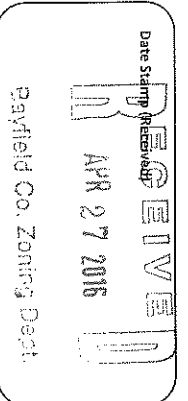


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

pd cash

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	16-00603
Date:	4-28-16
Amount Paid:	\$175
Refund:	4-28-16

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.

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

Owner's Name: Richard & Karen Raiten Mailing Address: 1870 Justice Rd City/State/Zip: Wausau WI 54618 Telephone: 608-437-3662

Address of Property: 40795 Lake 5 Road City/State/Zip: Wausau WI 54618 Cell Phone: 608-377-1985

Contractor: Steve Miles Contractor Phone: 715-634-6179 Plumber: _____

Authorized Agent: (person signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, _____ 1/4 Legal Description: (Use Tax Statement) 034-2-43-05-34-205-013-10000 PIN: (23 digits) 04-034-2-43-05-34-205-013-10000 Volume: _____ Page(s) _____

Gov't Lot 3+5 Lot(s) 1119 Vol & Page 21847 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 34, Township 43 N, Range 5 W Town of: Namapagon Lot Size _____ Acreage 1.5

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: 27 feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion <small>* include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>26,000</u>	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round <u>4 1/2 decks</u>	<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: <u>CAVIT</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: 51 irregular Width: 21 irregular Height: _____

Proposed Construction: basement/crawl space Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>50</u> x <u>21</u>)	<u>1050</u>
	Residence (i.e. cabin, hunting shack, etc.) <u>EXISTING</u>	(<u> </u> x <u> </u>)	<u> </u>
	with Loft	(<u> </u> x <u> </u>)	<u> </u>
	with a Porch	(<u> </u> x <u> </u>)	<u> </u>
	with (2 nd) Porch	(<u> </u> x <u> </u>)	<u> </u>
	with a Deck	(<u> </u> x <u> </u>)	<u> </u>
	with (2 nd) Deck	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> x <u> </u>)	<u> </u>
	Mobile Home (manufactured date)	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Basement/Crawl Space</u>	(<u> </u> x <u> </u>)	<u> </u>
	Accessory Building (specify)	(<u> </u> x <u> </u>)	<u> </u>
	Accessory Building Addition/Alteration (specify)	(<u> </u> x <u> </u>)	<u> </u>
	Rec'd for Issuance	(<u> </u> x <u> </u>)	<u> </u>
	Special Use: (explain)	(<u> </u> x <u> </u>)	<u> </u>
	Conditional Use: (explain)	(<u> </u> x <u> </u>)	<u> </u>
	Secretarial Staff	(<u> </u> x <u> </u>)	<u> </u>

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, and any responsible party for the purpose of inspection.

Owner(s): Richard Raiten Karen Raiten Date: 4/24/16

(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)

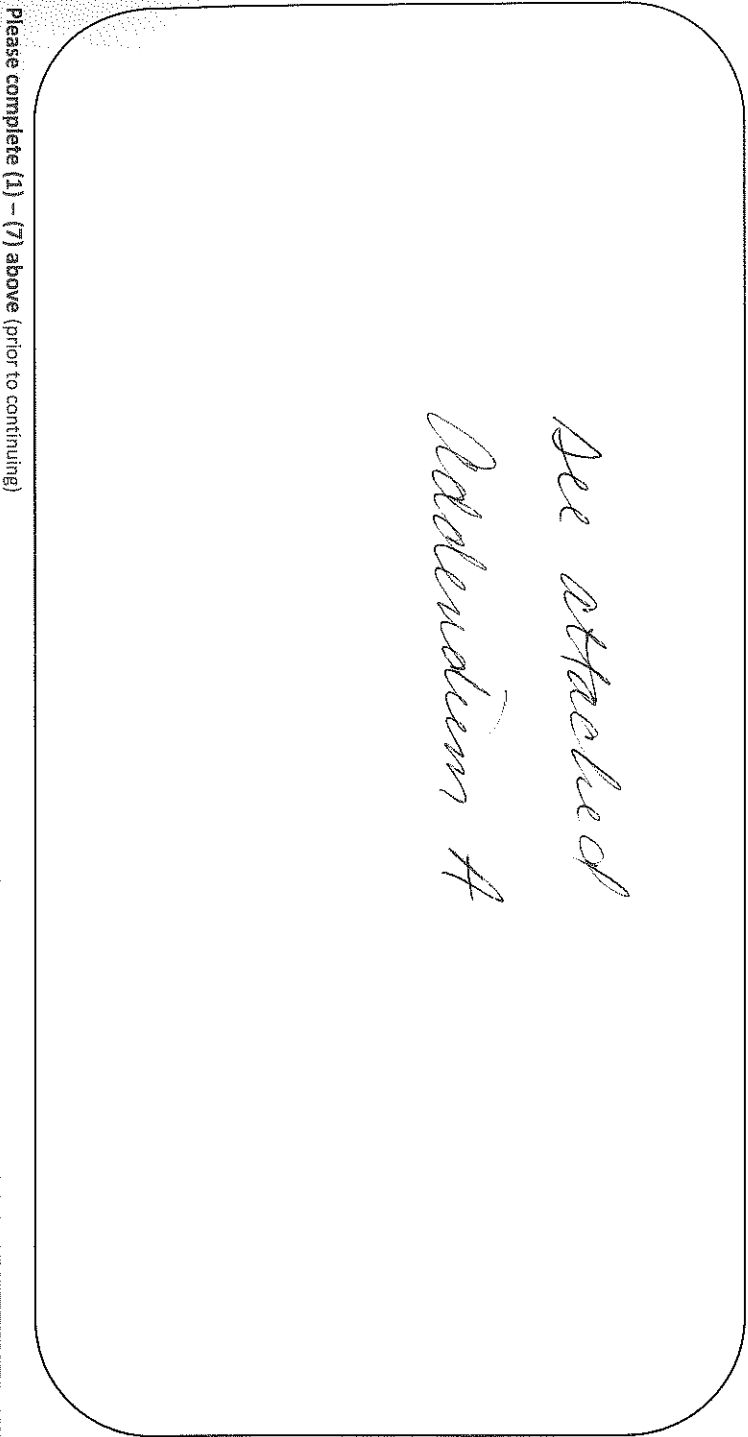
Address to send permit: 1870 Justice Rd, Wausau, WI 54618 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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
Addendum #



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	204 Feet	Setback from the Lake (ordinary high-water mark)	27 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	27 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	70 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	74 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		Setback to Well	34 Feet
Setback to Drain Field	14 Feet		
Setback to Privy (Portable, Composting)			

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: 58821	# of bedrooms:	Sanitary Date: 3-13 85
Permit Denied (Date):		Reason For Denial:		
Permit #: 16-00023	Permit Date: 4-28-16			
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 Lot(s))	<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 #:	Previously Granted by Variance (B.O.A.)		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Was Parcel Legally Created	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was Property Surveyed		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inspection Record:	ok			
Date of Inspection:	4/28/16	Inspected by:	gromby	
Condition(s): Town, Committee or Board conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
MUST get NDC IF Required.				
Signature of Inspector:	gromby			Date of Approval: 4-27-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Addendum A

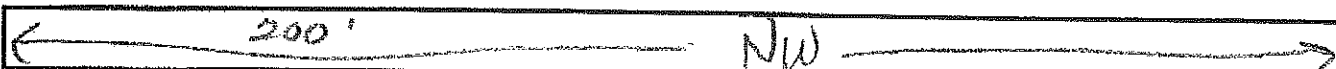
Main File No. J13-1234

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 sq ft



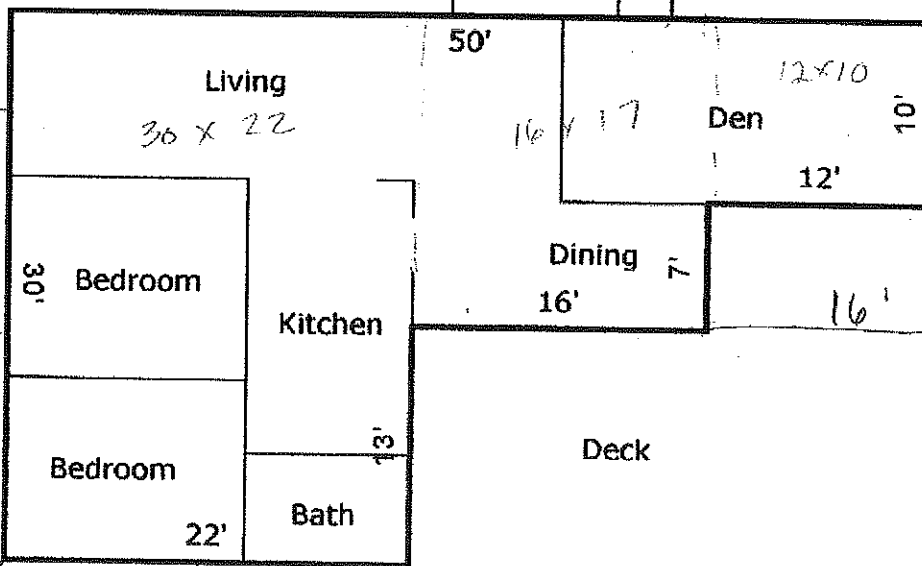
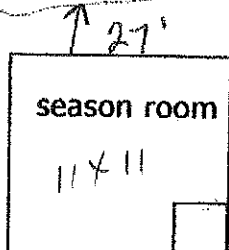
Not to Proportion

Lake 5

5 x 10 yard shed

clear water

water + shrubbery

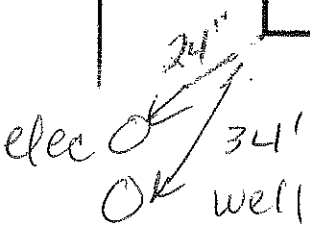


Approx lot line

Approx lot line

NW

NE



driveway

304'

centerline