

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 Stamp (Received)
 08/08/2012
 Bayfield County Zoning Dept

ENTERED
 TBA 175.00 LV 525.00
 permit #: 12-0290
 Date: 8-16-12
 Amount Paid: \$775.00 RDS
 Refund: 2/23/12

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: David Polkoski
 Address of Property: Muskeg Rd #800
 City/State/Zip: Iron River, Wis. 54847
 Telephone: 715-373-8107
 Cell Phone: 907-878-0040

Contractor: SELF
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: Iron River, Wis 54847
 Plumber: Tony Polkoski
 Agent Phone: 715-373-4156
 Agent Mailing Address (Include City/State/Zip):
 Written Authorization Attached: Yes No

PROJECT LOCATION: NE 1/4, NE 1/4
 Legal Description: (Use Tax Statement)
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
 Section 15, Township 48 N, Range 9 W, Town of: Dale

Recorded Document: (i.e. Property Ownership) Volume 1016 Page(s) 158

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes---continue No
 Distance Structure is from Shoreline: 370 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes---continue No
 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
\$ 175,000	1/2 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 checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>holdover tank & well</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 42 Width: 26 Attached Height: 235
 Proposed Construction: As per attached survey and records

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)		
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	26 x 26	2256 FT ²
	with a Porch	32 x 25	800 FT ²
	with (2 nd) Porch	32 x 25	270 FT ²
	with a Deck		
	with (2 nd) Deck	60 x 40	2400 FT ²
<input type="checkbox"/> Commercial Use	with Attached Garage		
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
	Special Use: (explain)		
	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 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 the 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, any responsible party or the purpose of inspection.

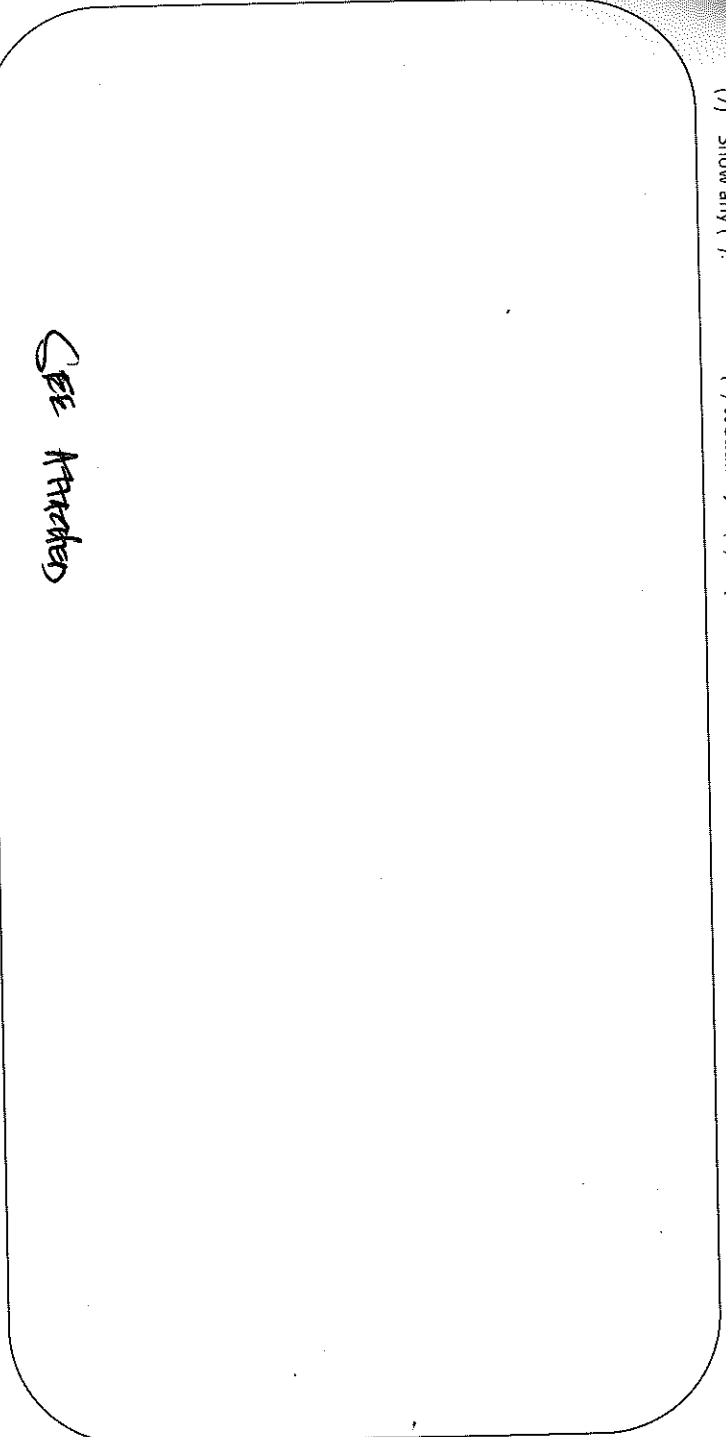
Owner(s): [Signature] Date 8-2-2012
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance to Box 841, Iron River Wis 54847
 AUG 15 2012
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Show Location of:
- (1) Show / Indicate: Proposed Construction
 - (2) Show Location of (*): North (N) on Plot Plan
 - (3) Show: (*) 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	820 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	790 Feet	Setback from the River, Stream, Creek	370 Feet
Setback from the North Lot Line	445 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	790 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	330 Feet	Setback from 20% Slope Area	40 Feet
Setback from the East Lot Line	663 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	85 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 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 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, 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: 12-195 # of bedrooms: 3 Sanitary Date: 8-16-12

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0298 Permit Date: 8-16-12

Is Parcel a Sub-Standard Lot Yes (beed or Record) No K/No

Is Parcel in Common Ownership Yes (fused/Contiguous lots) No K/No

Is Structure Non-Conforming Yes No K/No

Granted by Variance (B.O.A.) Yes No K/No

Case #: _____ Previously Granted by Variance (B.O.A.) Yes No K/No

Was Parcel Legally Created Yes No K/No

Were Property Lines Represented by Owner Was Property Surveyed Yes No K/No

Was Proposed Building Site Delineated Yes No K/No

Inspection Record: PROPOSED STRUCTURE VIOLATED TO BE REMOVED BY OWNER KNOWS TO BE A VIOLATION

Inspected by: DL Date of Re-Inspection: 8-28-12

Condition(s): TOWN COMMITTEE OR BOARD CONDITIONS ATTACHED Yes No (If No they need to be attached.)

A UNIFORM DWELLING CODE (UDC) RESULT FROM THE LOCAL GOVERNMENT OR CIRCUMSTANCES NEARBY

Signature of Inspector: [Signature] Date of Approval: 2-21-12

Hold For Sanitary: 2-14-12 Hold For TBA: 2-14-12 Hold For Affidavit: _____

Hold For Fees: _____

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 Stamp (Received)

Permit #:	12-0096
Submitted:	8-16-12
Reviewed:	12-17-12
Approved:	Approved 05/2/2012
Returned:	PD FROM LID
	#10-0892

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 →				<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	David Polkosk		Mailing Address:	PO Box 841		City/State/Zip:	Iron River, WI 54847			
Address of Property:	4800 Muskeg Rd.		Contractor Phone:	907-878-0046		Plumber:	Tony Polkosk			
Contractor:	Self		Agent Phone:	715-373-5554		Agent Mailing Address (include City/State/Zip):	PO Box 841, Iron River, WI			
Authorized Agent-Person Signing Application on behalf of Owner(s):	Carl Holstad		Recorded Document: (i.e. Property Ownership)	Volume 1016		Subdivision:				
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership)	Volume	Subdivision:	Recorded Document: (i.e. Property Ownership)		Pages:		
NE 1/4, NE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Volume	Pages:	
Section 15, Township 48 N, Range 9 W										

<input checked="" type="checkbox"/> Shoreland →	1/5 Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes...continue → <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes...continue →	Distance Structure is from Shoreline: 230' Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland				

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
\$ 25,000	<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 checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" 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"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	42	Width:	46	Height:	
Proposed Construction:	Length:		Width:		Height:	

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(11 x 11)	
	Residence (i.e. cabin, hunting shack, etc.)	(11 x 11)	
	with Loft	(11 x 11)	
	with a Porch	(11 x 11)	
	with (2 nd) Porch	(11 x 11)	
	with a Deck	(5 x 11)	
	with (2 nd) Deck	(80 x 40)	1500
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
	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) <u>unattached garage/shop</u>	(80 x 40)	3200
	Accessory Building Addition/Alteration (specify) _____	()	
	Special Use: (explain) _____	()	
	Conditional Use: (explain) _____	()	
	Other: (explain) _____	()	

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

Date 3-28-2012

Authorized Agent: _____
 are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Rec'd for Issuance

To Box 411 Iron River, Wis 54847

Copy of Tax Statement

Address to send permit

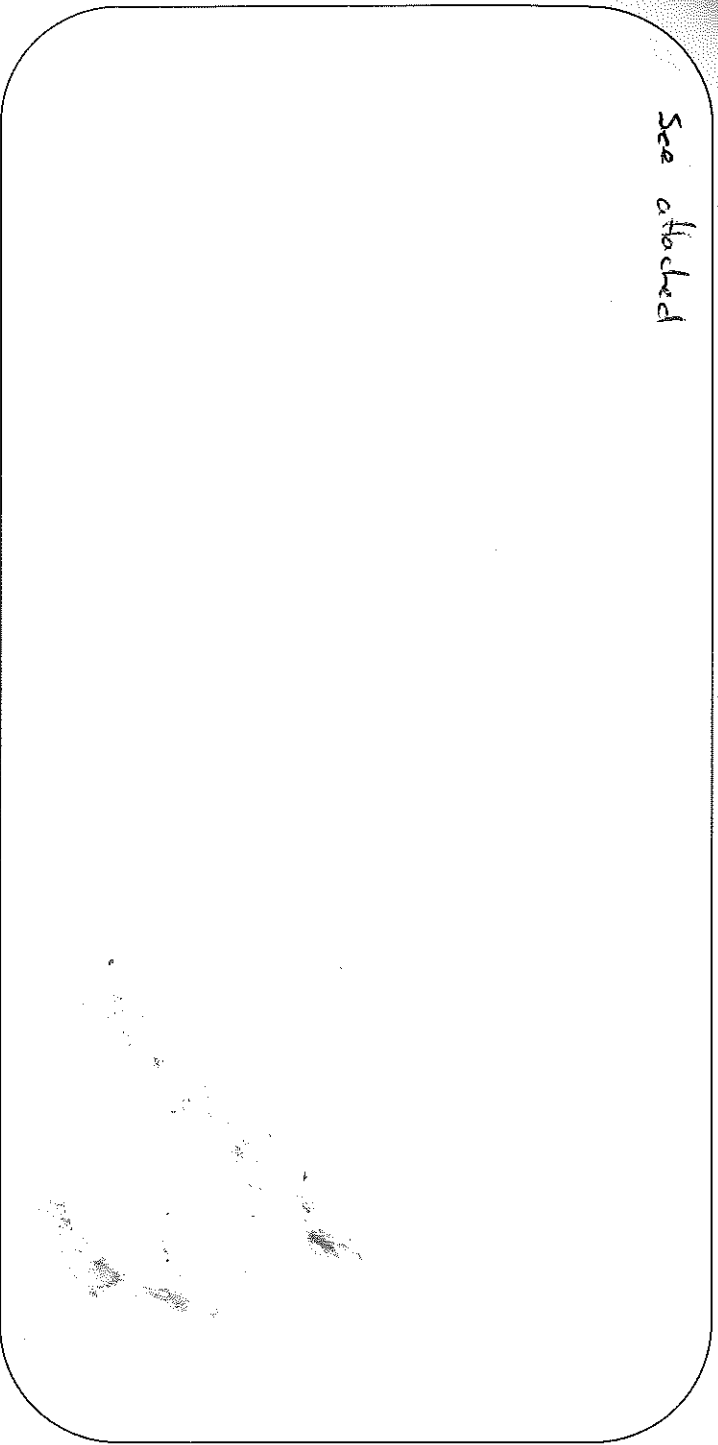
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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



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	820 Feet	Setback from the Lake (Ordinary high-water mark)	230 Feet
Setback from the Established Right-of-Way	865 Feet	Setback from the River, Stream, Creek	230 Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	865 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	30 Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	100 Feet
Setback to Drain Field	Feet	to septic To house	30 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.

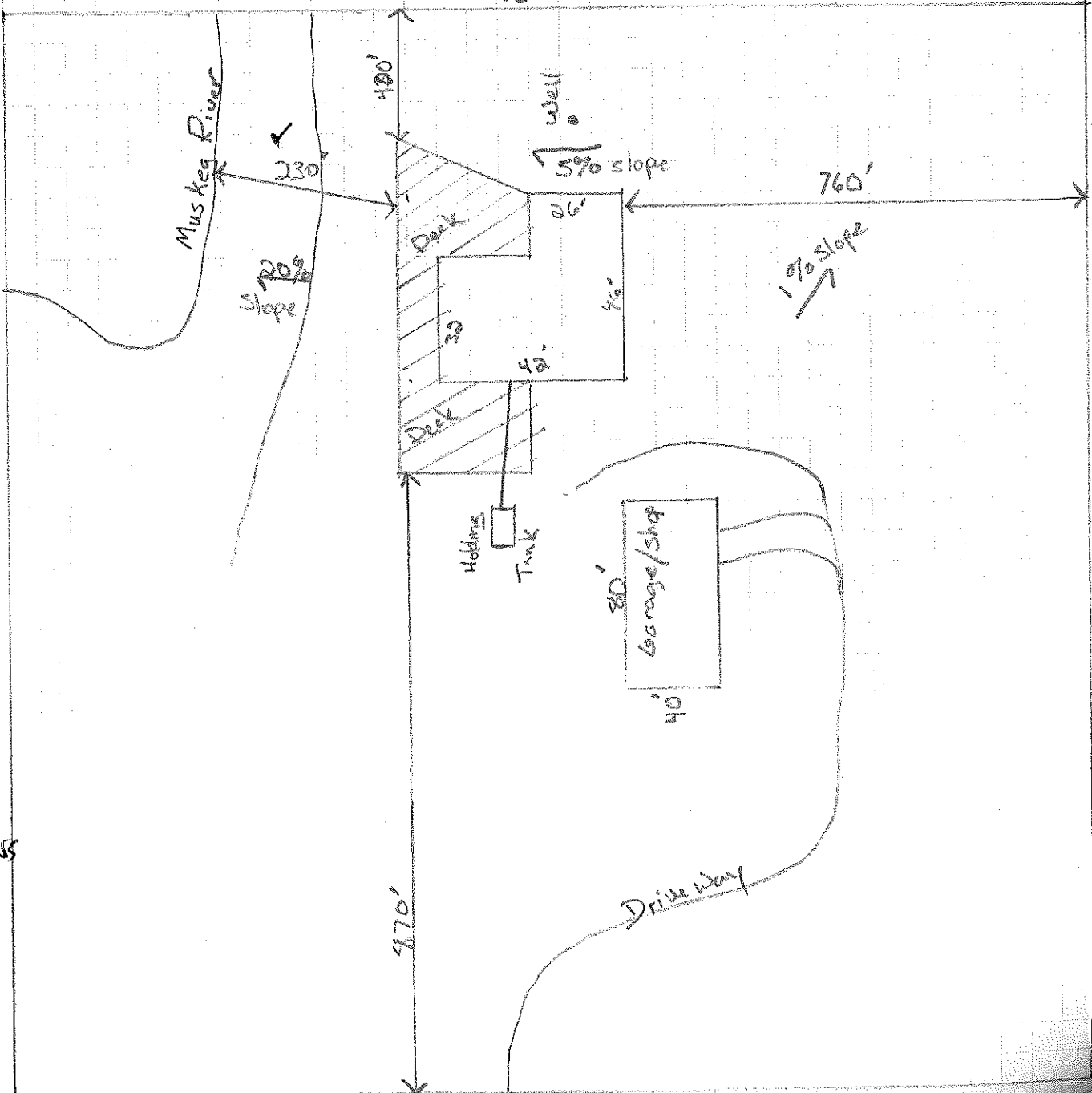
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 12-0096	Permit Date: 8-16-12		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)
Granted by Variance (B.O.A.)	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Revised WADSWORTH MAP FOR ITS REPRESENTED BY OWNER BY OWNER			
WORKS ARE SCHEDULE REQUIREMENTS & L.U. RESULT ANY BE ISSUED.			
Date of Inspection: 5-30-12	Inspected by: DC	Zoning District (F-1)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)		Lakes Classification (3)	
Signature of Inspector: <i>[Signature]</i>		Date of Approval: 8/28/12	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

1320'



40 acres



1320'

Powerline



SITE PLAN

BOTH STRUCTURE LOCATIONS
WERE OBSERVED AT
3-30-12 OBSERVATIONS