

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)  
 JUN 18 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-0284
Date:	8-10-12
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield County Zoning Department. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)  
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <b>Weldon &amp; Leeanne Richert</b>	Mailing Address: <b>P.O. Box 523 Cable, WI 54821</b>
Address of Property: <b>13910 Prie Lake Rd</b>	City/State/Zip: <b>Cable, WI 54821</b>
Contractor: <b>Fayer Sifton</b> Sawes Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor Phone: <b>(231) 690-2565</b> Agent Phone: <b>Plumber: Agent Mailing Address (include City/State/Zip):</b>
PROJECT LOCATION: <b>SW 1/4, NW 1/4 SE</b>	Legal Description: (Use Tax Statement) <b>SW 1/4, NW 1/4 SE</b>
Section: <b>9</b> , Township: <b>43</b> , N. Range: <b>7</b> , W. Township: <b>43</b>	PLN: (23 digits) <b>04-012-2-43-07-07-104-000-20000</b> Recorded Document: (i.e. Property Ownership) Volume: <b>820</b> Pages: <b>761</b>
<input checked="" type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: _____ feet Distance Structure is from Floodplain: _____ feet Distance Structure is from Shoreline: _____ feet Distance Structure is from Floodplain: _____ feet

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					
					<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story		<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<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: <b>CONV.</b>	<input type="checkbox"/> Well
					<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____		
\$ _____	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<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"/>	Principal Structure (first structure on property)	( ) X ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
<input type="checkbox"/>	with Loft	( ) X ( )	( )
<input checked="" type="checkbox"/>	Residential Use	( ) X ( )	( )
<input type="checkbox"/>	with a Porch	( ) X ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
<input type="checkbox"/>	with a Deck	( ) X ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	( )
<input type="checkbox"/>	Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/>	Accessory Building (specify)	( ) X ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/>	Municipal Use	( ) X ( )	( )
<input checked="" type="checkbox"/>	Special Use: (explain) <b>Hobby Farm</b>	( ) X ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	( )
<input type="checkbox"/>	Other: (explain)	( ) X ( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 (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.

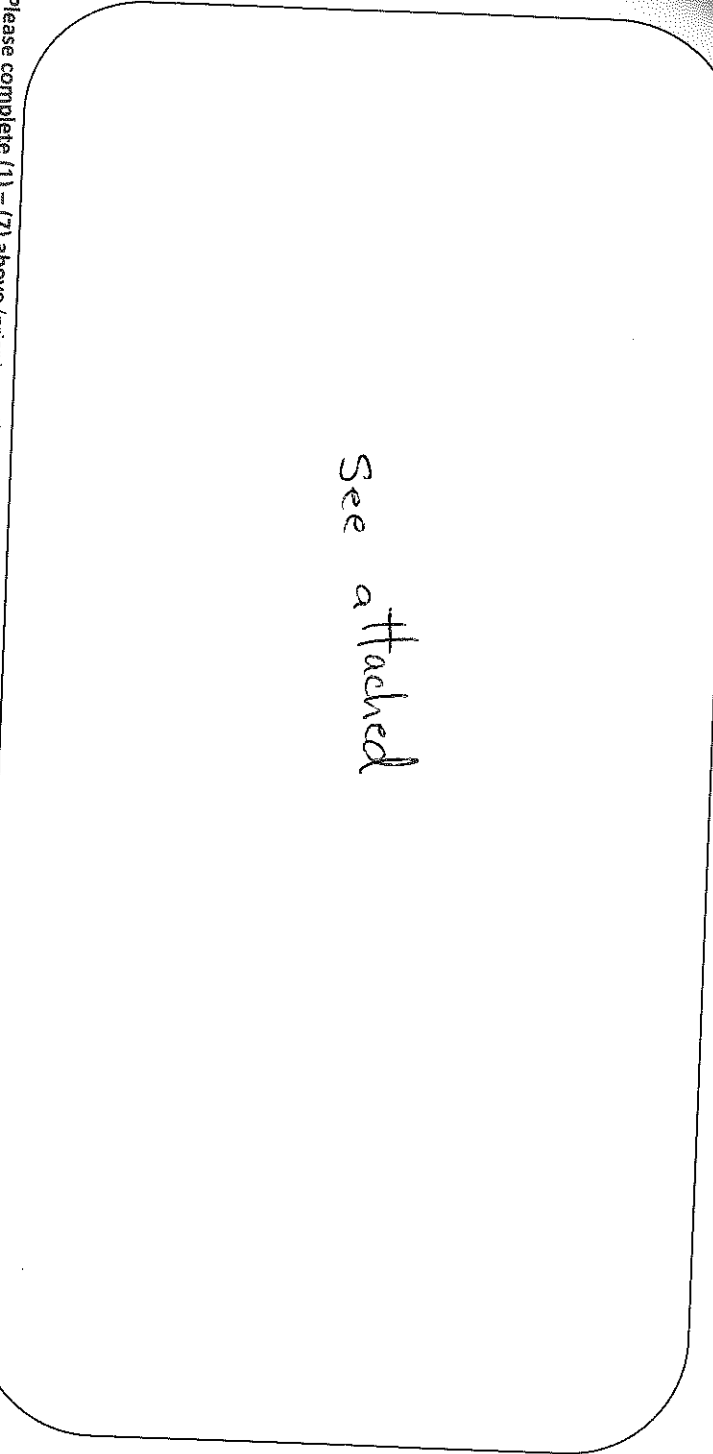
Owners: Weldon Richert Leeanne Richert  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Attach Copy of Tax Statement  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance of Permitting Cable, WI 54821  
 Address to send permitting Cable, WI 54821  
 AUG 10 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

**Draw or Sketch your Property** (regardless of what you are applying for)

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



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	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	Setback from 20% Slope Area	Feet
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		Feet
Setback to Privy (Portable, Composting)	Feet		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.

Sanitary Information (County Use Only)

Sanitary Number: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 12-0084 Permit Date: 8-10-12

Is Parcel a Sub-Standard Lot  Yes  No

Parcel in Common Ownership  Yes  No

Structure Non-Conforming  Yes  No

Variances (B.O.A.)  Yes  No

Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: \_\_\_\_\_

Inspected by: MT Furbush

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Affidavit Required  Yes  No

Affidavit Attached  Yes  No

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

Case #: \_\_\_\_\_

Zoning District: (R-1)

Lakes Classification: (M)

Date of Re-Inspection: \_\_\_\_\_

Signature of Inspector: Michelle Stuebel

Signature of Applicant: Michelle Stuebel

Hold For TBA:  Hold For Affidavit:  Hold For Fees:  Date of Appeal: 8-10-12

For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:  Date of Appeal: \_\_\_\_\_

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 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Permit #:	12-00885
Date:	8-10-12
Amount Paid:	
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.

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: LORIN DENNIS KUNSEL JR Mailing Address: PO Box 144 City/State/Zip: CABLE, WI 54821 Telephone: \_\_\_\_\_

Address of Property: 43425 KAVANAUSH Contractor Phone: \_\_\_\_\_ City/State/Zip: CABLE, WI 54821 Cell Phone: 715 580 0908

Contractor: \_\_\_\_\_ Plumber: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

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

PROJECT LOCATION: NE 1/4, SW 1/4 Gov't Lot: \_\_\_\_\_ Lot(s): 5 CSM: V.18M4 Lot(s) No.: B 441 Block(s) No.: \_\_\_\_\_ Subdivision: PLAT # 1 IN THE V.18M4 OF CABLE. Recorded Document: (i.e. Property Ownership) Volume: \_\_\_\_\_ Page(s): \_\_\_\_\_

Section 18, Township 43 N, Range 7 W Town of: CABLE Lot Size: \_\_\_\_\_ Acreage: .19

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
\$ _____	<input 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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Prt) 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"/>	Principal Structure (first structure on property)	( X )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/>	with Loft	( X )	
<input type="checkbox"/>	with a Porch	( X )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( X )	
<input type="checkbox"/>	with a Deck	( X )	
<input checked="" type="checkbox"/>	with Attached Garage	( X )	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( X )	
<input type="checkbox"/>	Mobile Home (manufactured detel)	( X )	
<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/>	Special Use: (explain) <u>Clothing Store</u>	( X )	
<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
<input type="checkbox"/>	Other: (explain) _____	( X )	

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Owner(s): Lorin Dennis Kunsel Jr Date 8-10-12  
 (If there are Multiple Owners listed on the Deed All Owner's 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)

Rec'd for Issuance \_\_\_\_\_  
 Address to send permit \_\_\_\_\_

ALB / D 2012

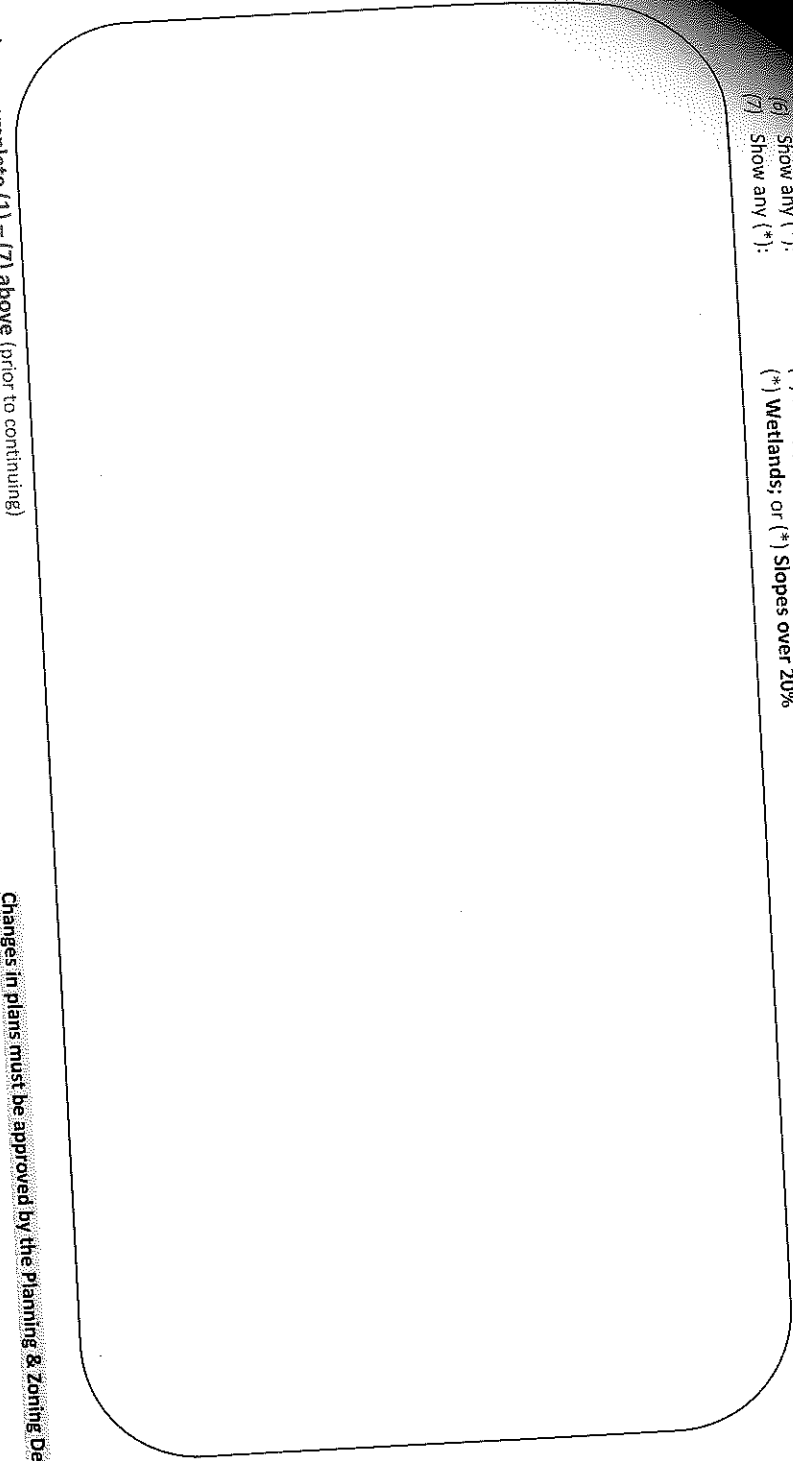
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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



Sketch your Property (regardless of what you are applying for)

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



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)

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Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
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		
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For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

**Issuance Information (County Use Only)**

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 12-0285 Permit Date: 8-15-12

Is Parcel a Sub-Standard Lot  Yes  No  (Deed of Record)  No  Yes  (Fused/Contiguous Lot(s))  No  Yes  Mitigation Required  Yes  No  Affidavit Attached  Yes  No

Is Parcel in Common Ownership  Yes  No  Structure Non-Contouring  Yes  No  Mitigation Attached  Yes  No  Affidavit Attached  Yes  No

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

Was Parcel Legally Created  Yes  No  Weir Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No  Was Property Surveyed  Yes  No

Inspected by: Structure & existing

Date of Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_

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

Signature of Inspector: see affidavit & ZC decision Date of Approval: 8-10-12

Signature of Inspector: Michael Swab Date of Approval: \_\_\_\_\_

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