

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

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
PERMITIVE
 FEB 14 2012
 Bayfield Co. Zoning Dept.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)



Permit #:	10-0059
Date:	4-19-10
Amount Paid:	\$125.00
Refund:	2/25/12

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: William Lindsey Mailing Address: PO Box 283 Iron River WI 54997 Telephone: _____
 City/State/Zip: _____
 Address of Property: 67460 Best Crystal Lk Rd Iron River, WI 54997
 Contractor: Iron River, WI 54997 Contractor Phone: _____
 Authorized Agent: Parson Signing Application on behalf of Owner(s) Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04-022-2-47-09-15-3-05-004-03000 PIN: (23 digits)
04-022-2-47-09-15-3-05-004-04000
 Gov't Lot: 1/4 Lot(s): 4 CSM: 3.004 Vol & Page: 382-477 Lot(s) No.: 374 Block(s) No.: _____
 Section: 15, Township: 47 N, Range: 9 W Town of: Hughes

Recorded Document: (i.e. Property Ownership) Volume: 1073 Page(s): 987
 Subdivision: _____
 Lot Size: 160' x 520' Acreage: 2 A

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: 75 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion *Include generated 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
\$ <u>50,000</u>	<input 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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>CONCRETE</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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
	<input checked="" type="checkbox"/> Manufactured					

Existing Structure: (if permit being applied for is relevant to it) Length: 44' Width: 26'
 Proposed Construction: Length: 44' Width: 26'

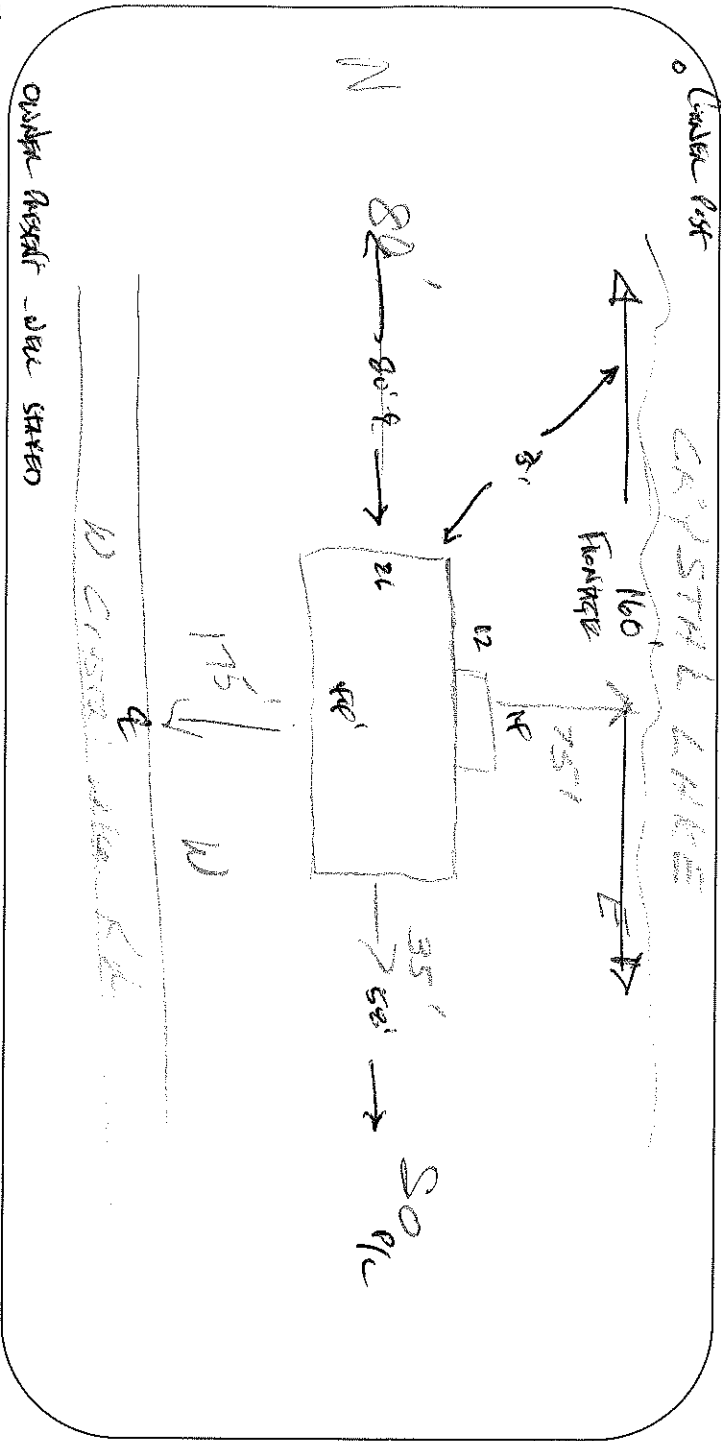
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>26</u> X <u>44</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>12</u> X <u>14</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>)	<u>1148</u> sq ft <u>1688</u>
<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	(<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>)	
	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>) (<u>X</u> X <u>X</u>)	

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 in and 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): William Lindsey Shirley Lindsey
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: 2-13-2012
 Attach _____
 Copy of Tax Statement _____
 Record for Issuance _____
 Address to send permit _____
 If you recently purchased the property send your Recorded Deed _____

the 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%



OWNER REQUEST - DRN STAFFED

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) - (7) above (prior to continuing)
 (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	75' Feet
Setback from the Established Right-of-Way	150 Feet	Setback from the River, Stream, Creek	75' Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	75' Feet
Setback from the South Lot Line	35 Feet	Setback from Wetland	75' Feet
Setback from the West Lot Line	175 Feet	Setback from 20% Slope Area	75' Feet
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	75' Feet
Setback to Septic Tank or Holding Tank	45' Feet	Setback to Well	50' Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	50 Feet		

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 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)

Permit Denied (Date): _____ Sanitary Number: R-055 # of bedpoms: 3 Sanitary Date: 3-1-12

Permit #: LC 4-19-12 R-0059 Permit Date: 4-19-12

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

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

Was Parcel Legally Created: Yes No
 Was Proposed Building Site Delineated: Yes No

Were Property Lines Represented by Owner Was Property Surveyed: Yes No

Inspection Record: PROPOSED STRUCTURE IS REPRESENTED BY OWNER LETTERS COLE REPRESENTING

Date of Inspection: 2-21-12 Inspected by: DR Zoning District: R-1
 Lakes Classification: 2 Date of Re-Inspection: _____

Condition(s) of own Committee or Board/Conditions Attached? Yes No (If No they need to be attached)
A VARIANCE DRAINAGE CODE (DR) FROM THE LOCALITY CODES AND VARIATIONS MUST BE OBTAINED
ALSO TO THE SPLIT OF COUNCILS

Signature of Inspector: [Signature] Date of Approval: _____

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