

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
 OCT 1 0 2013
 Bayfield Co. Zoning Dept.

Permit #: **13-0405**
 Date: **11-15-13**
 Amount Paid: **10-11-13 2250.00**
 Return:

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: **BRUCE BERRUD** Mailing Address: **38360 COZ BLVD GOODHUE MN 55027** Telephone: **651-380-6701**

Address of Property: **SCENIC DRIVE** City/State/Zip: **IRON RIVER WI 54847** Call Phone:

Contractor: **DAVIS BUILDERS LLC** Contractor Phone: **715 372 8389** Plumber: **BROWN PLUMBING + HVAC** Plumber Phone: **715-688-0444**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **715 372 8389** Agent Mailing Address (include City/State/Zip): **715-688-0444** Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 4 Lot(s) 4 CSM 1205 Vol & Page 7-264 Lot(s) No. 8 Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 855 Page(s) 720**

Section **13**, Township **46** N, Range **8** W Town of: **DELTA** Lot Size: Average **1.35**

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: **_____** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage **→** If Yes---continue **→** 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
\$95,000	<input checked="" type="checkbox"/> New Construction <input 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"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: SEPTIC <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: **38'** Width: **26'** Height: **16'**

Proposed Construction: Length: **38'** Width: **26'** Height: **16'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(26 X 38) (12 X 26)	988 312
<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) _____	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Rec'd for Issuance NOV 15 2013	(X) (X) (X)	
Secretarial Staff			

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): **Bruce Berrud** 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)

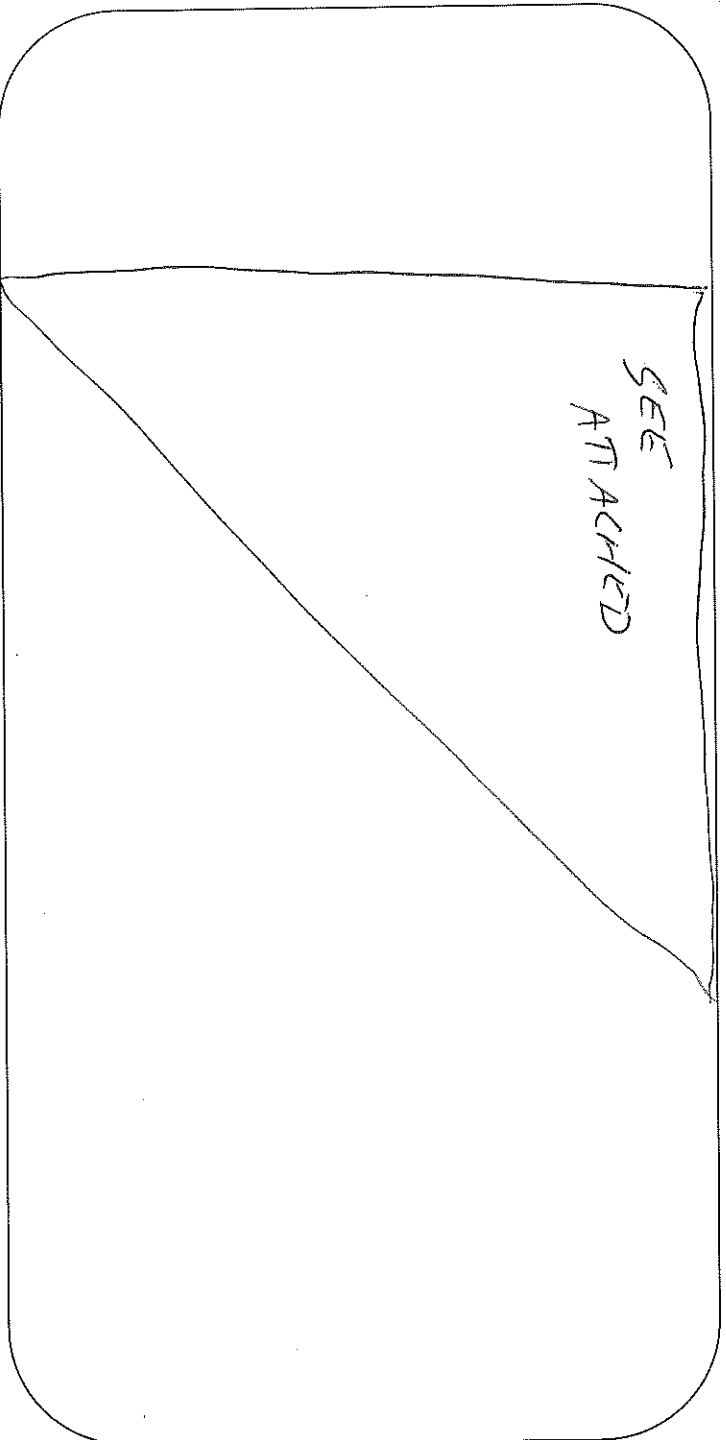
Authorized Agent: **Scott Davis** Date **10-3-13**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **Scott Davis 13240 Scenic Dr, Iron River, WI 54847**
 Copy of Tax Statement Attached

Need Deed Recorded (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 (*): (*) 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	184 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	170+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	142 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	182 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	84 Feet	Setback from 20% Slope Area	maybe N/A Feet
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	40 Feet
Setback to Drain Field	30 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 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: 13-1355	# of bedrooms: _____	Sanitary Date: 11-14-13
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: 13-0405	Permit Date: 11-15-13			
Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached	<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 Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <i>Well Staked. Metal set-backs.</i>		Inspected by: <i>MM. Fuchs</i>		
Date of Inspection: 10-9-13		Condition(s): <i>Town, Committee or Board Conditions Attached?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)		
A Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction				
Signature of Inspector: <i>Michael J. Stata</i>	Zoning District: <i>(R2B)</i> Lakes Classification: <i>(NA)</i>			Date of Approval: 10-10-13
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



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R-O-W