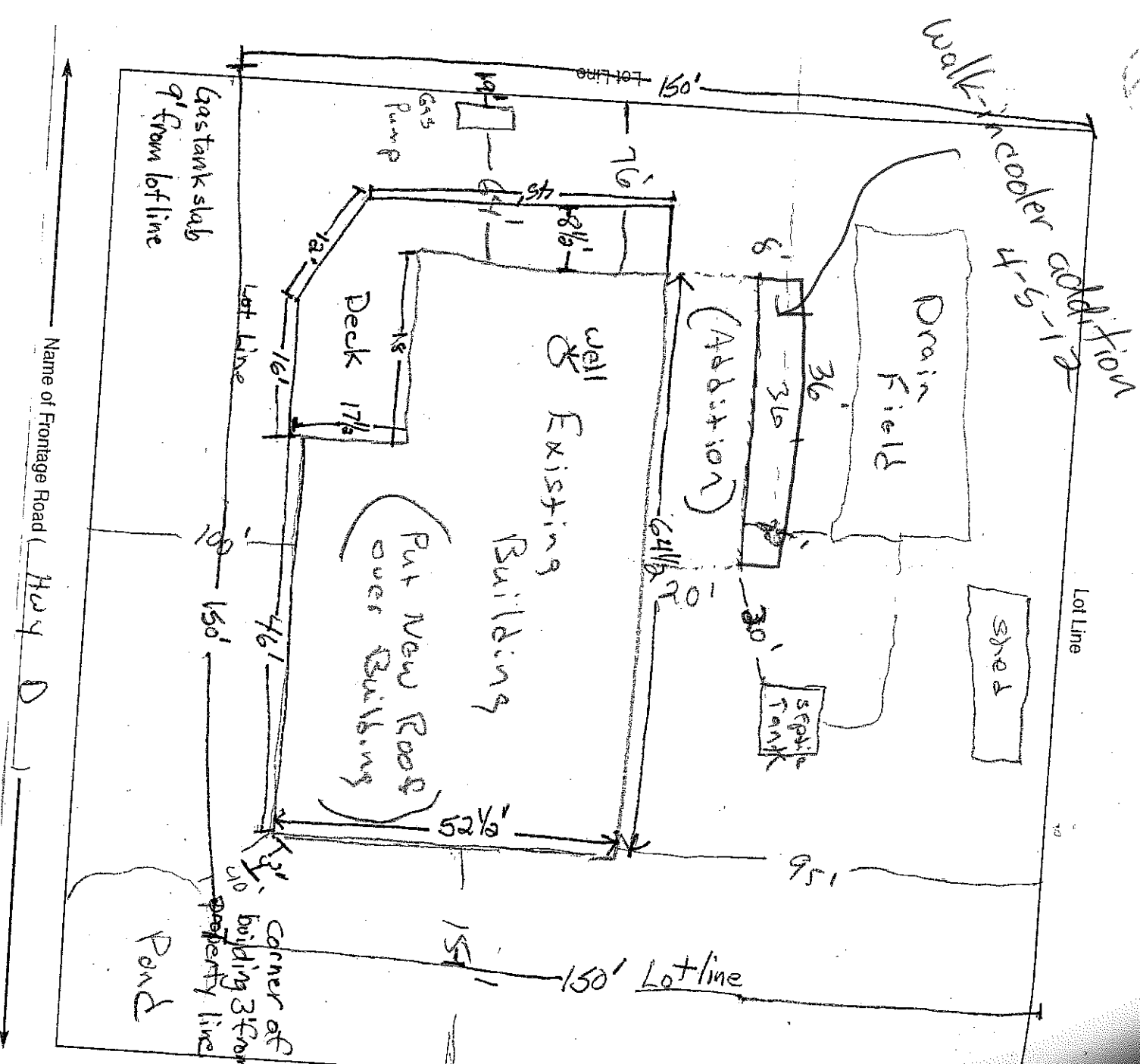
Condition(s) of own, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

May not further encroach on North East lot line.

Signature of Inspector: Michael Fuchs Date of Approval: 4-13-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

Mitigation previously done per permit 01-0158



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Privy to building
 - g. Privy to lake, river, stream or pond
 - h. Drain field to closest lot line
 - i. Drain field to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 COMPLETELY.

(If not, _____ authorized by §706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY
 Attorney Matthew F. Anich

Dallenbach, Anich & Haukaas, S.C.
 (Signatures may be authenticated or acknowledged. Both are not necessary.)
 V 795 P 462

to me known to be the persons _____ who executed the foregoing instrument and acknowledge the same.

Notary Public, _____ Ashland County, Wis.
 My commission is permanent. (If not, state expiration date: _____)
 MATTHEW F. ANICH