

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
APR 19 2007
Bayfield Co. Zoning Dept.

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.
Changes in plans must be approved by the Zoning Department

RV 75.00 Print 150.00
Office Use:
Application No. 08-0085
Date 4/19/07
Fee Paid \$2725.00 RDS

Applicant Steven Ekhara Serkowski

Property Address

Mailing Address 4907 Gunderson Rd.

26865 Marengo River Rd

Waterford, WI 53185

Mason, WI 54856

Telephone (262) 895-6390

Written Authorization Attached: Yes () No

Accurate Legal Description involved in this request:

Zoning District: F-1

NW 1/4 of NW 1/4 of Section 28 Township 45 N. Range 5 W. Town of Lincoln

Gov't Lot **Lot** **Block** **Subdivision** **CSM #**

Volume 692 **Page** 325 **of Deeds** Parcel I.D. # 030-1060-01990 **ACREAGE** 7

Additional Legal Description:

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: **New** **Replacement** **Vin #** 2072

Make of RV: PATHE

Model of RV:

FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only	
Permit Issued:	Sanitary Number <u> </u> Date <u> </u>
Issuance Date <u>4/22/08</u>	Permit Number <u>08-0085</u> Permit Denied (Date) <u> </u>
Reason for Denial: <u> </u>	
Inspection Record: <u>Meets all textbooks.</u>	
By <u>M. Funtak</u>	Date of Inspection <u>4-27-07</u>
Variance (B.O.A.) # <u> </u>	
Condition: <u>RV may be placed up to 4 months from issuance date. Must be removed by: 9-1-07</u>	
Signed <u>Michael Funtak</u>	Date of Approval <u>4-28-07</u>
Inspector	Rec'd for Issuance

APR 22 2008

Secretarial Staff

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

IMPORTANT
Detailed Plot Plan is Necessary

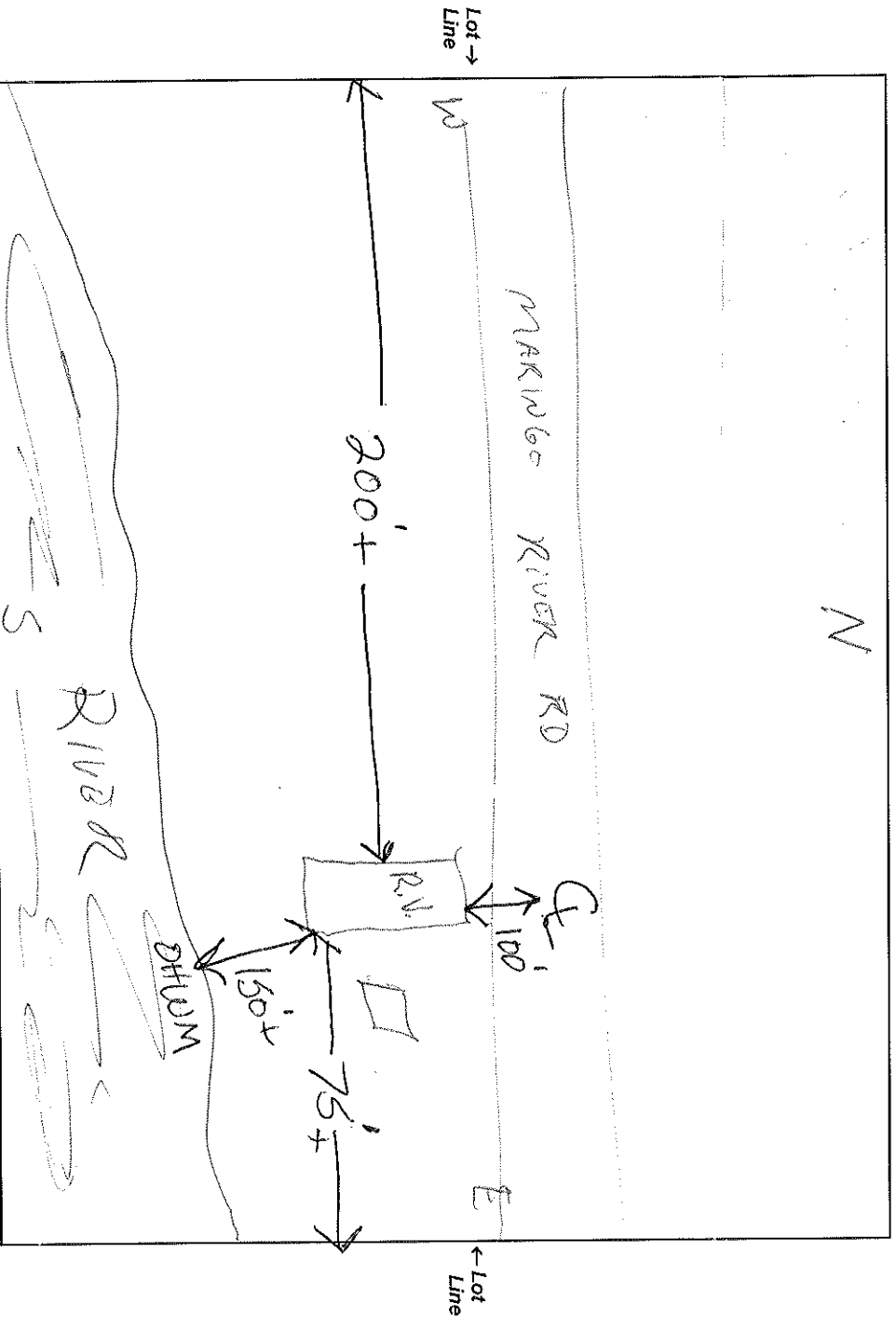
3. Show dimensions in feet on the following: *DONT KNOW MEASUREMENTS*

a. RV from centerline of road(s).

b. RV from right-of-way line

c. RV from property lines

Lot Line



Name Frontage Road (MARKING RIVER RD.)

NOTICE: The local town, village, city, state or federal agencies may also require permits.

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) am (are) 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 or Authorized Agent

Thomas J. Anderson

Date

8/30/07

Address to send permit

4987 GUNDERSON RD. WATERFORD WI. 53185

ENTERED

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
APR 21 2008

Bayfield Co. Zoning Dept.

Application No.: 08-0092
Date: _____
Zoning District: R-1 Class 2
Amount Paid: \$7500 Cash
205 4/2/08

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. Changes in plans must be approved by the Zoning Department.

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
Legal Description: N1/4 of NE 1/4 of Section 34 Township 45 North, Range 5 West, Town of Lincoln
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 0.44
Volume 831 Page 320 of Deeds Parcel I.D. # 040-1072-03 Use Tax Statement for Legal Description
Property Owner William & Mary Boudhain Contractor Jim Refill (Phone) 715-682-3951
Address of Property 28810 Maveage Lake Rd Plumber N/A
Washburn, WI Authorized Agent ~~Jim Refill~~ (Phone) _____

Telephone 715-743-8017 (Home) 715-743-8211 (Work)
Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____ Basement: Yes _____ No _____
Estimated Cost of Construction 10000 Square Footage 80 Sanitary: New _____ Existing Privy _____ City _____
USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) X Mobile Home (manufactured date) _____
Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____ Deck(2) sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) Walkway to Lake
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 or Authorized Agent (Signature) Wm. W. Boudhain Date 04/21/08
Address to send permit 342 N 17th Dr. Sturgeon Bay WI. ATACH Copy of Tax Statement
54275 if you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 4/25/08 Permit Number 08-0092 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets all requirements. Property lines per owner's representations. By M. Fustak Date of Inspection 4-23-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed Michael Fustak 4-24-08 Date of Approval _____
Inspector _____ Rec'd for Issuance _____

APR 25 2008

Secretarial Staff

Marengo Lake

H2O ELEVATION=1109.77
(8-20-2002)

APPROXIMATE HIGH-WATER MARK

113'±

COTTAGE
1ST FLOOR
ELEV.=1124.56

FIRE TANK

POWER POLE

WIM

S 4° 21' 00" E

N 41° 58' 00" W

224.95'

115.81'

1109.77
1110.05
1110.37
1110.07
1111.59

1115.53
1115.57
1122.56
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