

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 RECEIVED  
 AUG 13 2014  
 Bayfield Co. Zoning Dept.

PERMIT # 14-09888  
 Date: 8-26-14  
 Amount Paid: \$100  
 Refund: 8-13-14

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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Gary & Sheryl Ester  
 Address of Property: 26550 Camp Eight Rd.  
 City/State/Zip: Mason, WI 54856  
 Telephone: 262 681 2087  
 Cell Phone: 262 989 3444

Contractor: Al Zepczyk Construction  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Contractor Phone: 715 682 5046  
 Agent Phone: \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: ~~SE 1/4, SE 1/4 SW 1/4~~  
 Legal Description: (Use Tax Statement)  
 PIN: (23 digits) 04-030-2-45-05-32-304-000-210000  
 Recorded Document: (i.e. Property Ownership) Volume 1118 Page(s) 919

Section 32, Township 45 N, Range 05 W  
 Town of: Lincoln

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Floodplain Zone?  Yes  No  
 Ave Wetlands Present?  Yes  No

Value at Time of Completion: \$29,000  
 \* include donated time & material

Project: Pole Building

Use: \_\_\_\_\_ # of Stories and/or basement: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_

What Type of Sewer/Sanitary System Is on the property?  
 Municipal/City  (New) Sanitary  Sanitary (Exists)  Privy (Prt)  Vaulted (min 200 Gallon)  Portable (w/service contract)  Compost Toilet  None

Water: \_\_\_\_\_

Existing Structure: (if permit being applied for is relevant to it)  
 Length: 56' Width: 26' Height: 10' wall  
 Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Proposed Dimensions	Proposed Structure	Proposed Dimensions	Proposed Structure	Proposed Dimensions
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(2) 10' FT LEAN TO PERMITS	(2) 10' FT LEAN TO PERMITS	(2) 10' FT LEAN TO PERMITS	(2) 10' FT LEAN TO PERMITS	(2) 10' FT LEAN TO PERMITS
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)					
<input type="checkbox"/> Municipal Use	with Loft					
	with a Porch					
	with a 2 <sup>nd</sup> Porch					
	with a Deck					
	with (2 <sup>nd</sup> ) Deck					
	with Attached Garage					
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)					
	Mobile Home (manufactured date)					
	Addition/Alteration (specify)					
	Accessory Building (specify)	PALE BUILDING 5' x 10'	PALE BUILDING 5' x 10'	PALE BUILDING 5' x 10'	PALE BUILDING 5' x 10'	PALE BUILDING 5' x 10'
	Accessory Building Addition/Alteration (specify)	(2) PERMITS # (56 x 10)	(2) PERMITS # (56 x 10)	(2) PERMITS # (56 x 10)	(2) PERMITS # (56 x 10)	(2) PERMITS # (56 x 10)
	Special Use: (explain)					
	Conditional Use: (explain)					
	Other: (explain)					

SECRETARIAL STAFF

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
 I, the undersigned, hereby certify that the information provided herein is true and correct to the best of my knowledge and belief. I further acknowledge that I 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): Gary & Sheryl Ester  
 Date: 8/10/2014

(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: \_\_\_\_\_

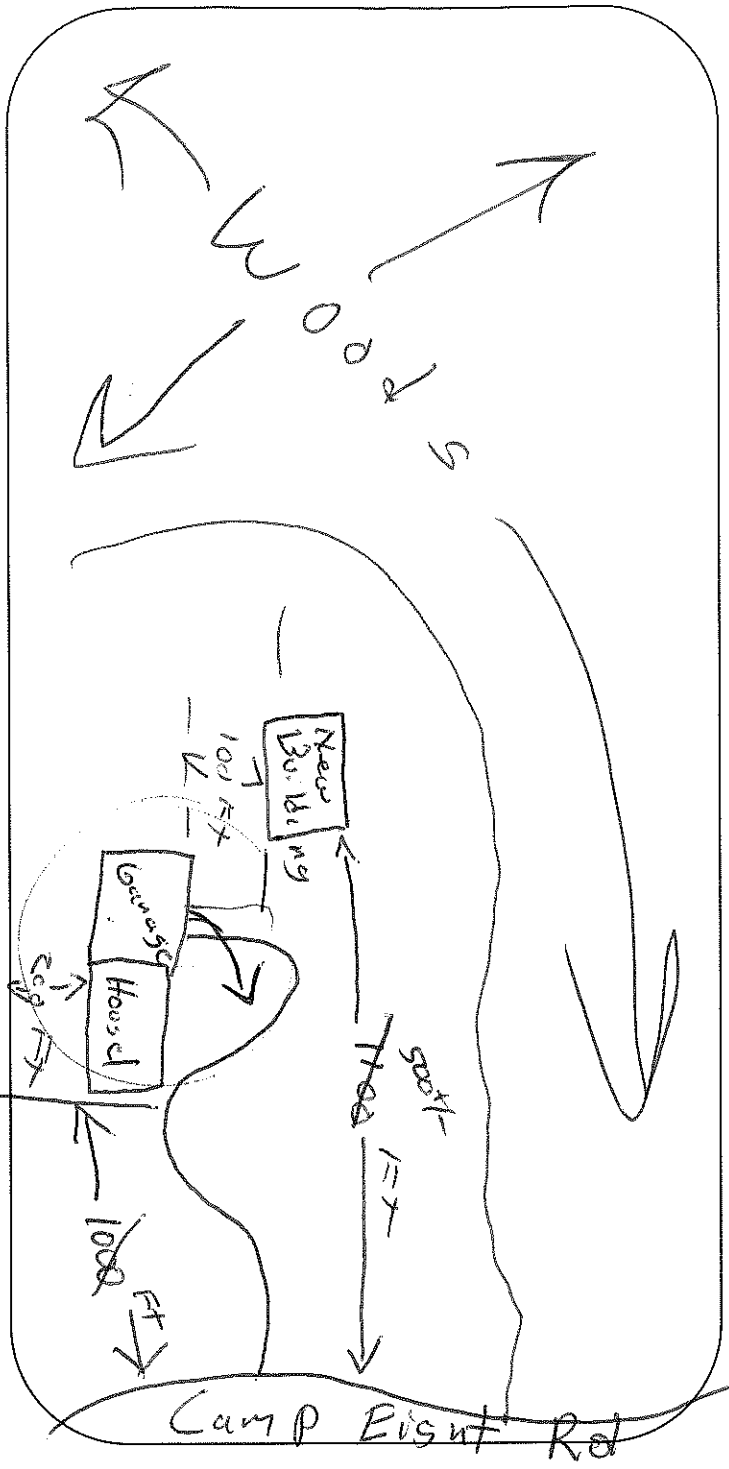
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 6033 4<sup>th</sup> Rd Racine WI 53402

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
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1500 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1500 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1400 Feet	Setback from Wetland	1/50 FT Feet
Setback from the West Lot Line	1200 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	11000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	1/150 Feet	Setback to Well	Feet
Setback to Drain Field	1/150 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of Bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:	replacement in 2013	current no maintenance			
Permit #: 14-00888	Permit Date: 8.26-14						
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Inspection Record:	Site being logged during inspection. Inspection not present but location represented on map.		Zoning District (F-1)				
Date of Inspection: 8-25-14	Inspected by: J. Cameron Murphy	Lakes Classification (N/A)		Date of Re-Inspection:			
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If No they need to be attached.)						
Building not approved for summer habitation on wooden plumbing fixtures.							
Signature of Inspector:	Date of Approval: 8-25-14						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

**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  
 AUG 18 2014  
 Bayfield Co. Zoning Dept.

Permit #:	14-0298
Date:	8-26-14
Amount Paid:	\$75 818-14
Refund:	

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.

**TYPE OF PERMIT REQUESTED:**  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **ROBERT J. BRDMANN TRUSTEE OF ROBERT J. BRDMANN REV. TRUST**  
 Address of Property: **28705 E. ALTA MOUNT RD, WA**  
 City/State/Zip: **MASON, WI 54856**  
 Mailing Address: **1470 ALLEN RD WIS. 53066**  
 Contractor: **OWNER**  
 Agent Phone: **---**  
 Agent Mailing Address (include City/State/Zip): **---**  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: **SECTION 27, TOWNSHIP 45 N, RANGE 05 W**  
 Legal Description: (Use Tax Statement) **350 AC ± SH 1/4, NE 1/4 100' DE W 1200 FT**  
 PIN: (23 digits) **04-036-2-45-05-27-102**  
 Volume: **867** Page(s): **637**  
 Lot Size: **9.09 ACRES** / **12.12 joined**  
 Distance Structure is from Shoreline: **225'**  
 Distance Structure is from Shoreline: **---**  
 Is Property in Floodplain Zone?  Yes  No

Value at Time of Completion <small>* include donated time &amp; material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 9,920 <sup>00</sup>	<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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <b>SEPTIC</b>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<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"/>
	<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: **35' 10"** Width: **13' 10"** Height: **10'**  
 Proposed Construction: Length: **---** Width: **---** Height: **---**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( ) ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) ( ) ( )	( )
	with Loft	( ) ( ) ( )	( )
	with a Porch	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) ( ) ( )	( )
	with a Deck	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( ) ( )	( )
	Mobile Home (manufactured date) _____	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( ) ( ) ( )	( )
	Accessory Building (specify) <b>GARAGE</b>	( <b>35'-10" X 3'-10"</b> )	<b>496</b>
	Accessory Building Addition/Alteration (specify) _____	( ) ( ) ( )	( )
	Special Use: (explain) _____	( ) ( ) ( )	( )
	Conditional Use: (explain) _____	( ) ( ) ( )	( )
	Other: (explain) _____	( ) ( ) ( )	( )

**AUG 26 2014**  
 FAILURE TO OBTAIN A PERMIT OF 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 incurred by the County in any liability arising from 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 information provided in this application at any reasonable time for the purpose of inspection.

Owner(s): **ROBERT J. BRDMANN TRUSTEE** Date **8-14-14**  
 Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 Address to send permit: **1470 ALLEN RD, OCONOMOC, WI 53066**  
 Attach Copy of Tax Statement  
 If you recently purchased the property send Your Recorded Deed

Below: 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 SKETCH

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	84' Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	59' Feet	Setback from the River, Stream, Creek	225' Feet
Setback from the North Lot Line	59' Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	1,227' Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	75' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	205' Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	165' Feet	Setback to Well	78' Feet
Setback to Drain Field	120' 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.

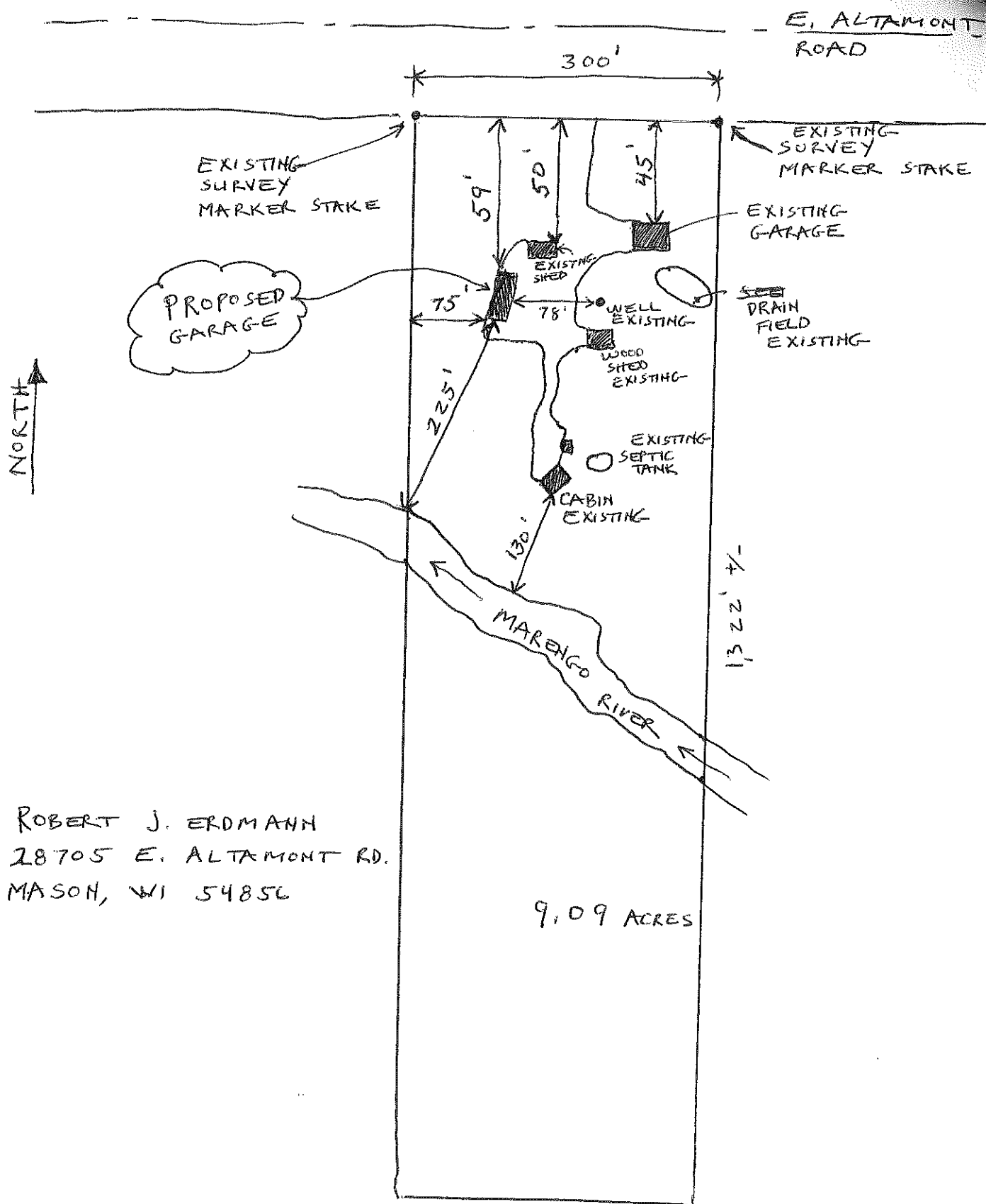
garage 14-08998 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).  
01-0864 1.5 for 125

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 425053	# of Bedrooms: 2	Sanitary Date: 10-8-2003
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-08998	Permit Date: 8-26-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Slab already installed	Inspected by: J. Corbin Murphy	Zoning District: (R-1)	Lakes Classification: (3)	Date of Re-Inspection:
Date of Inspection: 8-25-14	Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Date of Approval: 8-25-14		
Signature of Inspector:	<p>Signature of Inspector: [Signature]</p> <p>Signature of Inspector: [Signature]</p>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

ATTN NOT BE USED FOR HUMAN HABITATION. NOT APPROVED FOR INDOOR PLUMBING FIXTURES UNLESS APPROVED CONTRACTOR TO APPROVED PLUMBS.

continuous ownership w/ neighboring 100' wide lot TAX ID 22927



ROBERT J. ERDMANN  
 28705 E. ALTAMONT RD.  
 MASON, WI 54856

9.09 ACRES