

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
 Date Stamp/Received
 OCT 1 02 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-03582	\$1100
Date:	10-11-13	10-11-13
Entered Paid:		
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. 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: James & Karen Garner Mailing Address: 12904 Meadow View Dr, Gaithersburg, MD City/State/Zip: 20878 Telephone: 301 977-1222

Address of Property: 61700 W. Fork Rd City/State/Zip: Iron River, WI 54847 Cell Phone: _____

Contractor: Davis Builders LLC Contractor Phone: 373-8389 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Davis Agent Phone: 373-8389 Agent Mailing Address (include City/State/Zip): 13240 Scenic Dr, IR 54847 Written Authorization Attached Yes No

PROJECT LOCATION: Tract 1A Legal Description: (Use Tax Statement) 04-0163-46-07-18-2 04-000-51000 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) 984 Volume 923 Page(s) _____

Section B, Township 46 N, Range 7 W Town of: Delta Lot Size _____ Acreage 14.51

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Is Property/Land within 1000 feet of Lake, Pond or Flowage

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
\$ 1500	<input checked="" type="checkbox"/> New Construction	<input 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 checked="" 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: <u>CONV</u>	<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"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input type="checkbox"/> None	

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

Proposed Construction: Length: 20' Width: 4' 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 ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/> Commercial Use	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/> Municipal Use			
Rec'd for Issuance			
OCT 11 2013	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) <u>stairway to lake</u>	(4' X 20')	80

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.

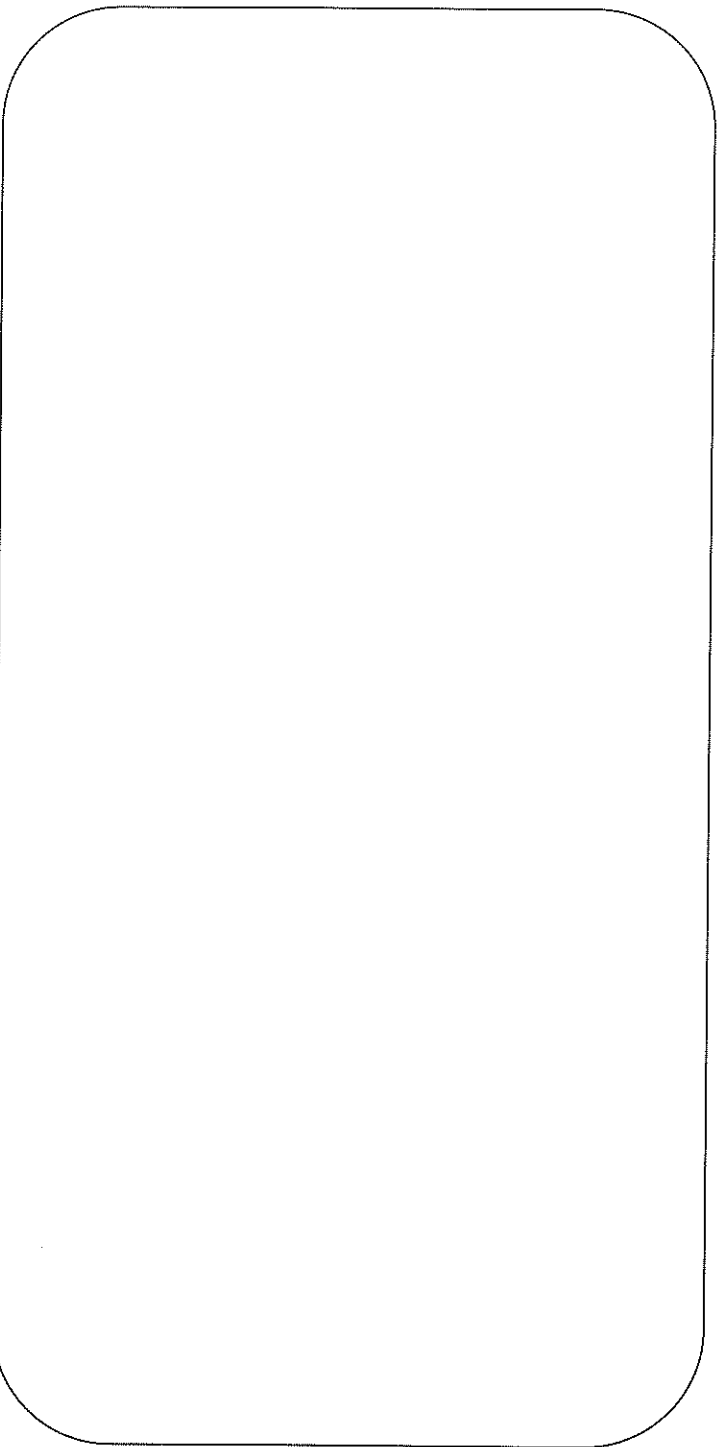
Owner(s): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Scott Davis Date 10-9-13
 (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 Attach Copy of Tax Statement
 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	300+ Feet	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	300+ Feet	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	300+ Feet	Setback from Wetland	NA
Setback from the West Lot Line	NA	Setback from 20% Slope Area	NA
Setback from the East Lot Line	NA	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	100+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	NA		

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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0352	Permit Date: 10-11-13			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Used/contiguous Lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Met all requirements				
Date of Inspection: 10-9-13	Inspected by: Mr. Fuchs	Zoning District: (R-1)	Lakes Classification: (2)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
<p><i>Must use best management practices to prevent siltation of lake or wetlands.</i></p>				
Signature of Inspector: Michael P. Stute	The structure shall be no more than four (4) feet wide; structures shall be inconspicuously colored; railings are permitted only where required by safety concerns; canopies and roofs on such structures are prohibited; and landings for stairways or docks are permitted only where required by			Date of Approval: 10-10-13
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Safety: <input type="checkbox"/>	Hold For Safety: <input type="checkbox"/>	



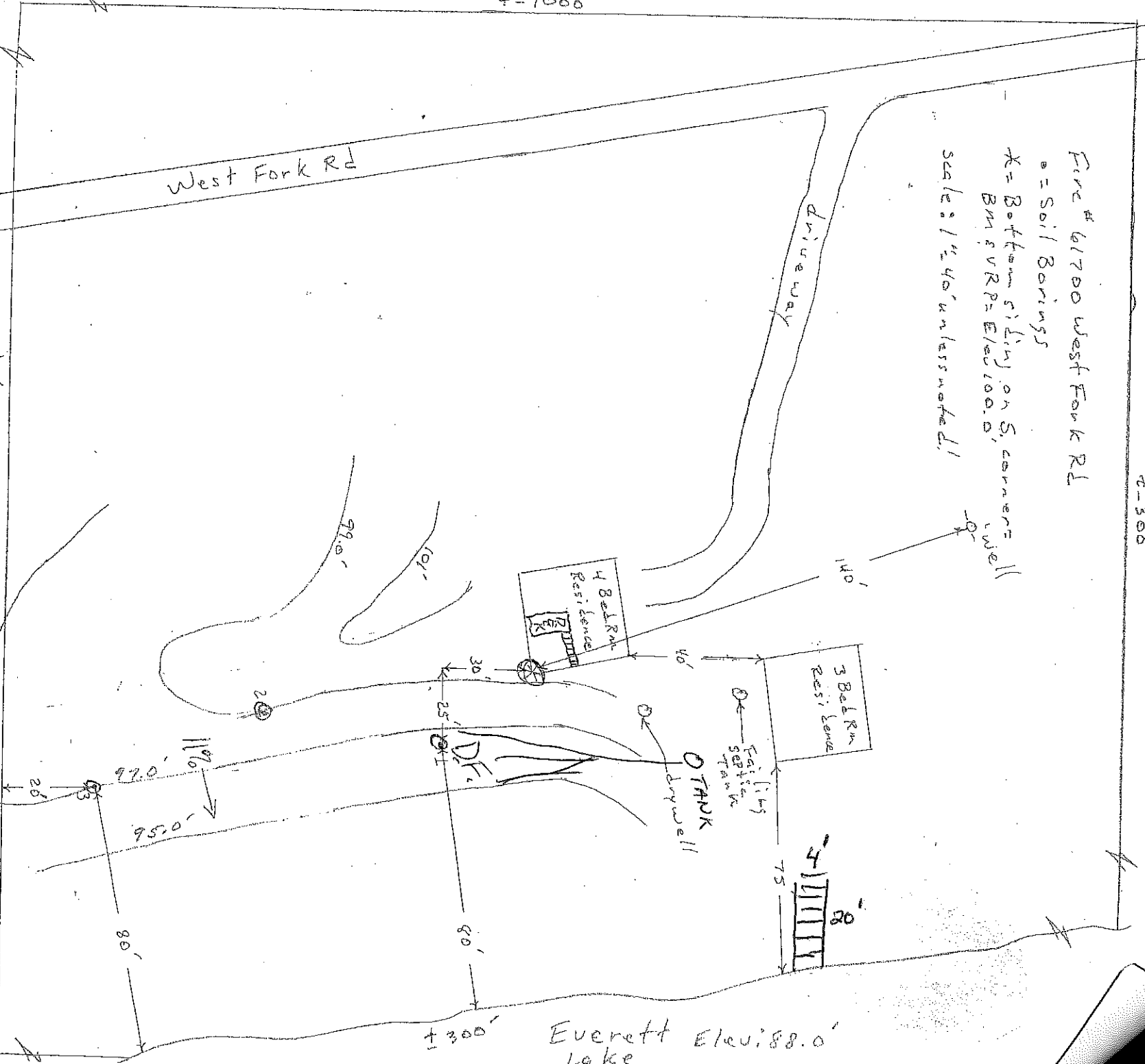
7-300'

Fire # 61700 West Fork Rd

o = Soil Borings

X = Bottom Siding on S. corner well

scale: 1" = 40' unless noted!



0001-1

West Fork Rd

driveway

4 Bed Rm Residence

3 Bed Rm Residence

Failing Septic Tank

DTANK

Drywell

Everett Elev: 88.0' Lake

7-600

James R. Garner
2904 Meadow View Dr
Cathetersburg, MD 20878

Parcel in SE 1/4 NW 1/4 Sec 18 T46N R7W Allan Park
Town of Delta
Bayfield Co.
PA 306522
Iron River WI 53019
CST # 222050

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
OCT 1 0 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0353
Date:	10-11-13
Returned:	10-11-13 #75-22

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: **JAMES + KAREN GARBER** Mailing Address: **12904 MENDOTA WOOD DR. GAITHERSBURG MD. 20878** Telephone: **301-977-1222**

Address of Property: **6100 W. FOLK RD** City/State/Zip: **IRON RIVER WI 54847** Call Phone:

Contractor: **DAVIS BUILDERS LLC** Contractor Phone: **715 372 8389** Plumber: **Plumber:** Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **SCOTT DAVIS** Agent Phone: **715 372 8389** Agent Mailing Address (include City/State/Zip): **13240 SCENIC DR IRON RIVER WI 54847** Written Authorization Attached Yes No

PROJECT LOCATION: **PARCEL 1A SE 1/4, NW 1/4** Legal Description: (Use Tax Statement) **04-016-2-46-07-18-2-04-000-5000** PIN: (23 digits) **04-016-2-46-07-18-2-04-000-5000** Recorded Document: (i.e. Property Ownership) Volume **984** Page(s) **923**

Section **18**, Township **46N**, N. Range **07** W Town of: **DELTA** Lot Size: **14.51** 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: **100** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: **100** 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
\$ 20,000	<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 checked="" type="checkbox"/> Seasonal <input 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: CONVENTIONAL <input type="checkbox"/> Privy (Pit) 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: **72'** Width: **56'** Height: **30'**

Proposed Construction: Length: **72'** Width: **56'** Height: **30'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Municipal Use	with Loft	()	()
	with a Porch	()	()
	with (12 th) Deck	()	()
	with (12 th) Deck with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) DECK / SCREEN PORCH	(32' X 16')	512
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

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): _____ Date: **10-3-13**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Scott R Davis** Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

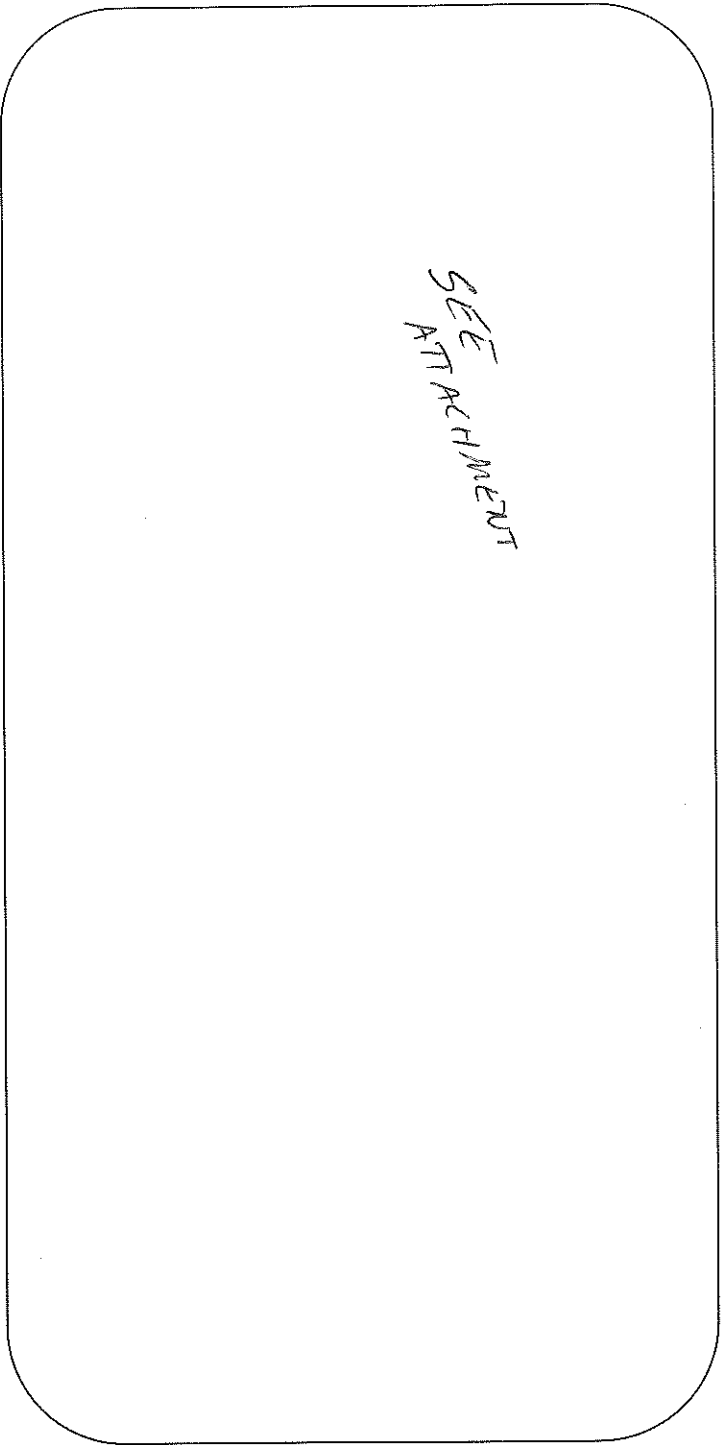
Address to send permit **13240 SCENIC DR. IRON RIVER WI 54847** Attach _____
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

SEE ATTACHMENT



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	300 Feet	Setback from the Lake (ordinary high-water mark)	105 Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	90 Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	99 Feet
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	100 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	N/A 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 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: 08-085 # of bedrooms: 7 Sanitary Date: 2-22-08
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 13-0353 Permit Date: 10-11-13

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

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

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. Meets all setbacks. Zoning District: (R-1)
 Date of Inspection: 10-9-13 Inspected by: M. Furdak Lakes Classification: (2)
 Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.) Date of Re-Inspection: _____

Signature of Inspector: Michael Furdak Date of Approval: 10-10-13
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____
 Hold For Fees: _____



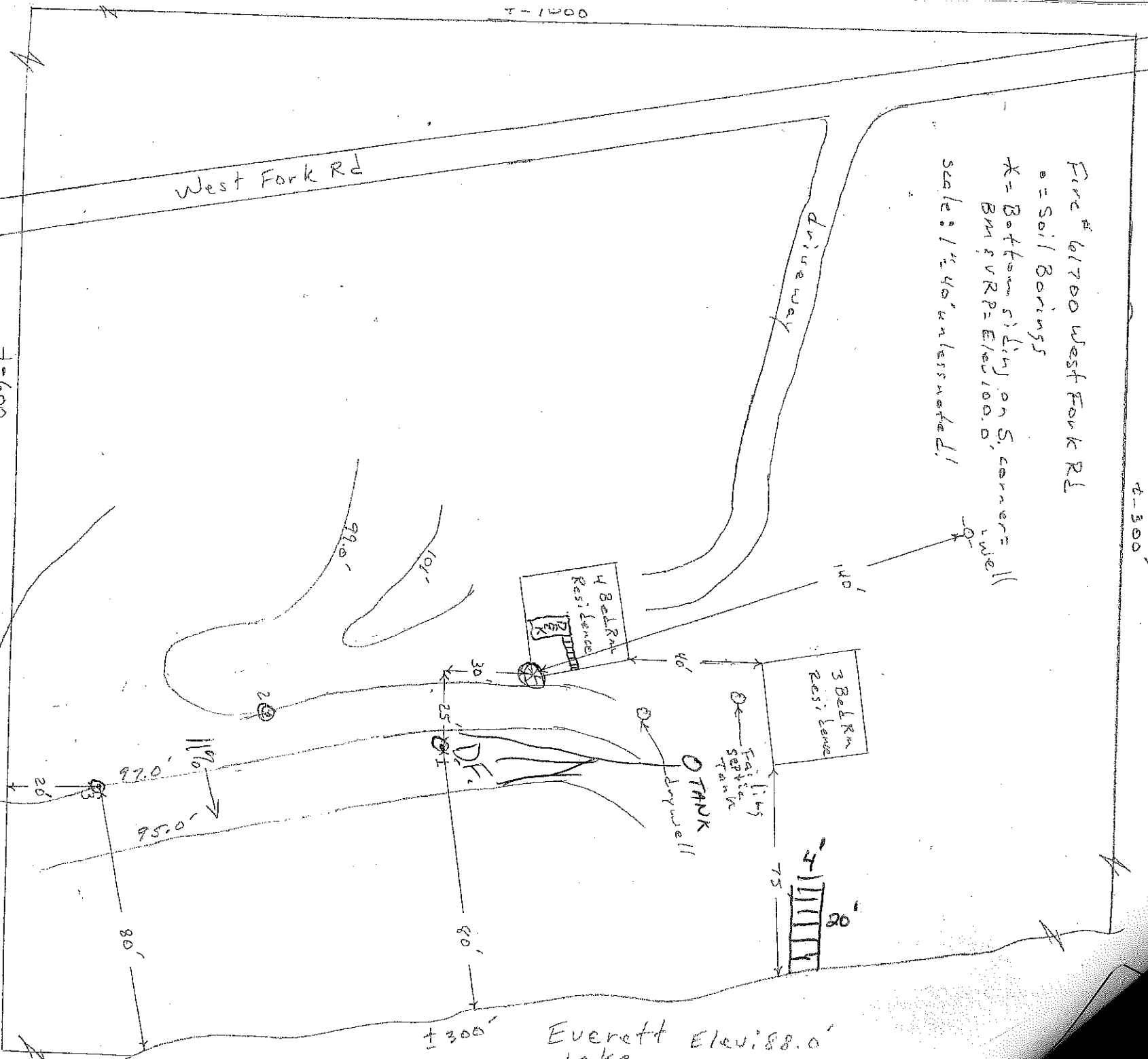
Fire # 61700 West Fork Rd

o = Soil Borings

* = Bottom sitting on S. corner well

BM & V.R.P. = Elev 100.0'

Scale: 1" = 40' unless noted!



Everett Elev: 88.0'
Lake

James R. Garner
2904 Meadow View Dr
Cathensburg, MD 20878

Parcel in SE 1/4 NW 1/4 Sec 18 T46N R7W Allan Rakoski
Town of Delta
Bayfield Co.
P.O. Box 522
Iron River, WI 54849
CST # 2220090

± 600

± 1500

± 300'

± 300'