

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 38  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 AUG 29 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-0313  
 Date: 9-19-13  
 Amount Paid: \$ 850  
 8-29-13  
 Refund:   
 ENTERED

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: JOE AND HARRY RIGOTTI Mailing Address: W 3334 WATER RD IDEST SALEM, WI 54669 Telephone: 608-786-3585

Address of Property: 9266 SCHOOL RD City/State/Zip: PORT WING, WI 54865 Cell Phone: 608-397-4921

Contractor: SELF Contractor Phone: UNDEVELOPED Plumber: UNDEVELOPED Plumber Phone: UNDEVELOPED

Authorized Agent: (Person Signing Application on behalf of Owner(s)) WJA Agent Phone: UNDEVELOPED Agent Mailing Address (include City/State/Zip): UNDEVELOPED Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 1/4 Lot(s): 1 CSM: 5-12 Vol & Page: 1 Lot(s) No.: 1 Block(s) No.: 1 Subdivision: OLKPESTROM & HENKHOFF ADD Recorded Document: (i.e. Property Ownership) Volume: 0200 Page(s): 1

Section 28, Township 52 N, Range 8 W Town of: PORT WING Lot Size: 1.600 Acreage: .600

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: 7700 FT feet

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue  Distance Structure is from Shoreline: UNDEVELOPED 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
\$ <u>75,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<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"/>
	<input type="checkbox"/> Relocate (existing bid)	<input type="checkbox"/> Basement			<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"/> 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: 30' Width: 26' Height: 16'

Proposed Construction: Length: 30' Width: 26' Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>26</u> X <u>30</u> )	<u>780</u>
	Residence (i.e. cabin, hunting shack, etc.)		
	with Loft	( <u>   </u> X <u>   </u> )	
	with a Porch	( <u>   </u> X <u>   </u> )	
	with (2 <sup>nd</sup> ) Porch	( <u>   </u> X <u>   </u> )	
	with a Deck	( <u>   </u> X <u>   </u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>   </u> X <u>   </u> )	
<input type="checkbox"/> Commercial Use	Bunthouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>   </u> X <u>   </u> )	
	Mobile Home (manufactured date) _____	( <u>   </u> X <u>   </u> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( <u>   </u> X <u>   </u> )	
	Accessory Building (specify) _____	( <u>   </u> X <u>   </u> )	
	Accessory Building Addition/Alteration (specify) _____	( <u>   </u> X <u>   </u> )	
	Special Use: (explain) _____	( <u>   </u> X <u>   </u> )	
	Conditional Use: (explain) _____	( <u>   </u> X <u>   </u> )	
	Other: (explain) _____	( <u>   </u> X <u>   </u> )	

REC'D for ISSUANCE  
 SEP 19 2013  
 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.

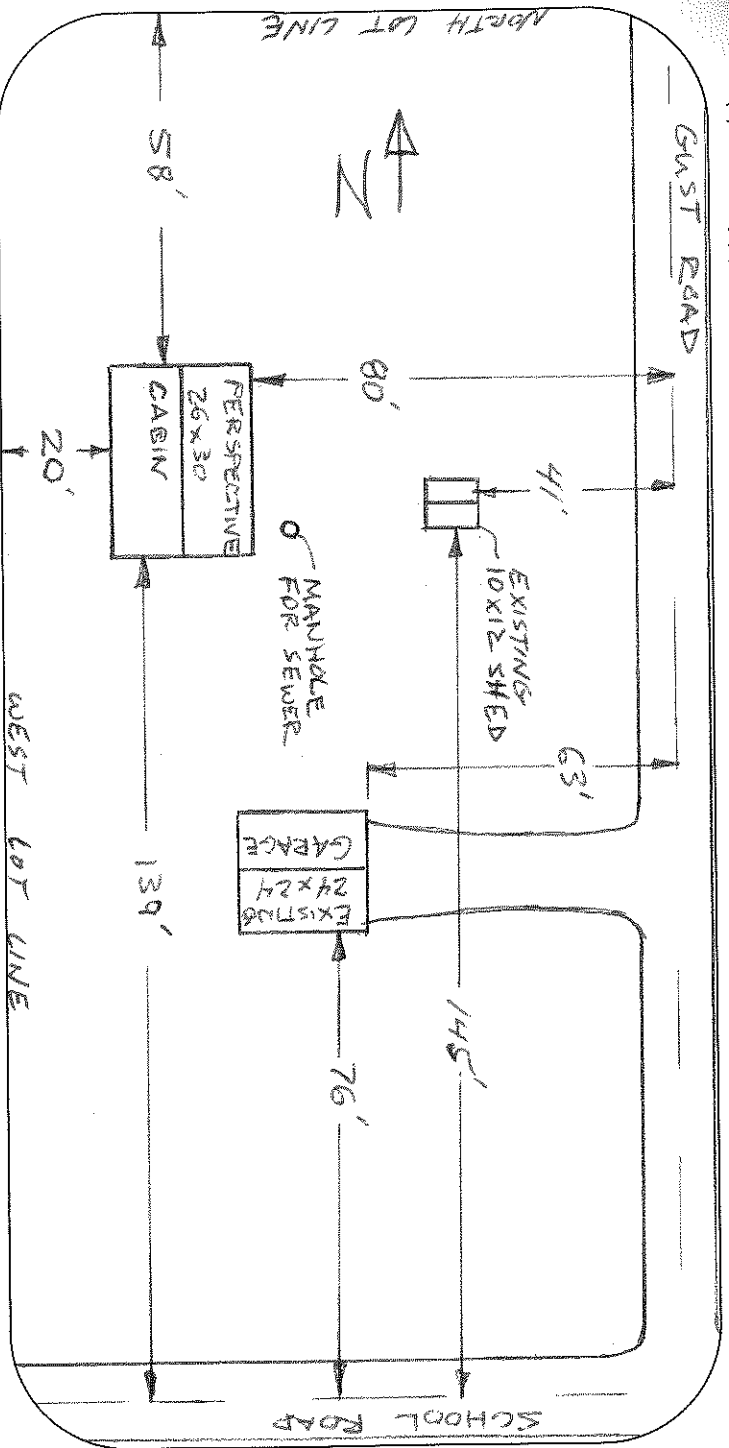
Owner(s): Joe & Harry Rigotti Shelby M. Rigotti Date: 9/20/13  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

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

- Proposed Construction
- North (N) on Plot Plan
- (1) Show Location of:
  - (2) Show / Indicate:
  - (3) Show Location of (\*):
  - (4) Show:
  - (5) Show:
  - (6) Show any (\*):
  - (7) Show any (\*):
- All 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%



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	139 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	139 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	58 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	99 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	20 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	50 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 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
Reason for Denial: Municipal Approval Attached

Permit #: 13-0813 Permit Date: 9-19-13

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  Yes (Fused/Contiguous Lots)  No  No  Yes  No

Is Structure in Common Ownership  Yes  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: N/A

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

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: VARIE TO LOCATE BOUNDARY OF LOT(S) AT INITIAL INSPECTION ON BASIS OF ZONING DISTRICT (R-1 WATER TO CONFORM SETBACK ON WEST BOUNDARY. DISCREPANCY OWNERS CLASSIFICATION (RMS 1))

Date of Inspection: 9.5.13 Inspected by: J. ROBERTSON, UNIVERSITY Date of Re-Inspection: 9.12.13

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

Signature of Inspector: \_\_\_\_\_ Date of Approval: 9.18.13

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_