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ENTERED

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

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 MAR 10 2008
 Bayfield Co. Zoning Dept.

Application No: 08-0190
 Date: _____
 Zoning District: F-1/3
 Amount Paid: \$300.00 PDS
3/11/08

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 SE 1/4 of NE 1/4 of Section 19 Township 51 North, Range 05 West, Town of Bayfield
 Gov't Lot NE Lot SE Block _____ Subdivision _____ CSM # _____ Acreage 5.68
 Volume 872 Page 218 of Deeds Parcel I.D. # 006110507991 Use Tax Statement for Legal Description _____
 Property Owner Robert Schlack Contractor Lipka Const., Inc. (Phone) (715)685-0855
 Address of Property 25762 Hwy 13 Plumber N/A
Bayfield, WI 54814 Authorized Agent _____ (Phone) _____

Telephone (414) 529-8775 (Home) (414) 467-8560 (Work) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Distance from Shoreline: greater than 75 75' to 40' less than 40'

Structure: New Addition _____ Existing _____
 Basement: Yes _____ No Number of Stories 1
 Estimated Cost of Construction \$35,000.00 Square Footage 1560 Sanitary: New Existing _____ Privy City _____

- USE:
- * Residence or Principal Structure (# of bedrooms) _____
 - Residence sq. ft. _____
 - * Residence w/deck-porch (# of bedrooms) N/A
 - Residence sq. ft. 707 Porch sq. ft. _____
 - Deck sq. ft. 853 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) _____
 - Mobile Home (manufactured date) _____
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Commercial Other (explain) _____
 - Special/Conditional Use (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (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 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) X Robert Schlack Date 3/11/08

Address to send permit 803 Lake Shore Drive West, PO Box 636, Ashland, WI 54806 ATTACH Copy of Tax Statement

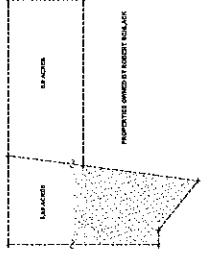
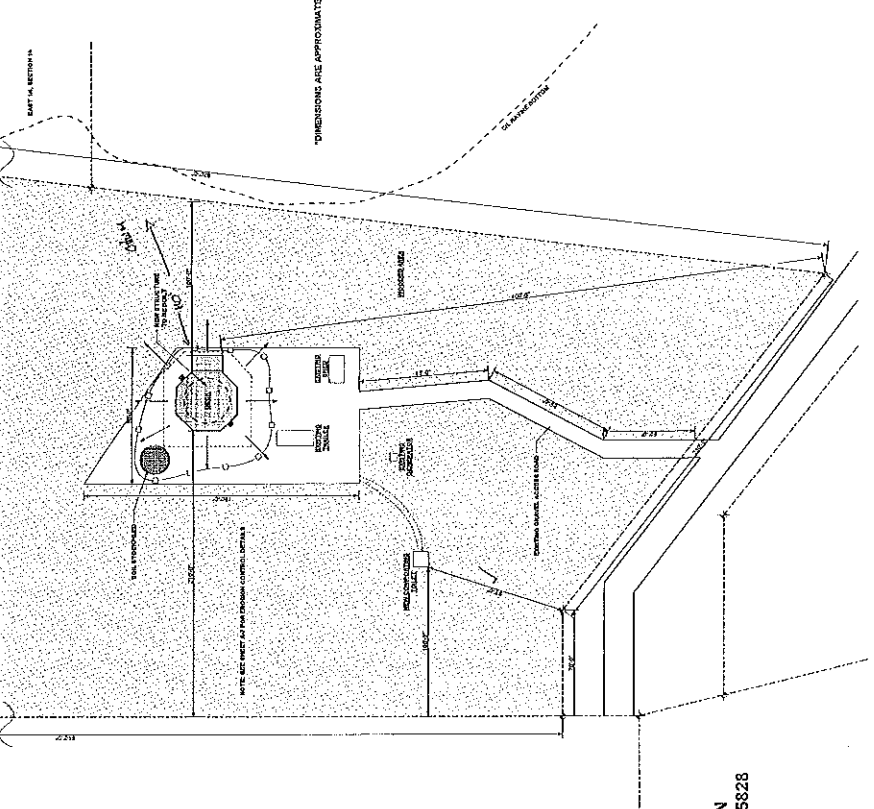
* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit issued: State Sanitary Number Privy attached
 Date 5/27/08 Permit Number 08-0190 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structure Seabed & Conditions as represented by owner's field notes to be done by contractor
NO permit may be issued w/ conditions By DC Date of Inspection 3-14-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: A variance previously code (DCC) permit must be obtained prior to the start of construction
any the body contracted NYC inspected agency
no building when may enter for
any building fixtures may be installed
unless said structure unless it is sealed by a suitable & approved onsite waste system.
 Signed [Signature] Date of Approval 3-14-08
 Inspector _____ Date of Issuance MAY 27 2008

LEGAL DESCRIPTION:
 PAR IN SE NE & NE SE IN
 V.872 P.218 1/4 2003R-485828

DDC Inspection works
 3/17/08
 Box site was delineated
 Containing power conduit
 front West setbacks

SITE PLAN
 NOT TO SCALE



SYMBOLS

- ✦ PROPERTY CORNER
- - - PROPERTY LINE
- ▨ WOODED AREA
- - - CENTER LINE OF RAVINE BOTTOM
- - - DIRECTION OF DRAINAGE
- - - SILT FENCE
- - - LIMITS OF GRADING
- ▨ STOCKPILED SOIL

PROPOSED YURT, DECK & POCH AT EAST POINT
 FOR: ROBERT SCHLACK
 BAYFIELD TWP, WI

Design & Engineering, Inc.
 1200 S. KILBUCK RD.
 SUITE 100
 WAUKESHA, WI 53186
 TEL: 262.781.1100
 FAX: 262.781.1101
 WWW.DESIGN-ENGINEERING.COM

PROJECT NO. 07-1915
 SHEET NO. A-2

DATE: JANUARY, 2008

DATE: AS NOTED

DATE: JANUARY, 2008

DATE: AS NOTED

DATE: JANUARY, 2008

DATE: AS NOTED

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P.O. Box 58
Washburn, WI 54891
(715) 373-6138

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

RECEIVED
MAY 07 2008
Bayfield Co. Zoning Dept

ENTERED

Application No.: 08-0188
Date: _____
Zoning District: A-1/-
Amount Paid: \$125.00 ROS
5/7/08

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 SE 1/4 of SE 1/4 of Section 4 Township 50 North, Range 4 West, Town of BAYFIELD
Gov't Lot _____ Block _____ Subdivision _____ CSM # 25 Acreage _____
Volume 272 Page 338 of Deeds Parcel I.D. # 04-006-2-50-04-044-000 10000 Use Tax Statement for Legal Description.
Property Owner RICHARD A DALE Contractor SELF (Phone) 779-5446
Address of Property 87080 VALLEY RD. Plumber _____
BAYFIELD WI 54814 Authorized Agent N/A (Phone) _____
Telephone 779-5446 (Home) SAME (Work) _____
Written Authorization Attached: Yes No
Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'
Structure: New Addition _____ Existing _____ Number of Stories 1
Estimated Cost of Construction 24492 Square Footage 1584 Sanitary: New _____ Existing _____ City _____

- USE:**
- * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
 - * Residence w/deck-porch (# of bedrooms) _____
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) _____
 - Mobile Home (manufactured date) _____
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - Commercial Accessory Building (explain) FARM STORAGE
 - Commercial Accessory Building Addition (explain) _____
 - Commercial Other (explain) _____
 - Special/Conditional Use (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____

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

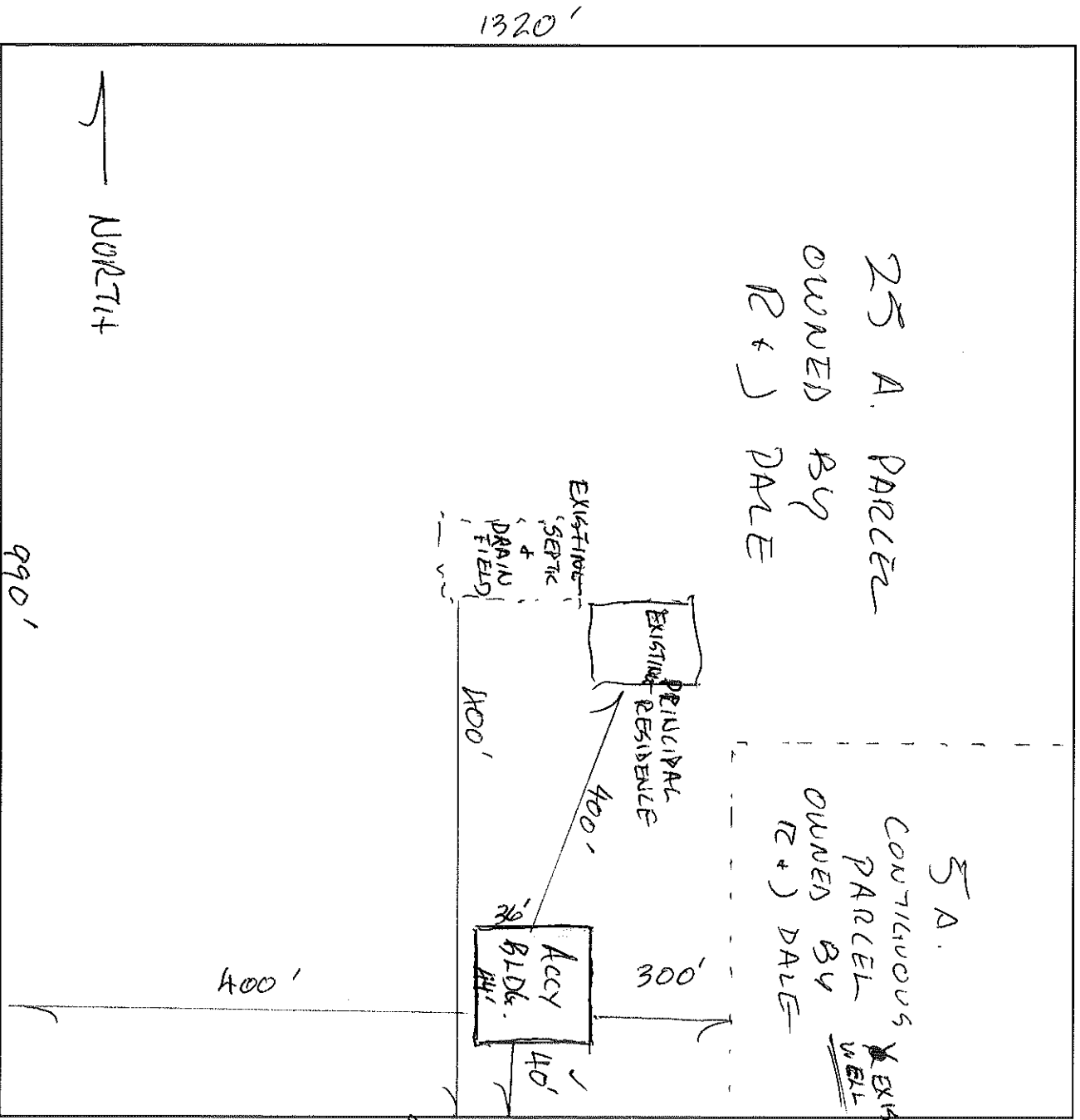
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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 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) Richard A. Dale Date 5/6/08
Address to send permit 87080 VALLEY RD. BAYFIELD, WI 54814 ATTACH
Copy of Tax Statement
Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 5/27/08 Permit Number 08-0188 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURE SETBACKS/CONDITIONS AS REPRESENTED BY CASLER APPEALS
TO MEET ALL RELEVANT CODES By DOC Date of Inspection 5-28-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed [Signature] Inspector _____ Date of Approval 5-21-08
Rec'd for Issuance
MAY 27 2008



DL 5-20-06 cadet permit
Name of Frontage Road VALLEY RD.

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable. N/A
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent. N/A
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY. FOLLOW
STEPS 1-7 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

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

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 MAY 09 2008
 Bayfield Co. Zoning Dept.

ENTERED
 Application No.: 08-0194
 Date: 5/16/08
 Zoning District: A-1
 Amount Paid: \$475.00 ROS

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 SW 1/4 of SW 1/4 of Section 11 Township 50 North, Range 4 West, Town of Bayfield
 Gov't Lot 1 Block 1 Subdivision 1418 CSM # 1418 Acreage 4.51
 Volume 8 Page 302 of Deeds Parcel I.D. # 07-006-004530 Use Tax Statement for Legal Description
 Property Owner Bayfield Winery, Ltd. Contractor Lester Buildings (Phone) 800-826-4489
 Address of Property County Hwy I + Betzold Rd Plumber Ed Wroblewski
 Telephone 913-825-1280 (Home) 900-316-1836 (Work) Authorized Agent _____ (Phone) _____
 Is your structure in a Shoreland Zone? Yes No If yes, _____
 Structure: New Addition _____ Existing _____ Basement: Yes _____ No Number of Stories _____
 Estimated Cost of Construction 120,950 Square Footage 3310 Sanitary: New Existing _____ Privy _____ City _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 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) _____

Mobile Home (manufactured date) _____
 Commercial Principal Building Winery production facility
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

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

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Owner or Authorized Agent (Signature) Renata M Hauk Date 6.9.08
 Address to send permit 12313 Riggs, Overland Park, KS 66209 ATTACH
 Copy of Tax Statement
 If you previously purchased the property Attach a Copy of Recorded Deed

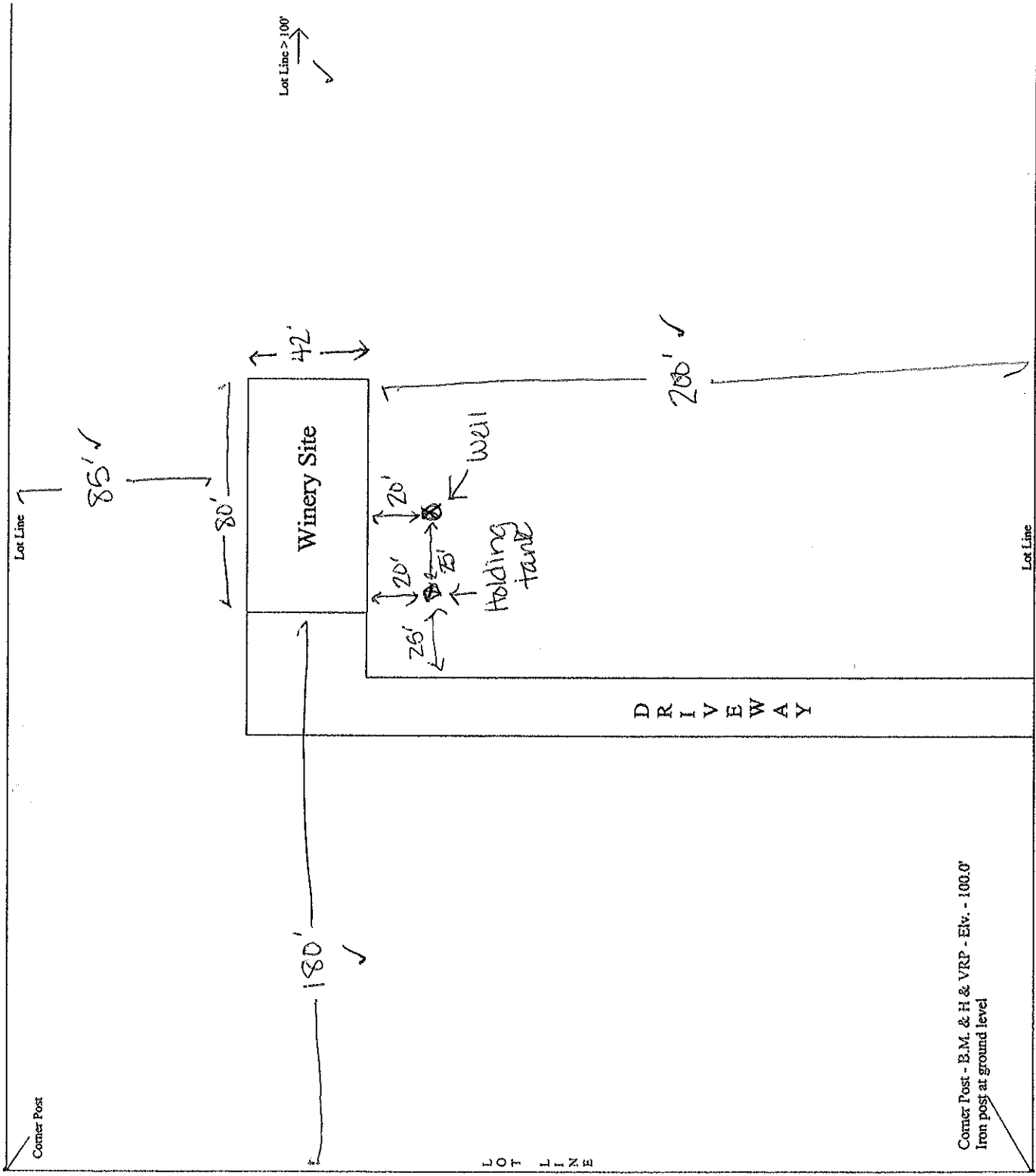
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 08-455 Date 5/28/02
 Date 5/30/08 Permit Number 08-0194 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: SEVERAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER KNOWN TO MEET ALL CODE REQS
PERMIT MAY BE ISSUED BY DDC Date of Inspection 5-15-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed [Signature] Inspector
 Date of Approval 5-15-08
 Record Reference * Hold for Sen.
 MAY 19 2008
 Secretarial Staff
 Record for Assurance
 MAY 29 2008

Rayfield Winery LTD
Soil Test Plot Plan
Scale: 1" = 50'



County Highway I

DRU NOTE - the
the pic's were provided to the building SME.