

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 Stamp (Received)  
 APR 25 2012  
 Bayfield Co. Zoning Dept.

Permit #:	120094	ENTERED
Date:	5-3-12	
Amount Paid:	\$ 75.00 PDS	
Refund:	4/25/12	

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: Todd Bennett Mailing Address: 316 N 7th St City/State/Zip: Medford WI 54451 Telephone: 715-965-8601

Address of Property: 6143 West Dale Rd City/State/Zip: Iron River WI 54847 Cell Phone: 715-965-8601

Contractor: Northland Builders Contractor Phone: 715-325-5705 Plumber: NA Plumber Phone: NA

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

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04-016-2-2-46-08-13-3 DO-329-244 Recorded Document: (i.e. Property Ownership) 1065 Page(s) 480

Section 18, Township 46 N, Range 7 W Town of: Delta Subdivision: 1st of Northbeam Estates lot 2 Lot Size: 4.52 Acreage

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue -->

Is Property/Land within 1000 feet of lake, Pond or Flowage  If yes---continue -->

Distance Structure is from Shoreline: \_\_\_\_\_ feet

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
\$ 10,000	<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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<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 checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None
		<input type="checkbox"/> Foundation			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 32' Width: 24' Height: 14'

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
	<input type="checkbox"/> with Loft	( X )	
	<input type="checkbox"/> with a Porch	( X )	
	<input type="checkbox"/> with (2nd) Porch	( X )	
	<input type="checkbox"/> with a Deck	( X )	
	<input type="checkbox"/> with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( X )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Post Frame Garage</u>	( 24 X 32 )	268
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/> Special Use: (explain) _____	( X )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/> Other: (explain) _____	( X )	

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): Todd Bennett Date 4-22-12

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

Authorized Agent: NA Date \_\_\_\_\_

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

Rec'd for Issuance 216 N 7th St Medford WI 54451 Attach \_\_\_\_\_

Address to send permit \_\_\_\_\_ Copy of Tax Statement \_\_\_\_\_

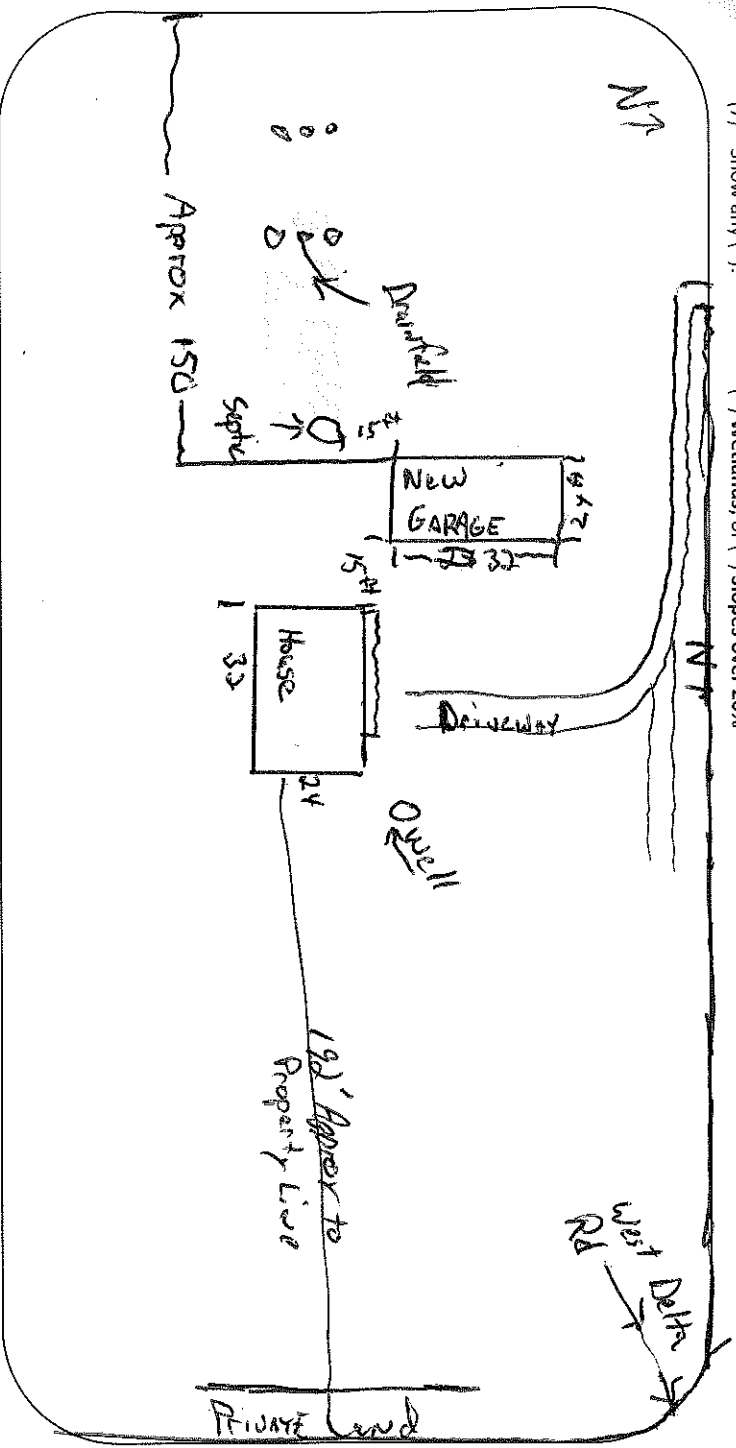
MAY 3 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

OR 12/5/12

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%



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	Approx 80 0 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Approx 208 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	225 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	220 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	55 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	NA 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 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>18-0094</u>		Permit Date: <u>5-3-18</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> Deed of Record	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner Was Property Surveyed			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	<u>Well Staked. Meets all setbacks.</u>				
Date of Inspection:	<u>4-30-18</u>	Inspected by:	<u>M. Fuchs</u>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
<u>May not be used for human habitation. No water under pressure in structure.</u>					
Signature of Inspector:	<u>Michael Fuchs</u>				Date of Approval:
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>
				Hold For Fees:	<input type="checkbox"/>
					<input type="checkbox"/>