

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  
 Date Rec'd (Received)  
 OCT 08 2012  
 Bayfield Co. Zoning Dept.

Permit #: 12-0102 ENTERED  
 Date: 10-8-12  
 Amount Paid: \$100.00  
 Refund: 10/8/12

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Rachel Korstad Trust  
 Address of Property: 43195 G. Hwy D  
 City/State/Zip: Cable, WI 54821  
 Telephone: 651 481-8154  
 Cell Phone:

Contractor: Mike River Landscaping  
 Contractor Phone: 492-9988  
 Plumber:  
 Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Phone:  
 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement)  
 1/4, 1/4 Gov't Lot 7 Lot(s) 1543 Vol & Page 9, 167 Lot(s) No. Block(s) No. Subdivision:  
 Section 2, Township 43 N, Range 6 W  
 Town of: Nawa Kagon

PLN: (23 digits) 04-034-2-43-06-02-305-007-11000  
 Recorded Document: (i.e. Property Ownership) Volume 982 Page(s) 370

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 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 (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 3,500	<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 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 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: <u>Cen W</u> <input type="checkbox"/> Privy (Pvt) 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <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"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input checked="" type="checkbox"/> Other: (explain) <u>walkway to lake</u>	( ) ( ) ( 47' x 46' )	( ) ( ) ( 160 # )

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 the 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: \_\_\_\_\_ Date: 10-4-12  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Rec'd for Issuance: \_\_\_\_\_  
 Address to send permit: 44515 S Lake Owen, Dr, Cable, WI 54821  
 OCT 8 2012

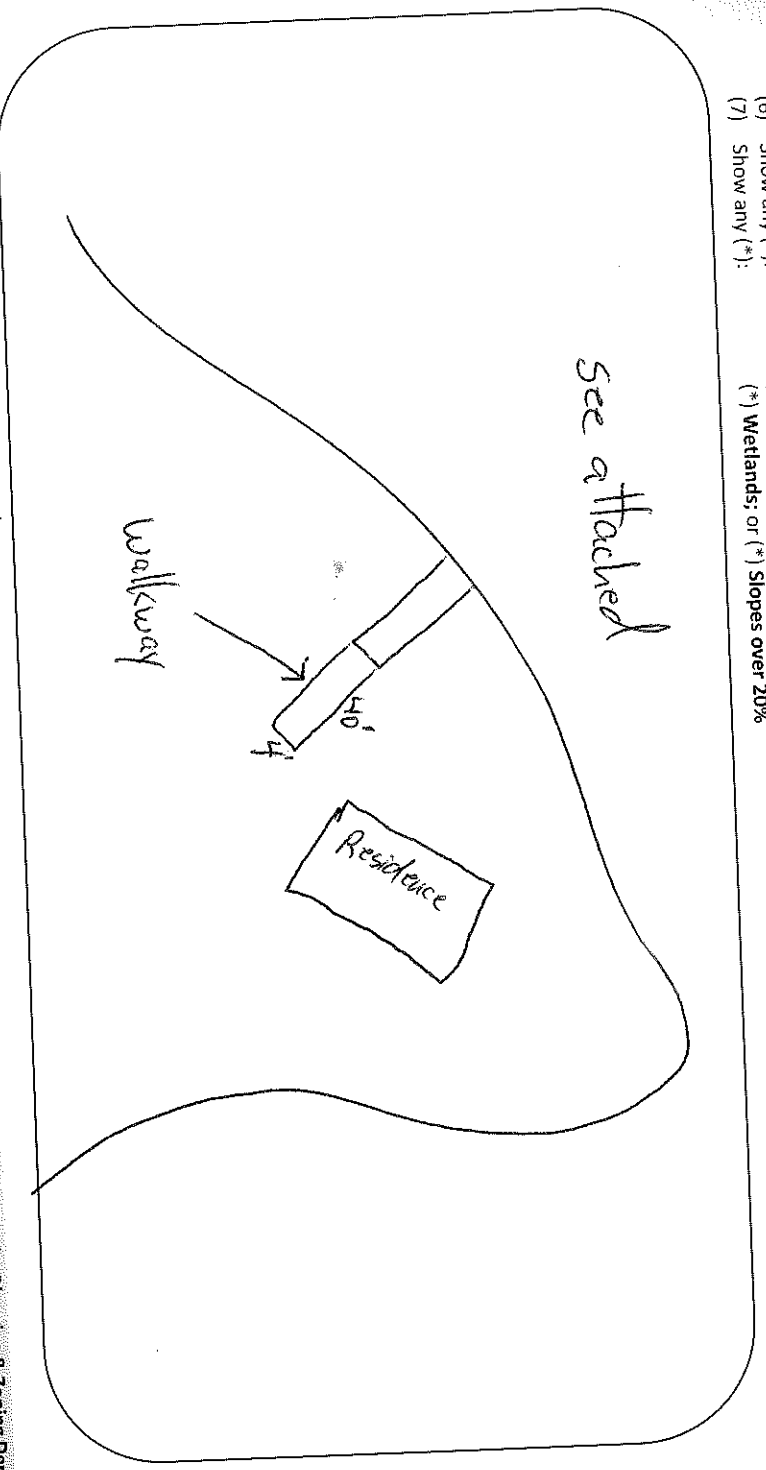
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

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

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road (Co D)	600+ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way (Co D)	600+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	100+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Setback 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: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit # 12-0402 Permit Date: 10-8-12

Is Parcel a Sub-Standard Lot:  Yes  No  
 Is Parcel in Common Ownership:  Yes (Fused/Contiguous Lot(s))  No  
 Is Structure Non-Conforming:  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.)  Yes  No  
 Yes  No

Was Parcel Legally Created:  Yes  No  
 Was Proposed Building Site Delineated:  Yes  No

Were Property Lines Represented by Owner:  Yes  No  
 Was Property Surveyed:  Yes  No

Inspection Record: Inspected by: MM Fustak Zoning District: RRB  
 Date of Inspection: 10-4-12 Inspected by: MM Fustak Lakes Classification: 1

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
Must use best management practices to prevent erosion or sedimentation of lake

Signature of Inspector: Michael Gustaf Date of Approval: 10-8-12

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_  
 Hold For Fees:  \_\_\_\_\_

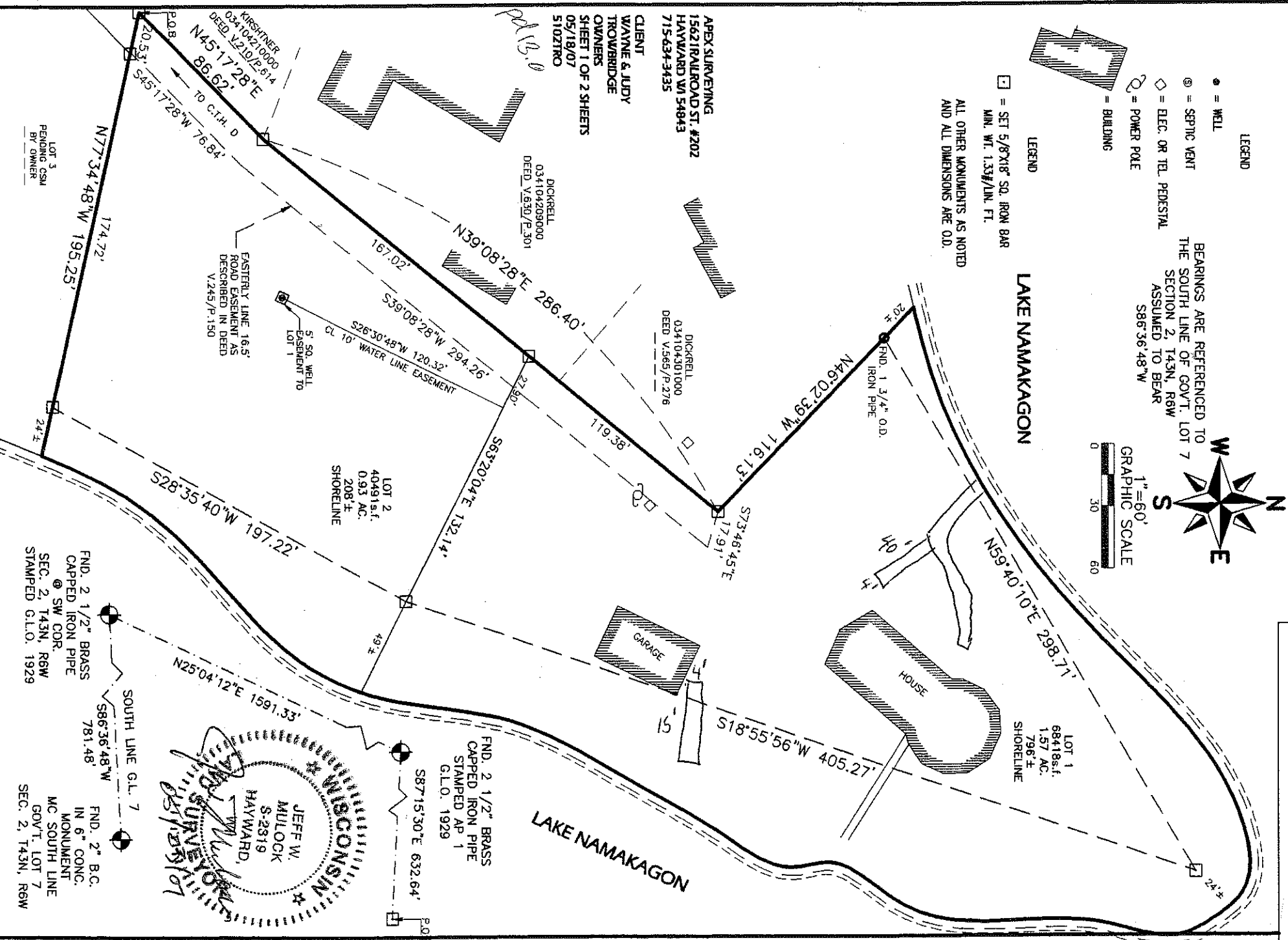
**RECEIVED**  
MAY 24 2007  
Bayfield Co. Zoning Dept.

#15413

resm 167-168

PATRICIA A OLSON  
BAYFIELD COUNTY  
REGISTER OF DEEDS  
2007R-514206  
06/04/2007 12:55PM  
TF EXEMPT #:  
RECORDING FEE: 13.00  
PAGES: 2

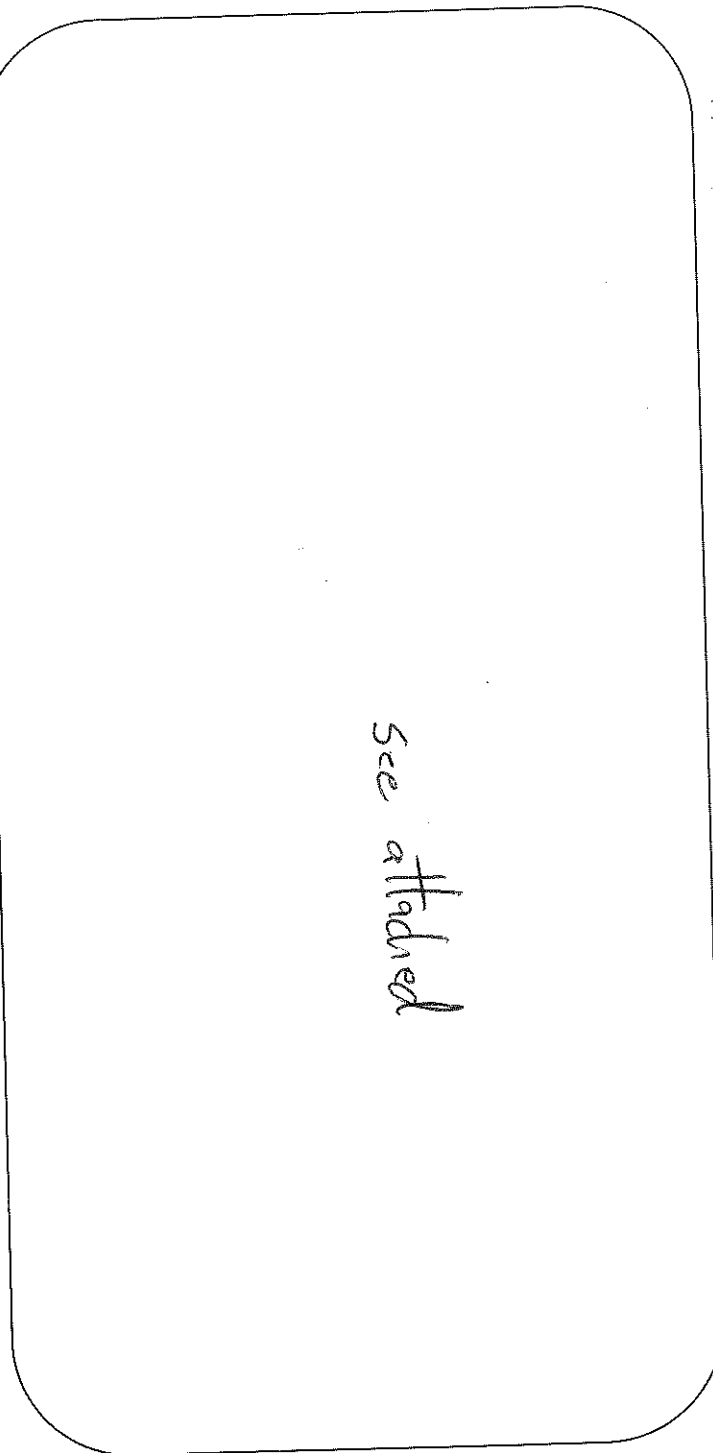
**BAYFIELD COUNTY CERTIFIED SURVEY MAP**  
LOCATED IN GOVT LOT 7, SECTION 2, T43N, R6W,  
TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN.





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%



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 (C/D)	600+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way (E/D)	600+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line easement rd	60+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line Lake	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line Lake	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	NA 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 #: <b>10-04123</b>	Permit Date: <b>10-8-12</b>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed 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	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		
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:	Inspected by: <b>MM Fustole</b>			
Date of Inspection: <b>10-11-12</b>	Date of Re-Inspection: <b>1</b>			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Zoning District: <b>(RRB)</b>			
Must use best management practices to prevent erosion or siltation of lake.				
Signature of Inspector: <b>Michael S. Cutler</b>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <b>10-8-12</b>

**BAYFIELD COUNTY CERTIFIED SURVEY MAP**  
**LOCATED IN GOVT LOT 7, SECTION 2, T43N, R6W,**  
**TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN.**

#1543

9 esm 167-168

PATRICIA A OLSON  
 BAYFIELD COUNTY, WI  
 REGISTER OF DEEDS  
 2007R-514206  
 06/04/2007 12:55PM

TF EXEMPT #:  
 REDDING FEE: 13.00

PAGES: 2

**LEGEND**

- = WELL
- ⊙ = SPRING VENT
- ◇ = ELEC. OR TEL. PEDESTAL
- ⊕ = POWER POLE
- ▭ = BUILDING

BEARINGS ARE REFERENCED TO THE SOUTH LINE OF GOV'T. LOT 7 SECTION 2, T43N, R6W ASSUMED TO BEAR S86°36'48"W

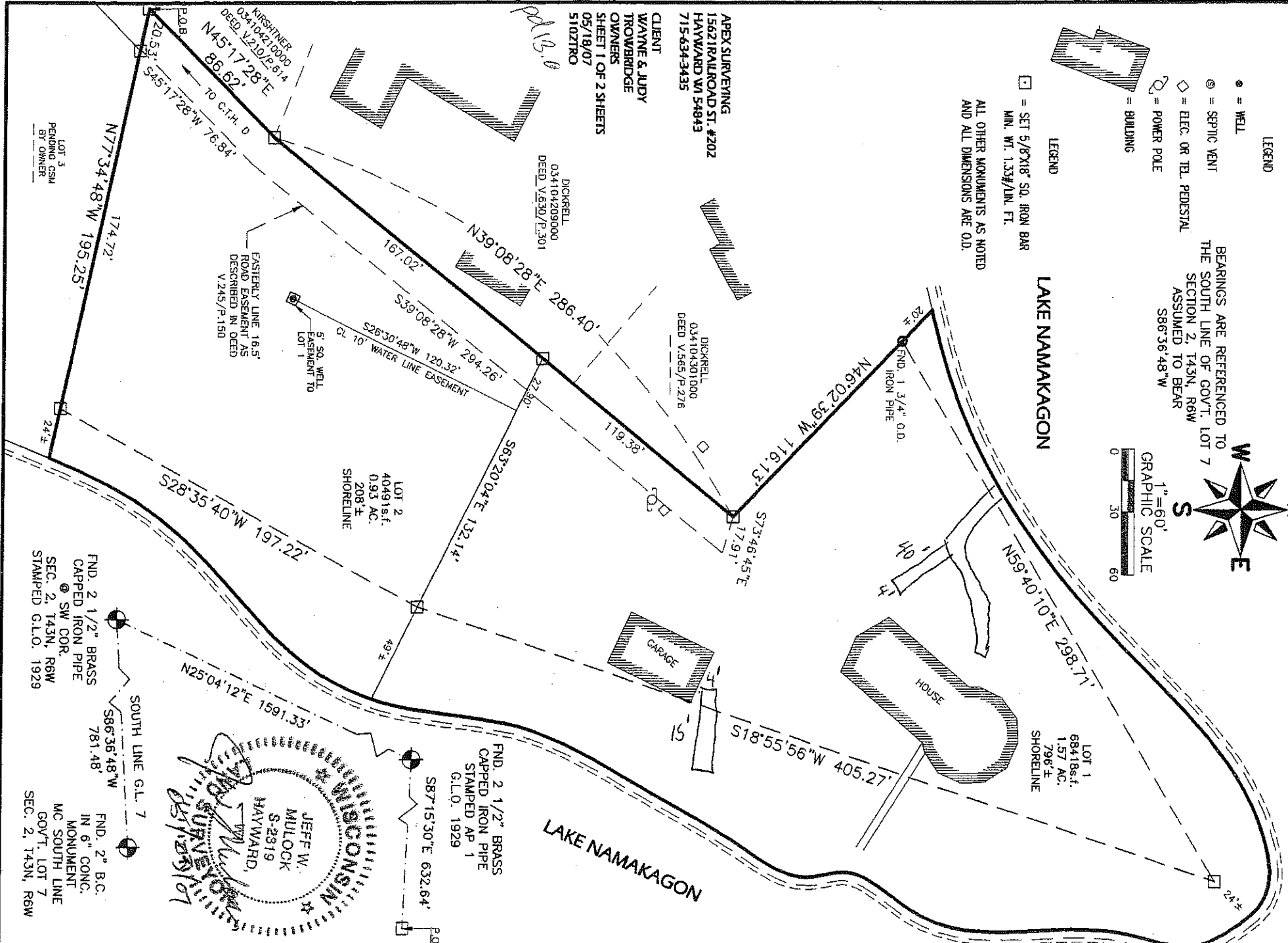
**LEGEND**

- ▭ = SET 5/8"x18" SQ. IRON BAR MIN. WT. 1.33#/LN. FT.

ALL OTHER MONUMENTS AS NOTED AND ALL DIMENSIONS ARE O.D.

**LAKE NAMAKAGON**

1"=60'  
 GRAPHIC SCALE  
 0 30 60



167