

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

Class A
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (Received)
 JUL 11 2013
 Bayfield Co. Zoning Dept.

\$250 + 175 = \$425
 Permit #: 13-098
 Date: 9-11-13
 Amount Paid: \$405
 Refund: 7-13-13
 RECEIVED

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: Scott King
 Address of Property: XXX Trail Inn Rd.
 City/State/Zip: Cable, WI 54821
 Mailing Address: PO Box 395
 City/State/Zip: Cable WI 54821
 Telephone: 583-6663
 Cell Phone: 330

Contractor: SELF (Scott King) Buyer
 Contractor Phone: 330-583-6663
 Plumber: Andy Roswinski & Sons
 Plumber Phone: 708-3355
 Agent Phone: ~~330-583-6663~~
 Agent Mailing Address (include City/State/Zip): ~~PO Box 395 Cable WI 54821~~
 Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, SW 1/4
 Legal Description: (Use Tax Statement) Gov't Lot #2, Lot(s) 1847, CSM 11, 41, Vol & Page
 PIN: (23 digits) 04-012-2-43-07-04-3
 Recorded Document: (i.e. Property Ownership) 02-000-32000
 Volume 1110, Page(s) 666
 Subdivision: ~~1110~~
 Lot Size 598x630, Acreage 8.5

Section 4, Township 43 N, Range 7 W, Town of Cable

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue -->
 Is Property/Land within 1000 feet of lake, Pond or Flowage If Yes---continue -->

Distance Structure is from Shoreline: _____ feet
 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 |
|--|--|--|--|---------------------------------------|---|--|
| \$80,000 | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | 2 | <input checked="" type="checkbox"/> (New) Sanitary | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> Walkout | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> _____ |

Existing Structure: (if permit being applied for is relevant to it) Length: 26 Width: 14 Height: 27'
 Proposed Construction: Length: 26 Width: 14 Height: 27'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (14 x 26) | 954 |
| | <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft | (14 x 12) | 168 |
| | <input type="checkbox"/> with a Porch with (2 nd) Deck | () | () |
| | <input type="checkbox"/> with a Deck with (2 nd) Deck | () | () |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | () | () |
| | Mobile Home (manufactured date) _____ | () | () |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) _____ | () | () |
| | Accessory Building (specify) _____ | () | () |
| | Accessory Building Addition/Alteration (specify) _____ | () | () |
| Rec'd for Issuance | Special Use: (explain) _____ | () | () |
| SEP 11 2013 | 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 an 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.

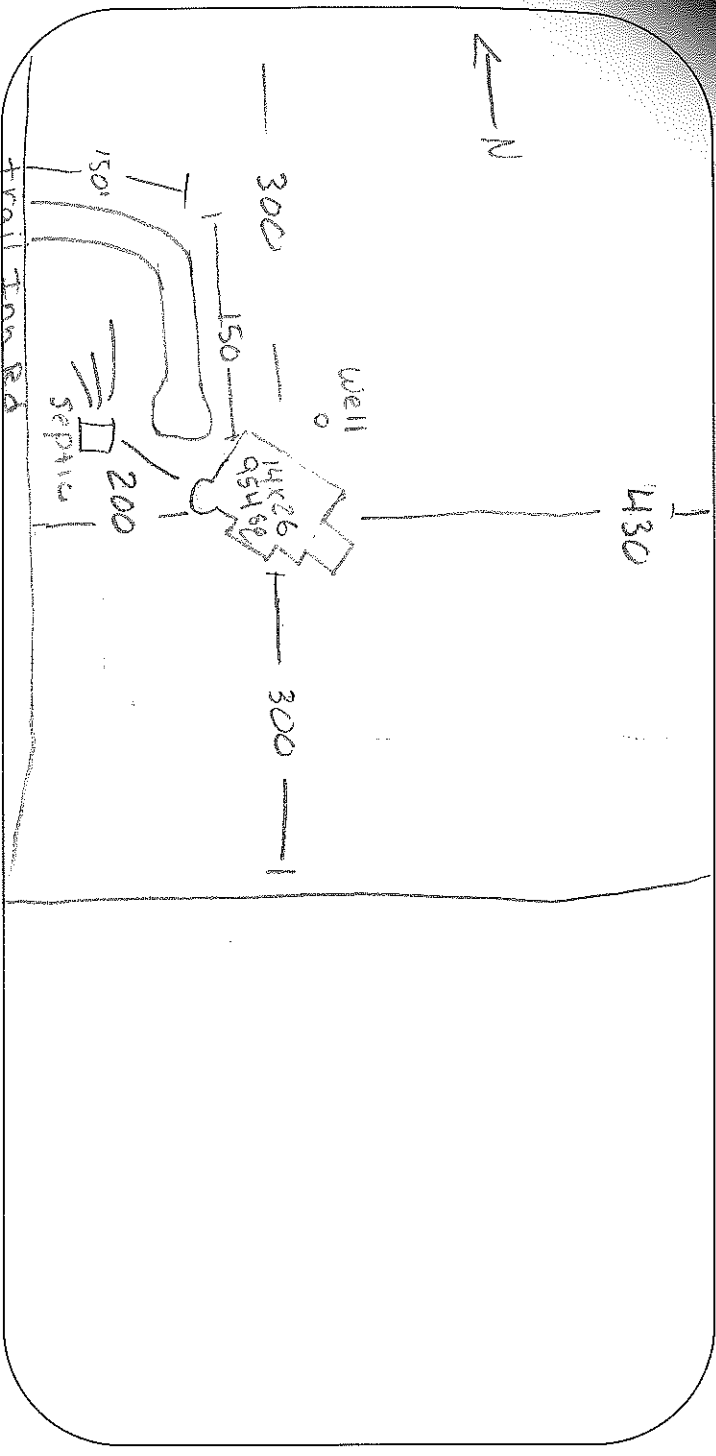
Owner(s): Scott King listed on Warranty Deed All Owners must sign or letter(s) of authorization must accompany this application) Date: July 8 2013

Authorized Agent: Scott King (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date: July 8 2013

Address to send permit: P.O. Box 395, Cable, WI 54821 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Use of Setback your Property (regardless of what you are applying for)

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



Please complete (1) - (7) above (prior to continuing)
 (8) Setbacks: (measured to the closest point)
 600'
 600'

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 225 Feet | Setback from the Lake (Ordinary high-water mark) | N/A Feet |
| Setback from the Established Right-of-Way | 200 Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | 300 Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 300 Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 200 Feet | Setback from 20% Slope Area | N/A Feet |
| Setback from the East Lot Line | 430 Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | | Setback to Well | 40 Feet |
| Setback to Drain Field | | | |
| Setback to Privy (Portable, Composting) | N/A 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 Dwelling: 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: 13-1025 # of bedrooms: 2 Sanitary Date: 9-11-13
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 13-0298 Permit Date: 9-11-13

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel In Common Ownership Yes (Deed of Record) No
 Is Structure Non-Conforming Yes (Fused/Contiguous Lot(s)) No
 Granted by Variance (B.O.A.) Yes No Case #: _____
 Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: Well stakes! Meets all setbacks.
 Date of Inspection: 8-9-13 Inspected by: Mr. Furdals
 Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: Michael Furdals
 Hold For Sanitary: Hold For TBA: OK Hold For Affidavit: Hold For Fees:
 A uniform dwelling code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction.
 Date of Approval: 8-12-13

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
 SEP 04 2013
 Bayfield Co. Zoning Dept.

| | | |
|--------------|---------|----------------|
| Permit #: | 13-030 | ENTERED |
| Date: | 9-13-13 | |
| Amount Paid: | \$550 | |
| Refund: | 9-13-13 | |

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: Evagene S Dobiel Mailing Address: 939 E David Ave Arcadia WI 54612 Telephone: 608-343-6751

Address of Property: 14871 Co Hwy M City/State/Zip: Cable WI 54821 Call Phone: _____

Contractor: Scott BIRD Contractor Phone: 715-798-3664 Plumber: N/A Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Scott BIRD Agent Phone: 715-798-3664 Agent Mailing Address (Include City/State/Zip): 19250 Pioneer Rd Cable WI 54821 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 3 Lot(s) 2 CSM 1833 Vol & Page 11, 7 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 17, Township 43 N, Range 7 W Town of: Cable Lot Size _____ Acreage 3.010

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue If 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

Distance Structure is from Shoreline: _____ feet Yes No

Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume 1102 Page(s) 195

| 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 |
|---|--|---|--|--|---|-------------------------------|
| \$ <u>220,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" 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 checked="" 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"/> _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> NA |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input 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"/> _____ | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input checked="" type="checkbox"/> None | |

Existing Structure: (if permit being applied for, is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 160' Width: 64' Height: 18'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|---|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | Residence (i.e. cabin, hunting shack, etc.) | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | with Loft | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | with a Porch | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | with (2 nd) Porch | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | with a Deck | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| <input checked="" type="checkbox"/> Commercial Use | with Attached Garage | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | Mobile Home (manufactured date) _____ | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) _____ | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | Accessory Building (specify) _____ | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | Accessory Building Addition/Alteration (specify) _____ | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| Rec'd for Issuance | Special User: (explain) _____ | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| | Conditional Use: (explain) _____ | (<input type="checkbox"/> X <input type="checkbox"/>) | |
| SEP 13 2013 | Other: (explain) <u>Storage Building</u> | (<u>160 X 64</u>) | <u>19240</u> |

Secretarial Staff
 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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

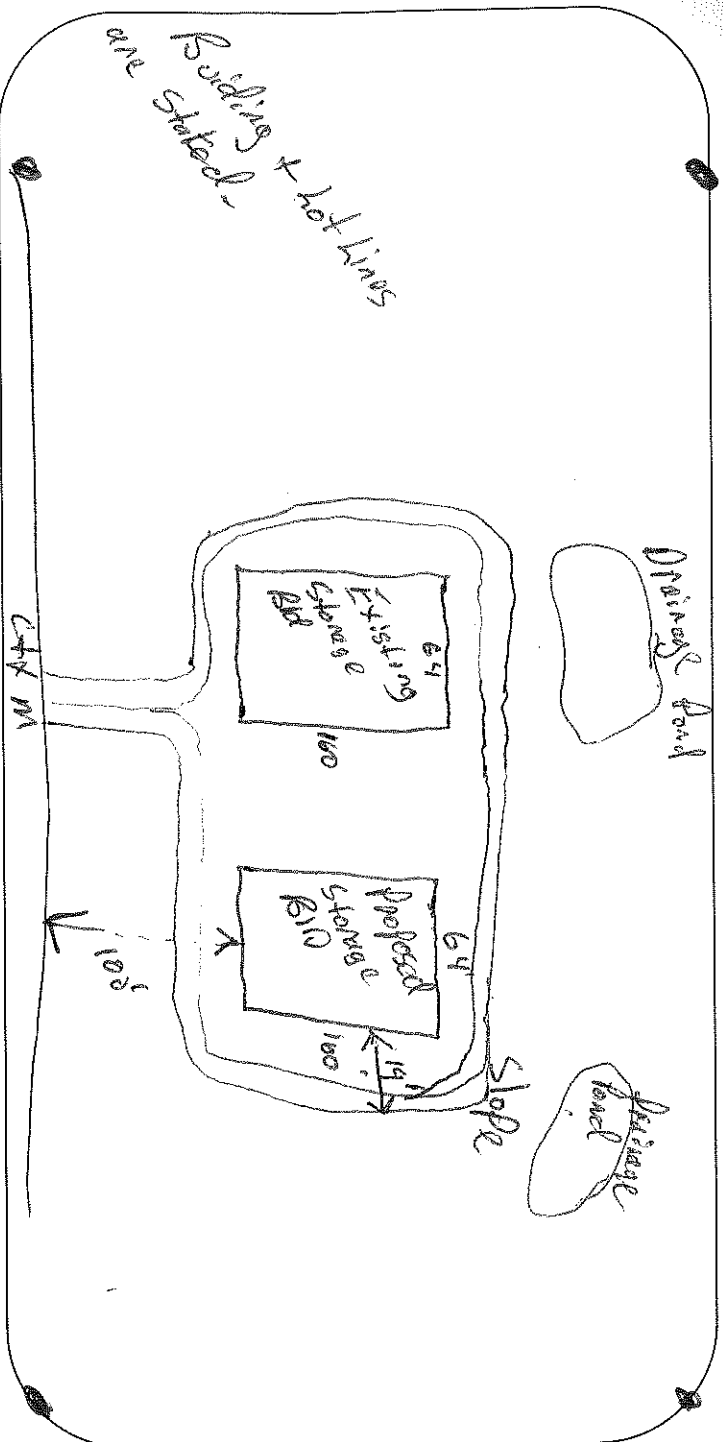
Authorized Agent: Scott BIRD Date 9-10-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 19250 Pioneer Rd Cable WI 54821 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%**



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 | 100' Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 90' Feet | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line | NA Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 100' Feet | Setback from Wetland | 80' Feet |
| Setback from the West Lot Line | 19' Feet | Setback from 20% Slope Area | NA Feet |
| Setback from the East Lot Line | 130' Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | NA Feet | Setback to Well | NA Feet |
| Setback to Drain Field | NA 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: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 13-03207 | Permit Date: 9-13-13 | | | |
| <input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming | <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous Lot(s)) <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No |
| <input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No | Case #: | <input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No | Case #: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No |
| <input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No |
| Inspection Record: Well Staked. Metcalf setbacks. | Inspected by: MM. Furtak | Zoning District: (C) Lakes Classification: (NA) | Date of Re-Inspection: | |
| Date of Inspection: 9-12-13 | | | | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) May not be used for human habitation. No water under pressure in structure. | | | | |
| Signature of Inspector: Metcalf Furtak | Date of Approval: 9-13-13 | | | |
| 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"/> |