

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 Stamp (Received)
MAY 06 2013
 Bayfield Co. Zoning Dept.

Permit #: **13-0078**
 Date: **5-13-13**
 Amount Paid: **\$185 57-13**
 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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **Delta Diner LLC** Mailing Address: **14565 Knoll's Rd** City/State/Zip: **Mason, WI 54856** Telephone: **1/5 378-6666**

Address of Property: **14385 Co. Hwy H** City/State/Zip: **Mason, WI 54856** Cell Phone:

Contractor: **Scott Davis** Contractor Phone: **492-5044** Plumber:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **492-5044** Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION Legal Description: (Use Tax Statement) **PLN: (23 digits) 04-016-2-46-07-08-304-000-80000** Recorded Document: (i.e. Property Ownership) Volume **986** Page(s) **410**

SE 1/4, SW 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:

Section **8**, Township **46** N, Range **7** W Town of: **Delta** Lot Size **1.202** Acreage

Shoreland → Non-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: **200'** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: **48'** 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
\$5,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: sewer <input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for, is relevant to it) Length: Width: Height:

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) pergola/deck	(32 x 16)	512
	Accessory Building (specify) pergola/deck	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	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 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): **Scott Davis** Date **5-3-13**

(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 _____

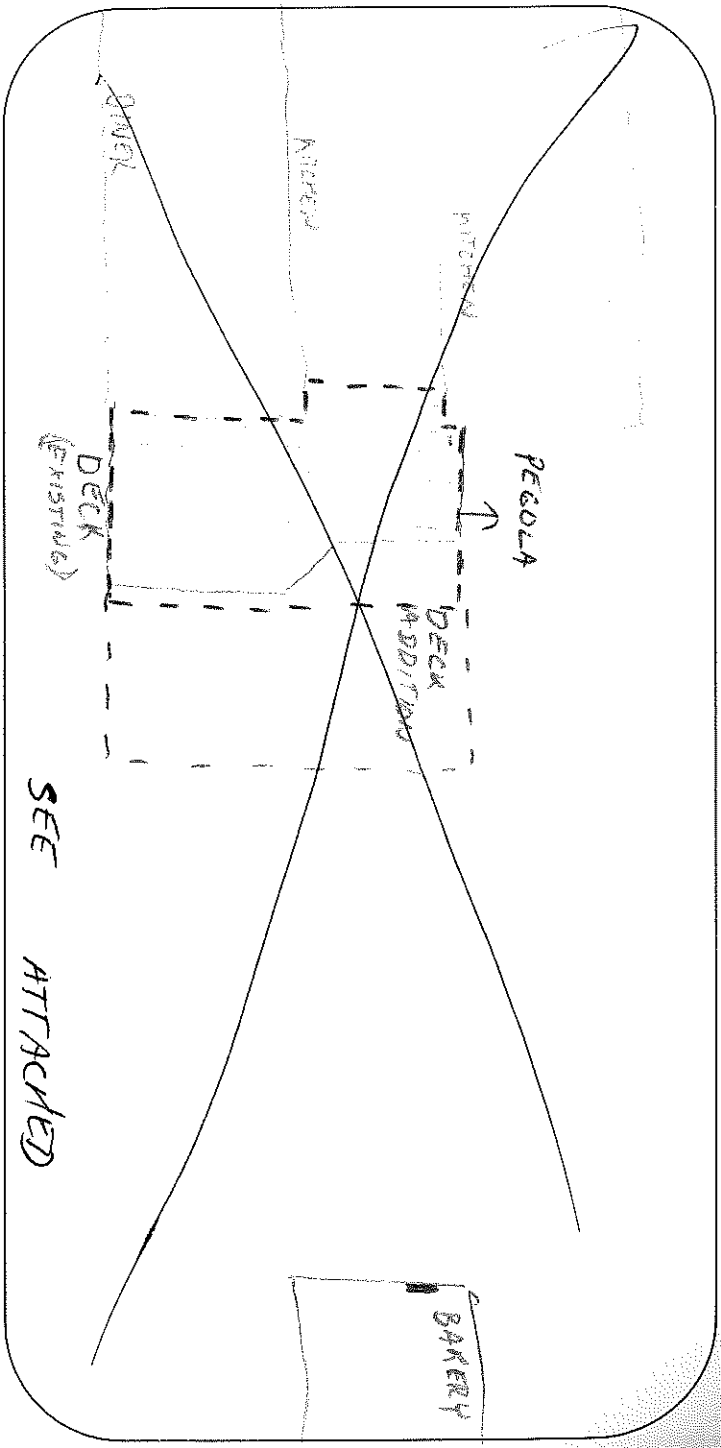
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **13240 SCENIC DR. IRON RIVER WI 54847** Copy of Tax Statement

Scott Davis APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE (If you recently purchased the property send your Recorded Deed)

box 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%



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 <u>Co. N</u>	36' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	50+ Feet	Setback from the River, Stream, Creek	250+ Feet
Setback from the North Lot Line	100+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	10+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	50+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line <u>Co Hwy N</u>	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	10+ Feet	Setback to Well	0' Feet
Setback to Drain Field	100+ 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 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.

Issuance Information (County Use Only)	Sanitary Number: <u>404323</u>	# of bedrooms:	Sanitary Date: <u>6-19-03</u>
Permit Denied (Date):	Reason for Denial: <u>11-1175</u>		Sanitary Date: <u>10-24-11</u>
Permit #: <u>13-0070</u>	Permit Date: <u>5-13-13</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Must call setbacks.</u>		Zoning District Lakes Classification (<u>NA</u>)	
Date of Inspection: <u>5-8-13</u>	Inspected by: <u>MM Futatake</u>	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No (if No they need to be attached.)	<u>Deck addition will be previous (1/4" between deck boards).</u>		
<u>Delega also previous.</u>			
Signature of Inspector: <u>Michael Gustaf</u>	Date of Approval: <u>5-13-13</u>		
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
 MAY 08 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0083
 Date: 5-16-13
 Amount Paid: \$550
 Refund: 5-8-13

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: David Langley
 Address of Property: 59275 Kenn Lake Rd
 City/State/Zip: Delta WI
 Mailing Address: 6069 Mabell Nelson
 City/State/Zip: South Range WI 54874
 Telephone: 715 3987723
 Cell Phone:
 Contractor: Self
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: 715 3987723
 Agent Phone:
 Plumber: Visocky Plumbing
 Agent Mailing Address (include City/State/Zip):
 Plumber Phone: 715-3983885
 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 142 Lot(s) 1 GSM 1097 Vol & Page 377-378 Lot(s) No. Block(s) No. Subdivision:
 Section 27, Township 46 N, Range 7 W Delta WI
 PIN: (23 digits) 04-016-2-46-01-21-3 05-003-01000
 Recorded Document: (i.e. Property Ownership) Volume 10 GSM Page(s) 377-378

Distance Structure is from Shoreline: 77 feet
 Distance Structure is from Shoreline: 77 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion *Include donated time & material: \$ 75,000

Project and/or basement: New Construction 1-Story Seasonal 2-Story Year Round 3 Municipal/City (New) Sanitary Specify Type: Hatchling City Well

Use: 1-Story + Loft Basement Relocate (existing bldg) Run a Business on Property Foundation None None

What Type of Sewer/Sanitary System Is on the property? Municipal/City (New) Sanitary Specify Type: Hatchling Sanitary (Exists) Specify Type: 200 gallon Privy (Pit) or Vaulted (min 200 gallon) Portable (w/service contract) Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 26 Height: 16
 Proposed Construction: Length: 32 Width: 26 Height: 16

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 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(26 X 32) (X X) (X X) (X X) (X X) (X X) (X X)	832 16 16 16 16 16 16
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X X)	
	Addition/Alteration (specify)	(X X)	
	Accessory Building (specify)	(X X)	
	Accessory Building Addition/Alteration (specify)	(X X)	
	Special Use: (explain)	(X X)	
	Conditional Use: (explain)	(X X)	
	Other: (explain)	(X 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.

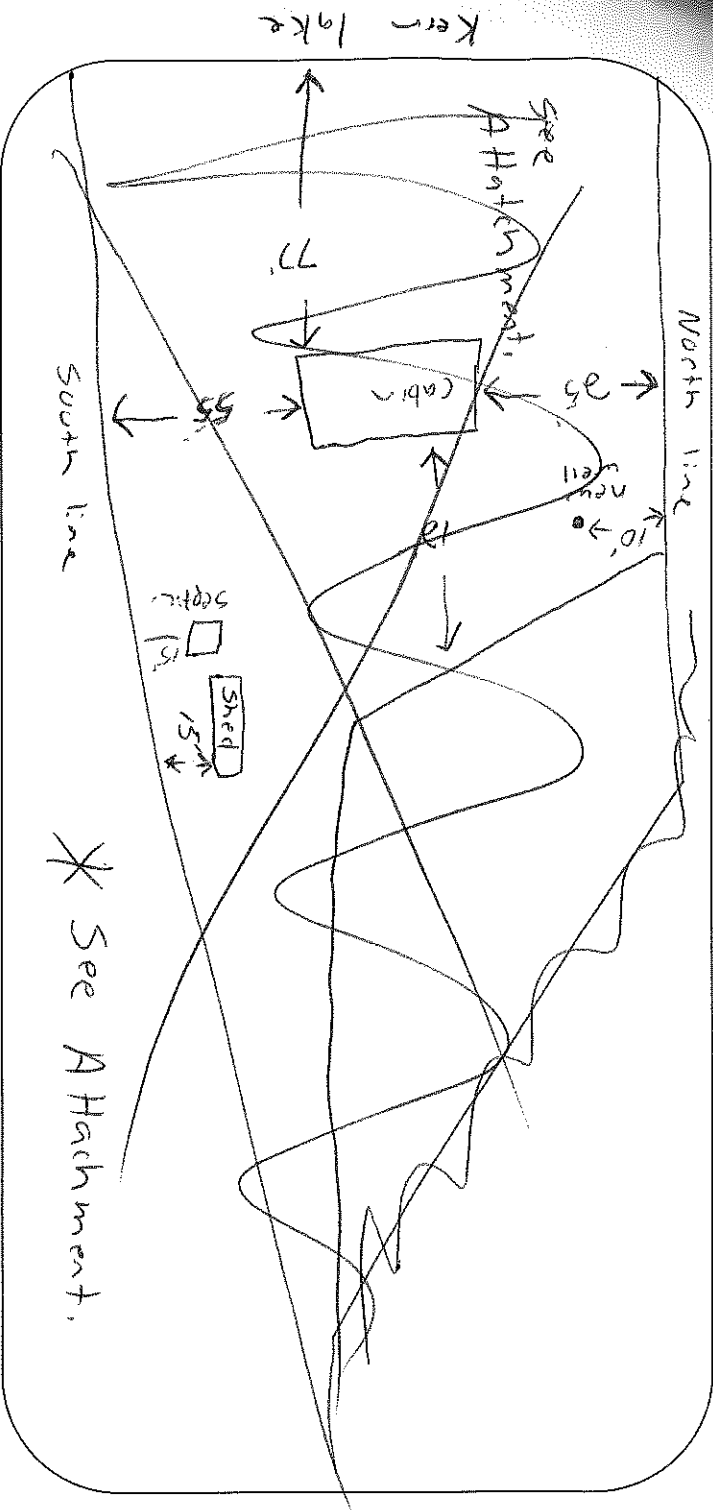
Owner(s): Car Family Shawn Jensen
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 5-6-13

Authorized Agent: Car Family
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 6069 Mabell Nelson South Range WI 54874
 Date: 5-6-13
 Attach



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)
 (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	500' ± Feet	Setback from the Lake (ordinary high-water mark)	76 Feet
Setback from the Established Right-of-Way	500' ± Feet	Setback from the River, Stream, Creek	11' ± Feet
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	11' ± Feet
Setback from the South Lot Line	35 Feet	Setback from Wetland	35 Feet
Setback from the West Lot Line	70 Feet	Setback from 20% Slope Area	35 Feet
Setback from the East Lot Line	12 Feet	Elevation of Floodplain	11' ± Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	15 Feet
Setback to Drain Field	35 Feet		
Setback to Privy (Portable, Composting)	35 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.

Issuance Information (County Use Only) Sanitary Number: 13-275 # of bedrooms: 2 Sanitary Date: 5-16-13

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 13-0083 Permit Date: 5-16-13

Is Parcel a Sub-Standard Lot Yes (Deed of Record) 174 530 No
 Is Parcel in Common Ownership Yes (Fused/Conjunctive Lots) No
 Is Structure Non-Conforming Yes No

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

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:
 Well Staked, Michael Fuchs.
 Date of Inspection: 5-14-13 Inspected by: M. Fuchs
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: Michael Fuchs Date of Approval: 5-13-13

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

Langley
Kern Lake

Septic - 35' from South line
Well is 15' from North line
Cabin is 78 feet high water mark
76' width
Shed is 12' from South line
Screen house is 20' from
South line.

