

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
 Date (Month/Day/Year)
 SEP 01 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 16-0331
 Date: 9-07-16
 Amount Paid: BITS 9-2-16
 Refund:

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: Abigail Atkinson M. DeBanks Mailing Address: P.O. Box 44 City/State/Zip: Maeson, WI 88932 Telephone: 307-385-3771

Address of Property: 43035 Helm Point Rd City/State/Zip: Cable, WI 54821 Call Phone: 307-385-3771

Contractor: MARK Basmussen Contractor Phone: 715-580-0716 Plumber: 715-580-0716 Plumber Phone: _____

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: N1/2 1/4, N1/2 1/4 Govt Lot: 1 Lot(s): 2 CSM: 1892 Vol & Page: 118149 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume: 1131 Page(s): 687

Section: 12, Township: 43 N, Range: 6 W Town of: Namakegon Lot Size: _____ Acreage: 16.42 Total

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: 75 feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input checked="" type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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)	() X ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Deck	() X ()	()
	with (2 nd) Deck with Attached Garage	() X ()	()
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) <u>Shed for Coaling</u>	(92 X 52)	4688 4684

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): James BERANK Date: 9/1/2016

Authorized Agent: _____ Date: _____

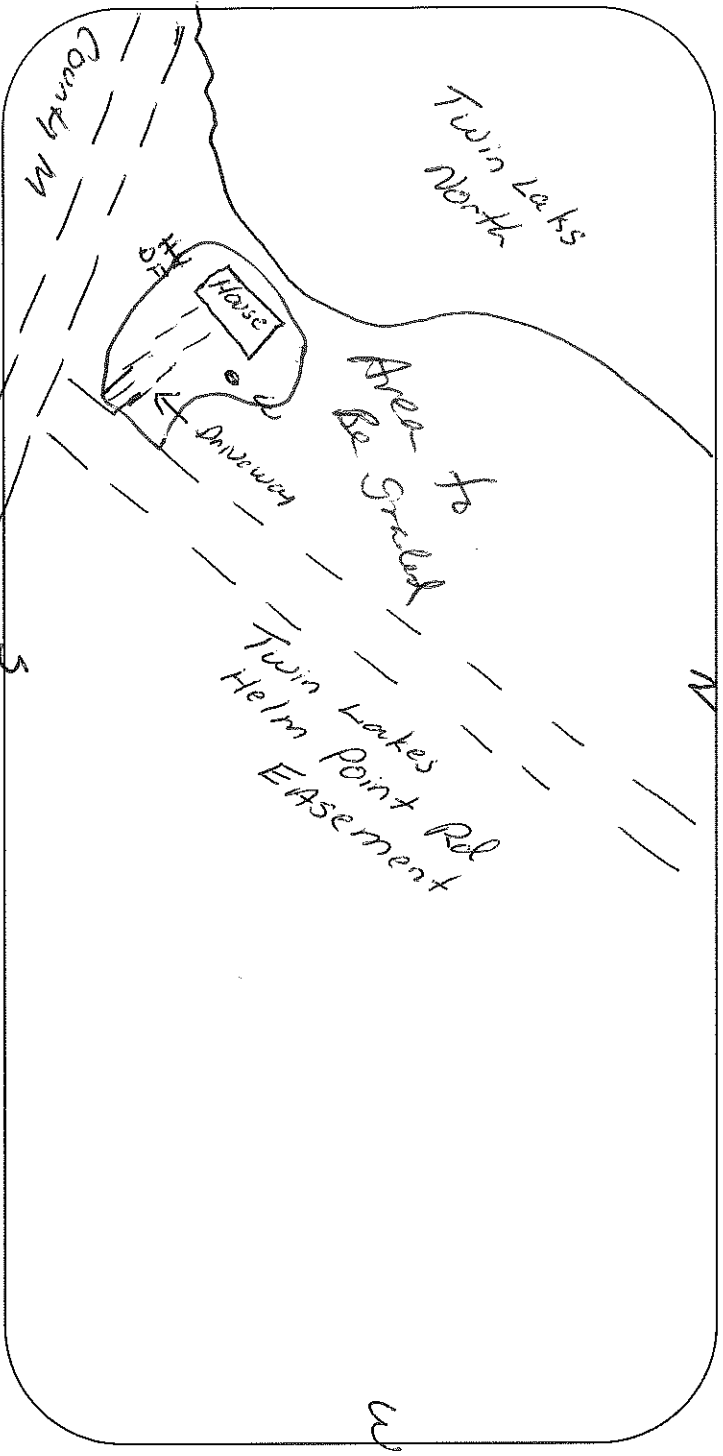
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____

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

the 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)

(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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>16-0381</u>		Permit Date: <u>9-27-16</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <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			Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:		Inspected by:		Zoning District ()	
<u>visited w/owner. Flagged setbacks from Road & Lake</u>		<u>JRC</u>		<u>(A)</u>	
Date of Inspection: <u>9-26-16</u>		Inspected by: <u>JRC</u>		Lakes Classification ()	
Condition(s): <u>Town, Committee or Board Conditions Attached?</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:	
<u>Toshiki S.I.T fees</u>					
<u>use best mgmt practices</u>					
Signature of Inspector: <u>JRC</u>		Date of Approval: <u>9-26-16</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

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

\$7500 L.U. \$100 Imp.

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
 Date Stamp (Received)
SEP 06 2016
 Bayfield Co. Zoning Dept.

ENTERED Permit #:	16-0340
Date:	9-30-16
Amount Paid:	\$175
Refund:	9-16-16

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: 18070 Justice Rd Camp Douglas WI City/State/Zip: 54618 Telephone: 609-427-3662

Address of Property: 40735 Lake 5 City/State/Zip: Clinton Lake WI Contractor Phone: 715-634-1019 Plumber: AA Cell Phone: 608-377-1985

Contractor: Steve Miles Construction Agent Phone: 715-634-1019 Agent Mailing Address (include City/State/Zip): AA Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on Behalf of Owner(s))

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 3+5 Lot(s) 3+5 CSM 21119 Lot(s) No. 78000 Block(s) No. 78000 Subdivision: 9

Section 34 Township 43 N. Range 5 W Town of: Nawakagon Lot Size 300 X 300 Acreage 1.5

Legal Description: (Use Tax Statement) 1/4, 1/4 PIN: (23 digits) 04-034-2-43-06-34-2 05-003 78000 Recorded Document: (i.e. Property Ownership) 9 Pages(s) 9

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or landward side of Floodplain? If Yes---continue Distance Structure is from Shoreline: 120 feet Yes No Are Wetlands Present? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: 120 feet 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>25,000</u>	<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 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 type="checkbox"/> Year Round <input checked="" type="checkbox"/> 3 1/2 story garage	<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>septic</u> <input type="checkbox"/> Privy (Pri) 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: 52 Irreg Width: 32 Irreg Height: 1 story

Proposed Construction: garage Length: 32 Irreg Width: 32 Irreg Height: 1 story

Proposed Structure: 1 level 2ft overhang

Proposed Use	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	with Loft	(<u>16</u>)	
	with a Porch	with (2 nd) Porch	(<u>X</u>)	
	with a Deck	with (2 nd) Deck	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	with Attached Garage		(<u>X</u>)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u>X</u>)	
	Mobile Home (manufactured date)		(<u>X</u>)	
	Addition/Alteration (specify)		(<u>X</u>)	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>38 X 25 / 25 storage garage</u>	Accessory Building Addition/Alteration (specify)	(<u>32 X 32</u>)	<u>1034</u>
	Accessory Building Addition/Alteration (specify)		(<u>X</u>)	
	Special Use: (explain)		(<u>X</u>)	
	Conditional Use: (explain)		(<u>X</u>)	
	Other: (explain)		(<u>X</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 at any reasonable time for the purpose of inspection.

Owners: Richard + Karen Raiten Date 9/5/16
 (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 18070 Justice Rd, Camp Douglas, WI 54618 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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%

See Attached Acknowledgment
A & B

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	135 Feet	Setback from the Lake (Ordinary high-water mark)	120 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	135 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	94 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	32 Feet	Setback to Well	1 Feet
Setback to Drain Field	32 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0340	Permit Date: 9-30-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record) (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	OK			
Date of Inspection: 9-28-16	Inspected by: [Signature]			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Not for minor violations				
Signature of Inspector: [Signature]				Date of Approval: 9-28-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Addendum A

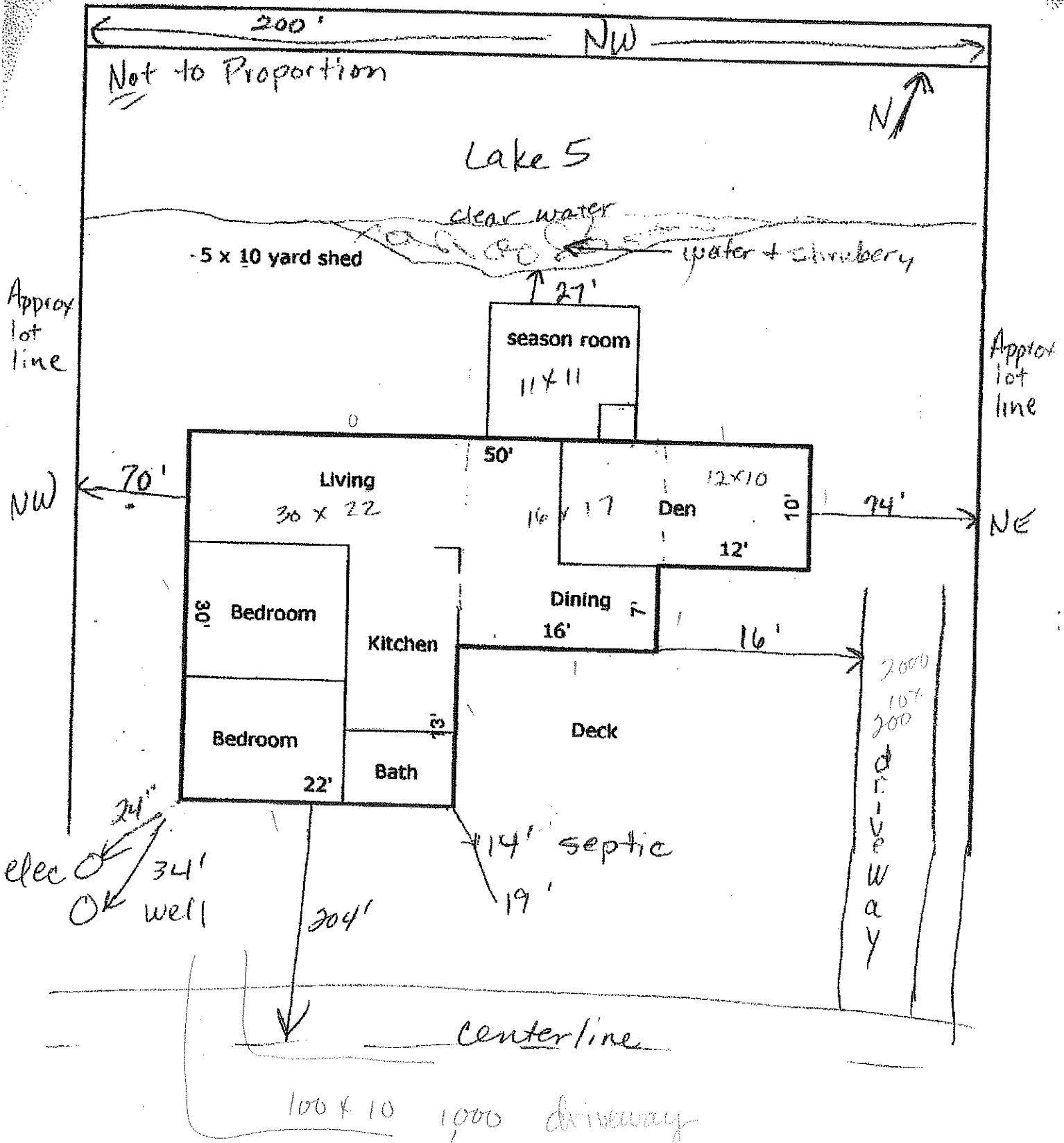
Main File No. J13-125-116

Building Sketch

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

50 x 21, irregular

1.5 ac - 65,340 sq ft



Not to Proportion

Lake 5

5 x 10 yard shed

season room

Living

30 x 22

Bedroom

Bedroom

Kitchen

Bath

Dining

16'

Deck

Den

12 x 10

12'

11 x 11

114' septic

19'

centerline

100 x 10

1000 driveway

Approx lot line

Approx lot line

NW

NE



200'

NW

Not to Proportion

clear water

water + shrubbery

27'

70'

74'

2000

107

200

driveway

elec OK
OK well

204'