

**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  
 RECEIVED  
 JUN 26 2015  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #: 10-0039  
 Date: 3-11-16  
 Amount Paid: \$175  
 Refund: 3-11-16

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:** Richard N Raiten Jr  
 Karen M Raiten  
**Address of Property:** 46735 Lake 5 Rd  
**City/State/Zip:** 18070 Justice Rd Camp Douglas WI  
**Contractor:** Steve Miles  
**Contractor Phone:** 715-1034609  
**Plumber:**  
**Agent Phone:**  
**Agent Mailing Address (include City/State/Zip):**

**PROJECT LOCATION:** Legal Description: (Use Tax Statement)  
 1/4, 1/4 Gov't Lot 3+5 Lot(s) CSM Vol & Page 15119  
 Section 34, Township 49 N, Range 5 W  
 Town of: Namakagon

**PIN:** (23 digits) 034-2-43-05-34-2 05-003-70000  
**Recorded Document:** (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_  
**Subdivision:** Lot Size \_\_\_\_\_ Acreage 1.5

**Distance Structure is from Shoreline:** \_\_\_\_\_ feet  
**Distance Structure is from Shoreline:** \_\_\_\_\_ feet  
**Is Property in Floodplain Zone?**  Yes  No  
**Are Wetlands Present?**  Yes  No

**Written Authorization Attached**  Yes  No

**Value at Time of Completion** \* include donated time & material: \$ 25,000

**Project (What are you applying for):**

**# of Stories and/or basement:**  1-Story  1-Story + Loft  Seasonal  Year Round  2-Story  3+ Stories

**Use:**  Addition/Alteration  Conversion (existing bldg)  Relocate (existing bldg)  Run a Business on Property  No Basement  Foundation  None

**# of bedrooms:**  1  2  3

**What Type of Sewer/Sanitary System Is on the property?**  Municipal/City  (New) Sanitary  Sanitary (Exists)  Privy (Pit) or Vaulted (min 200 gallon)  Portable (w/service contract)  Compost Toilet  None

**Water:**  City  Well

**Existing Structure:** (if permit being applied for, is relevant to it) Length: 50 irreg Width: 22 irreg Height: \_\_\_\_\_

**Proposed Construction:** roof overhangs, pitch Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.) existing with irreg	(50 x 21)	1050
<input checked="" type="checkbox"/> Residential Use	with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with Attached Garage	(12 x 12)	144
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	( )
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( )	( )
	Addition/Alteration (specify) roof overhang 2ft, roof pitch	( )	( )
	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify) <del>separate shed</del>	(10 x 10)	100
	Special Use: (explain) <del>none</del>	( )	( )
	Conditional Use: (explain)	( )	( )
	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 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):** Richard Raiten Jr  
 Karen M Raiten  
 (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: 4/25/15

**Address to send permit:** \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

- (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 Addendum A

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	204 Feet	Setback from the Lake (ordinary high-water mark)	27 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	22 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	204 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	20 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	74 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	24 Feet
Setback to Drain Field	14 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.

**Issuance Information (County Use Only)** Sanitary Number: 57821 # of bedrooms: Sanitary Date: 3-13-85

Permit Denied (Date): Reason for Denial:

Permit #: 16-00382 Permit Date: 3-11-10

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  No

Is Structure Non-Conforming  Yes  No

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

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

Inspected by: Josh Reale

Date of Inspection: 6/26/15

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

Roof on Lake side of Season Room Can not have an overhang Grable Than 12"

Maintain vegetative buffer between House + Lake

Signature of Inspector: *Shelby* Date of Report: *6/27/15*

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

# Addendum A

## Building Sketch

Borrower/Client:	Richard Raiten Jr & Karen M Raiten		
Property Address:	40735 Lake Five Rd		
City:	Cable	County:	Bayfield
		State:	WI
		Zip Code:	54821
Lender:	Tomah Area Credit Union		

50 x 21, irregular

1.5 ac - 65,340 sqft

