

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 JUN 20 2013

Permit #:	13-055	ENTERED
Date:	6-26-13	
Amount Paid:	\$100 6-20-13	
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. Bayfield Co. Admin. Fee \$100 but 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: **Thomas Nolan** Mailing Address: **9321 Elm Ave, Madema, TIL 60418** Telephone: **708-467-3837**

Address of Property: **10730 Eagle Lake Drive** City/State/Zip: **IRAN RIVER WI.** Cell Phone: **708-467-3837**

Contractor: **Garrett S. Olson Const.** Contractor Phone: **715-372-4196** Plumber: **N/A** # **715-331-9011** Plumber Phone: **708-467-3837**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Garrett S. Olson** Agent Phone: **62790 Finger Lk. Rd, Mason WI.** Agent Mailing Address (include City/State/Zip): **54856** Written Authorization Attached Yes No

PROJECT LOCATION: **SE 1/4, SE 1/4** Gov't Lot: **--** Lot(s): **1161** CSM: **7-195** Vol & Page: **--** Lot(s) No.: **--** Block(s) No.: **--** Subdivision: **--** Recorded Document: (i.e. Property Ownership) **632** Volume: **195-196** Page(s): **211**

Legal Description: (Use Tax Statement) **04-016-2-46-08-03-4-04-000-11000** PIN: (23 digits)

Section **3**, Township **46** N, Range **8** W Town of: **DELTA** Lot Size: **15,500 sq. ft.** Acreage: **0.35**

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: **81** feet No Yes

Non-Shoreland Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: **81** feet No Yes

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
\$ 3000.00	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> 1 of bedrooms	<input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> Year Round <input type="checkbox"/> 2	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Specify Type: M/T	<input type="checkbox"/> City <input type="checkbox"/> Well	<input type="checkbox"/> Sewer (Exists) Specify Type: M/T	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 2-Story <input type="checkbox"/> 3	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet			
	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> WALKWAY / STAIRWAY TO LAKE					

Existing Structure: (If permit being applied for is relevant to it) Length: **36'** Width: **3'** Height: **1'-2 1/2'**

Proposed Construction: **WALKWAY / STAIRWAY**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	<input type="checkbox"/> with Loft	()	()
	<input type="checkbox"/> with a Porch	()	()
	<input type="checkbox"/> with (2 nd) Deck	()	()
	<input type="checkbox"/> with (2 nd) Porch	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	<input type="checkbox"/> Mobile Home (manufactured date)	()	()
	<input type="checkbox"/> Addition/Alteration (specify)	()	()
	<input type="checkbox"/> Accessory Building (specify)	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	()	()
	<input type="checkbox"/> Conditional Use: (explain)	()	()
	<input checked="" type="checkbox"/> Other: (explain) STAIRWAY TO LAKE	(3' X 36')	(108)

Record for Issuance **JUN 26 2013**

Secretarial Staff: **Thomas Nolan**

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): **Garrett S. Olson Thomas Nolan** Date: **6-17-2013**

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

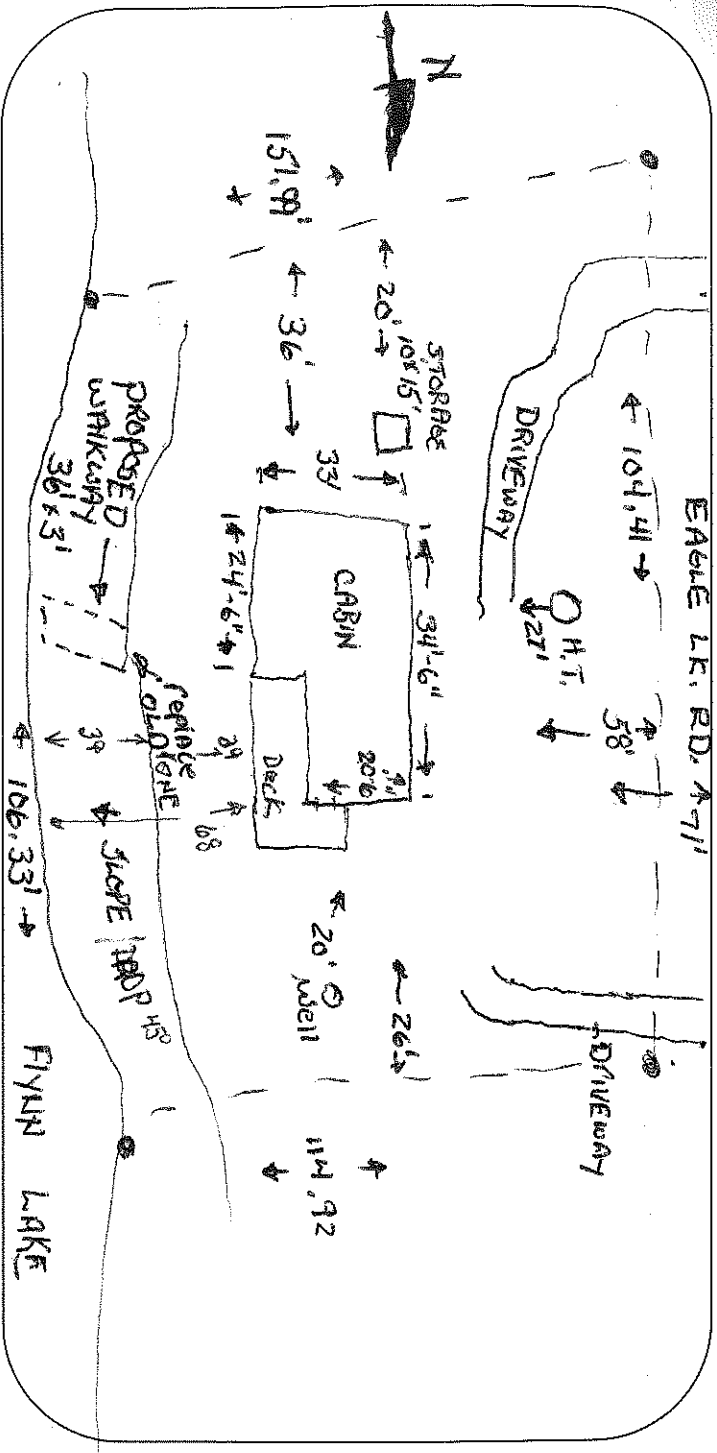
Authorized Agent: **Garrett S. Olson** Date: **6-17-2013**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) **54856** Attach **Copy of Tax Statement**

Address to send permit: **Garrett S. Olson Const, 62790 Finger Lake Rd, Mason WI** If you recently purchased the property send your Recorded Deed

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	71' Feet	Setback from the Lake (ordinary high-water mark)	68' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	26' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	36' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	52' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	68' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	27' Feet	Setback to Well	20' Feet
Setback to Drain Field	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.

(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.

Issuance Information (County Use Only)

Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

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

Permit #: 13-0155 Permit Date: 6-26-13

Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record	<input checked="" type="checkbox"/> Yes <input 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 Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(fused/contiguous lots)	<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
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Meets all requirements. Sub-standard lot per record.

Date of Inspection: 6-25-13 Inspected by: M. Fuchs Zoning District: (R1B)

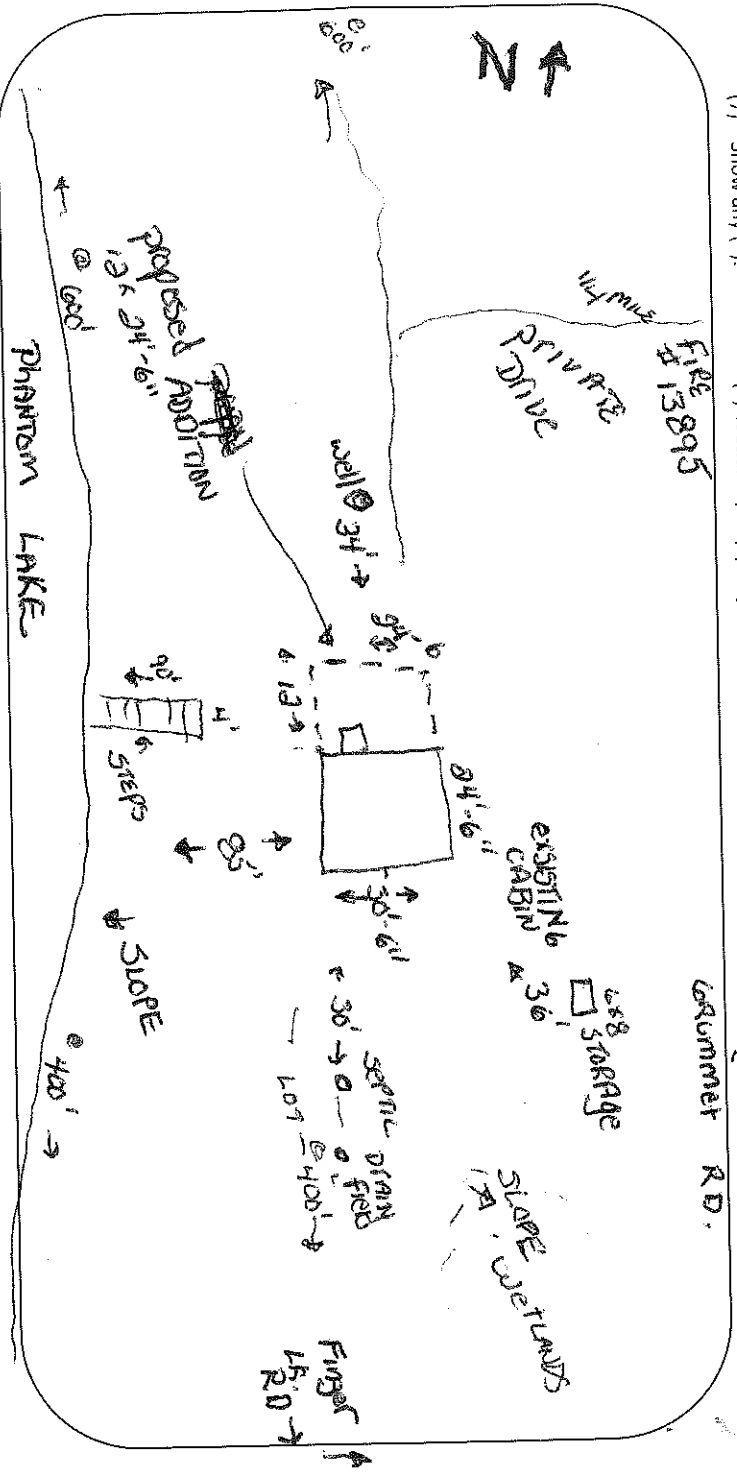
Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
Must use best management practices to prevent erosion at station of the lake

Signature of Inspector: Michael Grottel Date of Approval: 6-26-13

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

Below: 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)

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	1/4 MILE	Setback from the Lake (ordinary high-water mark)	85
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	600'	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	400'	Setback from Wetland	100'
Setback from the West Lot Line	1200'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	1200'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	600'	Setback to Well	34'
Setback to Drain Field	600'		
Setback to Privy (Portable, Composting)	N/A		

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 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: 227856 # of bedrooms: 1 Sanitary Date: 10-5-94

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

Permit #: 13-0158 Permit Date: 6-27-13

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No

Is Structure Non-Conforming Yes 85' from HWM 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 Dealtreated Yes No Was Property Surveyed Yes No

Inspection Record: Structure is non-conforming 100' from HWM.

Date of Inspection: 6-27-13 Inspected by: MM Truitt Zoning District: (R-1)

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Lakes Classification: (3)

Signature of Inspector: Michael Truitt Date of Approval: 6-29-13

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