

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 NOV 21 2013
 Bayfield Co. Zoning Dept.

Permit #: **4150**
 Date: **11-21-13**
 Amount Paid: **\$450.00**
 Refund: **RDS 1/22/14**

ENTERED

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: **KPH Construction Corp** Mailing Address: **1237W Bruce St Milwaukee, WI 53204** Telephone: **715 794-2066**

Address of Property: **43520 Dock Pt. Rd.** City/State/Zip: **Cable WI 54831** Call Phone: _____

Contractor: **Rick Verhot Builder** 507 **273-8127** Contractor Phone: **273-8127** Plumber: **Rodester, MW 55902** Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Rick Verhot** 507 **273-8127** Agent Phone: **2083 Star Burst Dr. SW** Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: **1/4, 1/4** Gov't Lot: **3** Lot(s): **351** Vol & Page: **3, 201** Lot(s) No.: _____ Block(s) No.: _____ Subdivision: **Namakagon Lake Shore** Recorded Document: (i.e. Property Ownership) **1094** Page(s) **91**

Legal Description: (Use Tax Statement) _____

Section **13**, Township **43 N**, Range **6 W** Town of: **Namakagon**

Shoreland Non-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

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 (what are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 150,000	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<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"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CenV <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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	Principal Structure (first structure on property), Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2") Porch with a Deck with (2") Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X) (X) (X) (X)	() () () () () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) BOATHOUSE/BATHROOM	(X) (X) (12 X 14)	() () (168)
<input type="checkbox"/> Municipal Use	Accessory Building (specify) Accessory Building Addition/Alteration (specify)	(X) (X)	() ()
Special Use: (explain)	Special Use: (explain)	(X)	()
Conditional Use: (explain)	Conditional Use: (explain)	(X)	()
Other: (explain)	Other: (explain)	(X)	()

MAR 26 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) hereby certify 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) and I (we) warrant the content 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: **[Signature]** Date: **11/21/13**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

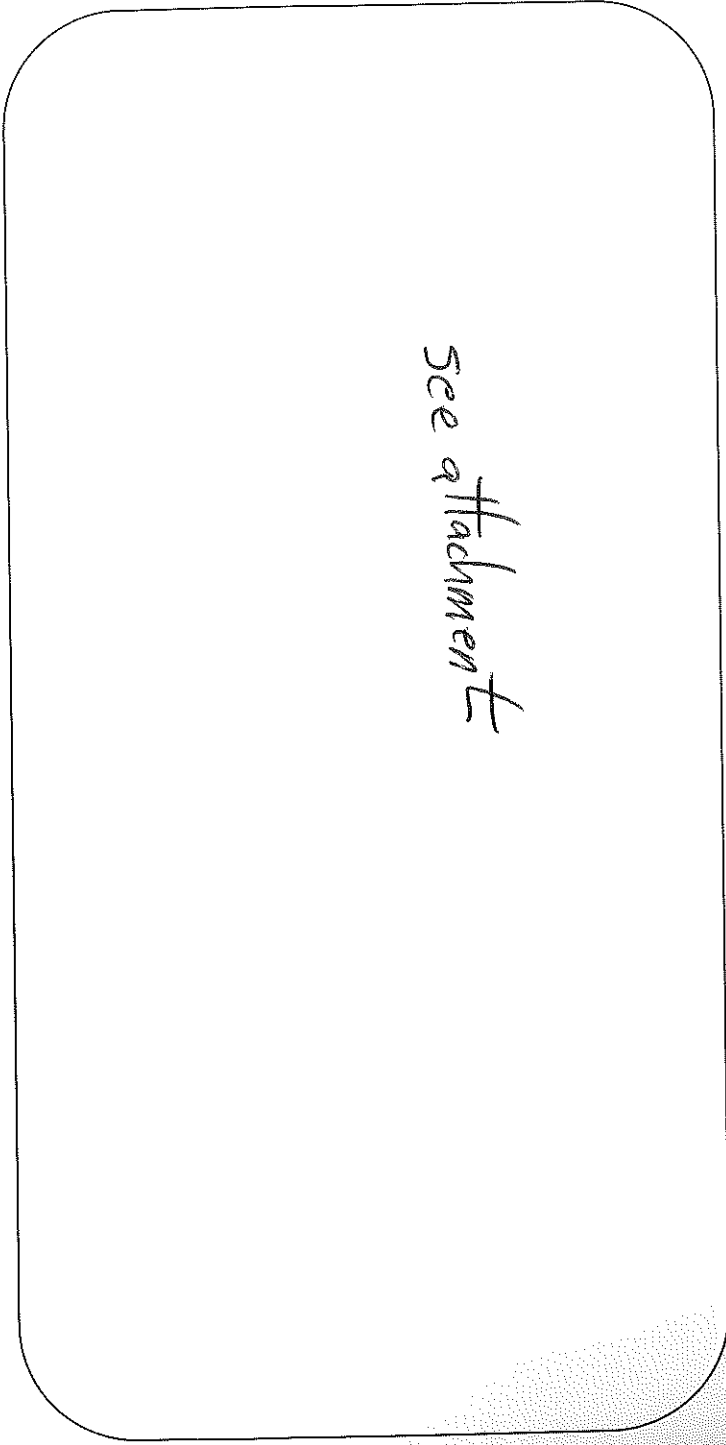
Address to send permit **2083 Starburst Dr SW Roc Hester, MN**
 If you have purchased the property send your Recorded Deed **55702**

Attach Copy of Tax Statement

See below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

See attachment



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	Eastward 30 Feet	Setback from the Lake (Ordinary high-water mark)	42'-65' Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	Lake 60' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	Lake 60' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	Lake 42' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	7' Feet
Setback to Drain Field	15' 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.

Issuance Information (County Use Only) Sanitary Number: 207747 # of bedrooms: 2 Sanitary Date: 10-22-93
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 14-0031 Permit Date: 3-26-14

Is Parcel a Sub-Standard Lot Yes (Deed of Record) _____ No
 Is Parcel In Common Ownership Yes (Used/Conjunctive Lot(s)) _____ No
 Is Structure Non-Conforming Yes 42' from other 14 No

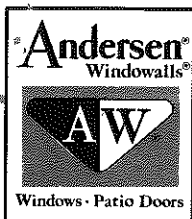
Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Yes No

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: Non-conforming structure on a peninsula. Zoning District: (RKB)
 Date of Inspection: 3-20-14 Inspected by: Mr. Furtado Lakes Classification: (1)
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
See BOA decision & affidavit.

Signature of Inspector: Michael Furtado Date of Approval: 3-20-14
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: 3/19/14 Hold For Fees:



JAY YOUNG
ANDERSEN ARCHITECTURAL SPECIALIST
MORGAN DISTRIBUTION

717-697-0346

(NOT TO SCALE)

Come home to quality.
Come home to Andersen.

LAKE

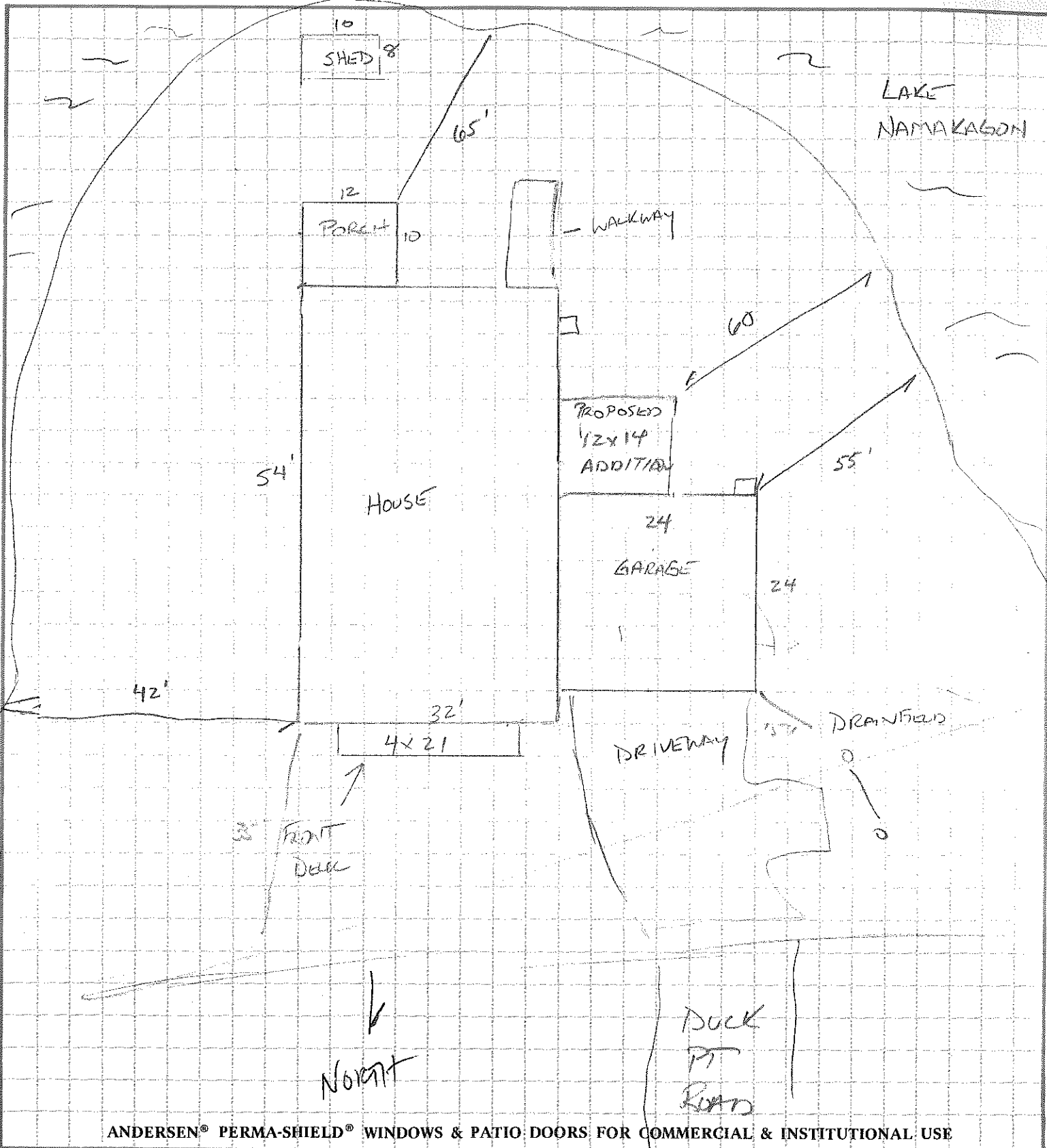
LAKE

DATE

6/13

JOB

KETHA HARENDA



box below:
(1) Show
(2) Show
(3) Show
(4) Show