Oneida County Zoning P.O. Box 624 Minocqua, WI 54548

ONEIDA COUNTY ZONING PERMIT APPLICATION

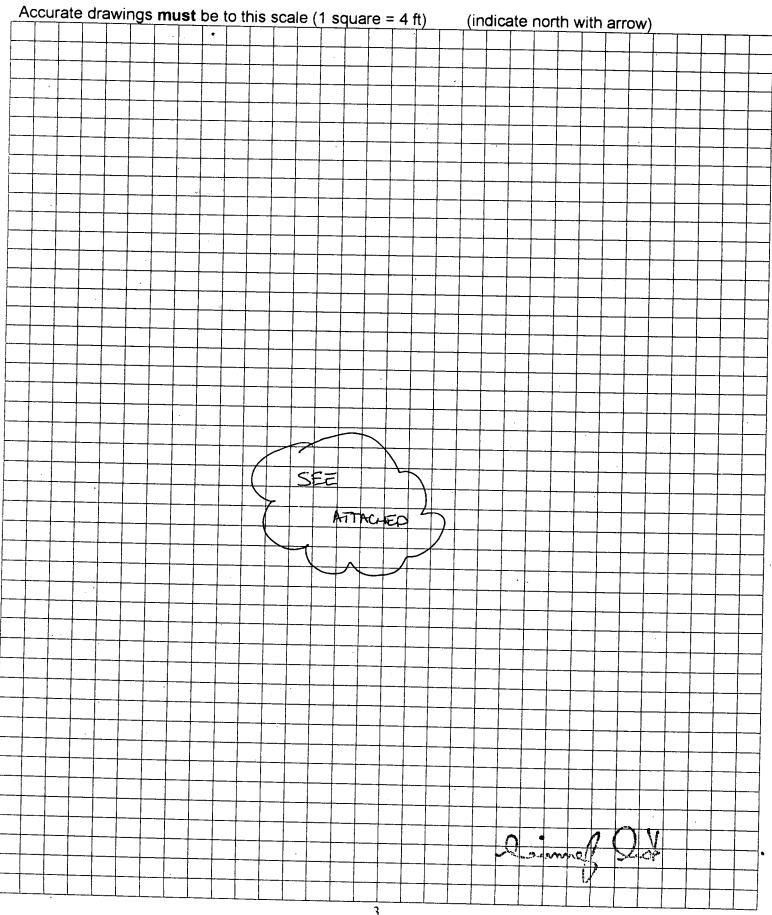
(Permit must be posted in a conspicuous

	location prior to	and during construction)										
Owner's last name:	MITERKO	First: JIM MI:										
Address:	P.O. BOX 1163	11.00.01.										
City:	MINOCQUA State: WI	Zip: 54548										
Telephone number: (715) 588 - 2958											
Applicant's last name:	SAME AS ABOVE.	First: MI:										
Address:	11											
City:	State:	Zip:										
Telephone number: () -											
Contractor's last name		First: MI:										
Address:	P.O. BOX 166											
City:	MINOCQUA State: WI	Zip: 54548										
Telephone number: (715) 356 - 3636											
PROPERTY INFORMAT	ION											
Section: 1Z	Town: 39	Range: 4 Acres:										
Legal Desc Ne 1/4 Su		Acres.										
20gai 2000 148 14 500	J /4											
Check one: Shoreland	property V Non-shoreland prop	erty (If this is a shoreland property, a Shoreland Alteration Permit										
may be required?)	property a ron shoreland prop	erty (in this is a shoreland property, a Shoreland Alteration Permit										
Name of navigable water	property abuts: N/A											
Is property adjacent to a	wetland, which is contiguous to a	navigable water body? w/a										
Does property abut a stat	te or federal highway? □ Yes 😿 🛭	No. If yes and your property was greated after 2/4/00										
comply with WI Administr	rative Code Trans 233.08 require	ments, which is administered through WI-DOT. In addition, other										
bermura may be reduinde suc	In as state building permits for Unit	orm Dwelling Code requirements, driveway permits, and Oneida County										
addicas application. Mano.	miliais	2 worlding code requirements, driveway permits, and Official County										
Address and directions to	property: HWY 70 TO BI-DI-LA	(00 2) 14(
	TO BUCKSKIN, BUCKSKIN											
	To overselle, Brockster	DINCE ORE										
Туре:												
	la facel matter of the	Use:										
Residential: Sing Business Mobi		XYear round										
Construction type:	le home park	☐ Seasonal										
	7 Administrations	Water supply:										
N /	Mobile Home	∑ Private □ Municipal										
Sanitary/Sewer:	Other (specify)	☐ Other (specify)										
Sanitary Permit #) AG	Foundation: (check all that apply)										
Journary Ferring #	181-03	Basement:: ☐ Finished										
☐ Existing septic system	m evaluation	∠Unfinished										
date:_	Treatagori	□ Walkopt										
☐ Sanitary district conn	ection	□ Crawl space										
☐ Other (specify)												
Number of bedrooms	upon completion: 3											
		The work of the second of the										
Check all that apply:		ONE 2005; ////										
	☐ Mobile home	Garage Workshop COUNTY WOR										
☐ Storage shed		Deck Boathouse/boat shelter										
□ Sunroom	☐ Entryway ☐	Loft										
☐ Well house ☐ Kennel/animal shelter	□ Gazebo □	Walkway Enclosed or covered porch										
		Change of Use Patio										

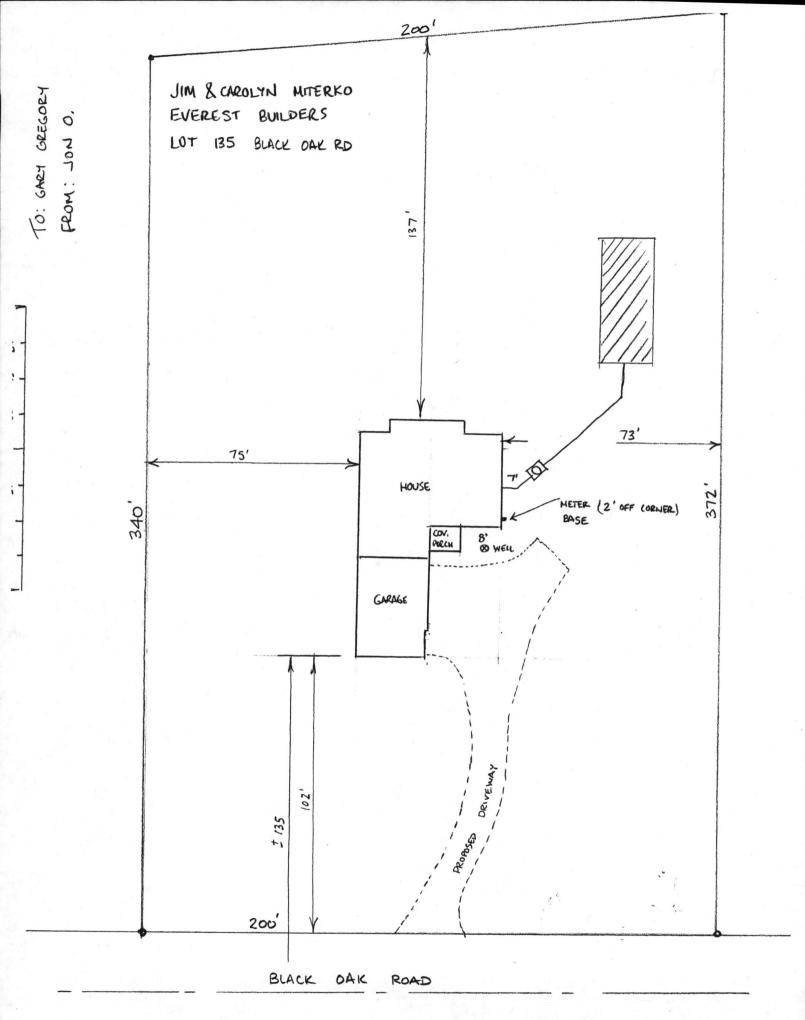
(All items checked must be listed as a project on this application. This is not an all-inclusive list. Please add any items not specified on the list above under "Other" items.)

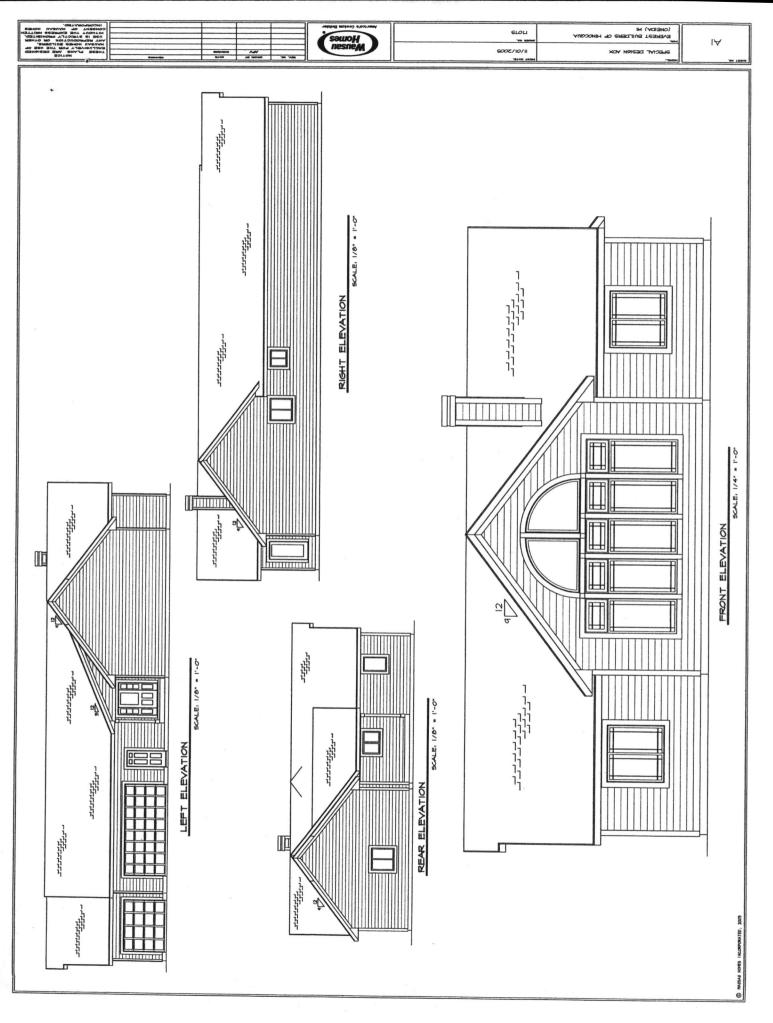
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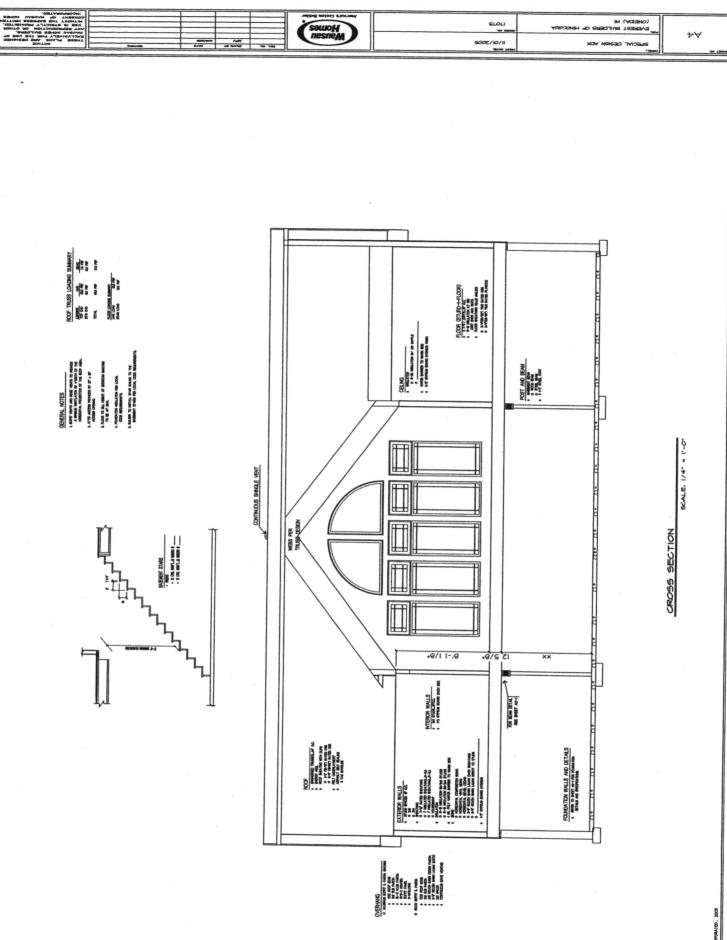
Are architectural, engineering or contractor plans available for the building(s) and/or other structures on the property? If so, please attach. If not, please provide a scaled drawing of the buildings below.



PROPOSED PROJECT DETAIL		
Project 1: HOUSE / BASMT		t sub-type: e use only)
(irregular)		Sq ft: (specify each level)
Building	nt 29 # of stories	1756
Dimensions: Length 52 Width 42 Height Total fair market value, including		Total sq ft = 1756
labor upon completion: \$ 210,000.00	મુવાજ	•
Project 2: GARAGE		l sub-lype: e use only)
		Sq ft: (specify each level)
Building Dimensions: Length 40 Width 26 Heigh		Total sq ft = 1026
Total fair market value, including labor upon completion: \$ (4,000.00	Fee: 123 ¹²	
Project 3: Cov. Poecis		t sub-type: e use only)
		Sq ft: (specify each level)
Building		T-1-1 4- 120
Dimensions: Length 12 Width 10 Heigh		Total sq ft = 120
Total fair market value, including labor upon completion: \$	Fee: 1680	
		t sub-type:
Project 4: DECK		e use only)
		Sq ft: (specify each level)
Building Dimensions: Length 16 Width 10 Heigh	nt # of stories	Total sq ft = 160
Dimensions: Length 16 Width 10 Height Total fair market value, including	Eoo:	Total og it
labor upon completion: \$ 1750.00	19sp	·
APPLICANTS CERTIFICATION: The undersigned he the information provided is complete, accurate, and the Oneida County Zoning Ordinance and all other an understands that the issuance of this permit creates represented the control of the country of the control of th	at all projects will be completed in com plicable ordinances and laws of the St o legal liability, express or implied; on	npliance with the requirements of ate of Wisconsin. The applicant Oneida County and that failure to
comply with the permit may result in suspension or re		
Print name (owner/agent) JON OTTOSON	DateI	1-4-05
Signature (owner/agent)	Date	1-4-05
OFFICE USE ONLY		
X Conforming ☐ Nonconforming		ort code:
Is the property located in a floodplain? Yes XNO Remarks and/or conditions of issuance:	Map#: a5 FIRM	A dated: 8 5 9)
	neet all setbacks including eaves &	
	rhangs; Garage for personal age/use only; Town UDC permit	
stor ma'	be required; Town driveway permit	
ma	be required.	
		75l. <u></u>
		<u> </u>
Have the zoning district dwelling size requirements be. This application has been reviewed pursuant to Comments and Comments are considered in the Comments and Comments and Comments are considered in the Comments and Comments	Ordinance dated: \$135105	V.LL(V) A 100 0 110
Sanitary inspection fee: Total fee:	k5l [∞] Recei	pt#: 2005-9-892
Granted () ()	Issued date:	
Zoning Administrators signature (staff in	11/10/05 itials) Expiration date:	
Zoning Administrators signature (staff in	11/9/07	







Permit 0501554 PERD [7/9]

