

**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)  
 MAY 22 2012

Bayfield Co. Zoning Dept

**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](http://www.bayfieldcounty.org/zoning/asp))

Permit #:	10-0157
Date:	5-30-12
Amount Paid:	\$35.00 PDS
Refund:	5/29/12

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

**Owner's Name:** ANDREW M KREE **Mailing Address:** 6080 IRON OX RD IRON RIVER WI 54877 **Telephone:** \_\_\_\_\_

**Address of Property:** 6080 IRON OX RD. **City/State/Zip:** IRON RIVER WI 54877 **Cell Phone:** \_\_\_\_\_

**Contractor:** DAVE **Contractor Phone:** \_\_\_\_\_ **Plumber:** \_\_\_\_\_ **Plumber Phone:** \_\_\_\_\_

**Authorized Agent:** (Person Signing Application on behalf of Owner(s)) **Agent Phone:** \_\_\_\_\_ **Agent Mailing Address (include City/State/Zip):** \_\_\_\_\_ **Written Authorization Attached:**  Yes  No

**PROJECT LOCATION:** 1/4, 1/4 **Legal Description:** 1/4, 1/4 **Gov't Lot:** 2 **Lot(s):** \_\_\_\_\_ **CSM:** \_\_\_\_\_ **Vol & Page:** \_\_\_\_\_ **Lot(s) No.:** \_\_\_\_\_ **Block(s) No.:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_ **Recorded Document:** (i.e. Property Ownership) \_\_\_\_\_ **Volume:** \_\_\_\_\_ **Page(s):** \_\_\_\_\_

**Section:** 24 **Township:** R2 **N. Range:** 9 **W. Range:** \_\_\_\_\_ **Town of:** North

**Shoreland**  **Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?**  **Distance Structure is from Shoreline:** \_\_\_\_\_ feet **Is Property in Floodplain Zone?**  Yes  No

**Non-Shoreland**  **Is Property/Land within 1000 feet of Lake, Pond or Flowage**  **Distance Structure is from Shoreline:** \_\_\_\_\_ feet **Distance Structure is from Shoreline:** 2100 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
<u>\$200/\$300</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

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

**Proposed Construction:** **Length:** 10' **Width:** 10' **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 ( )	( )
	<input type="checkbox"/> with Loft	( ) X ( )	( )
	<input type="checkbox"/> with a Porch	( ) X ( )	( )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
	<input type="checkbox"/> with a Deck	( ) X ( )	( )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<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)	( ) X ( )	( )
	<input type="checkbox"/> Mobile Home (manufactured detail)	( ) X ( )	( )
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>REMOVE BOX (10) OVER</u>	( ) X ( )	( )
	<input type="checkbox"/> Accessory Building (specify) _____	( ) X ( )	( )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	( ) X ( )	( )
	<input type="checkbox"/> Conditional Use: (explain) _____	( ) X ( )	( )
	<input type="checkbox"/> 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 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:** James M Mink (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Address for Issuance of permit:** James Mink, 41 3rd St. Proctor, MN 55810

MAY 30 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

Attach

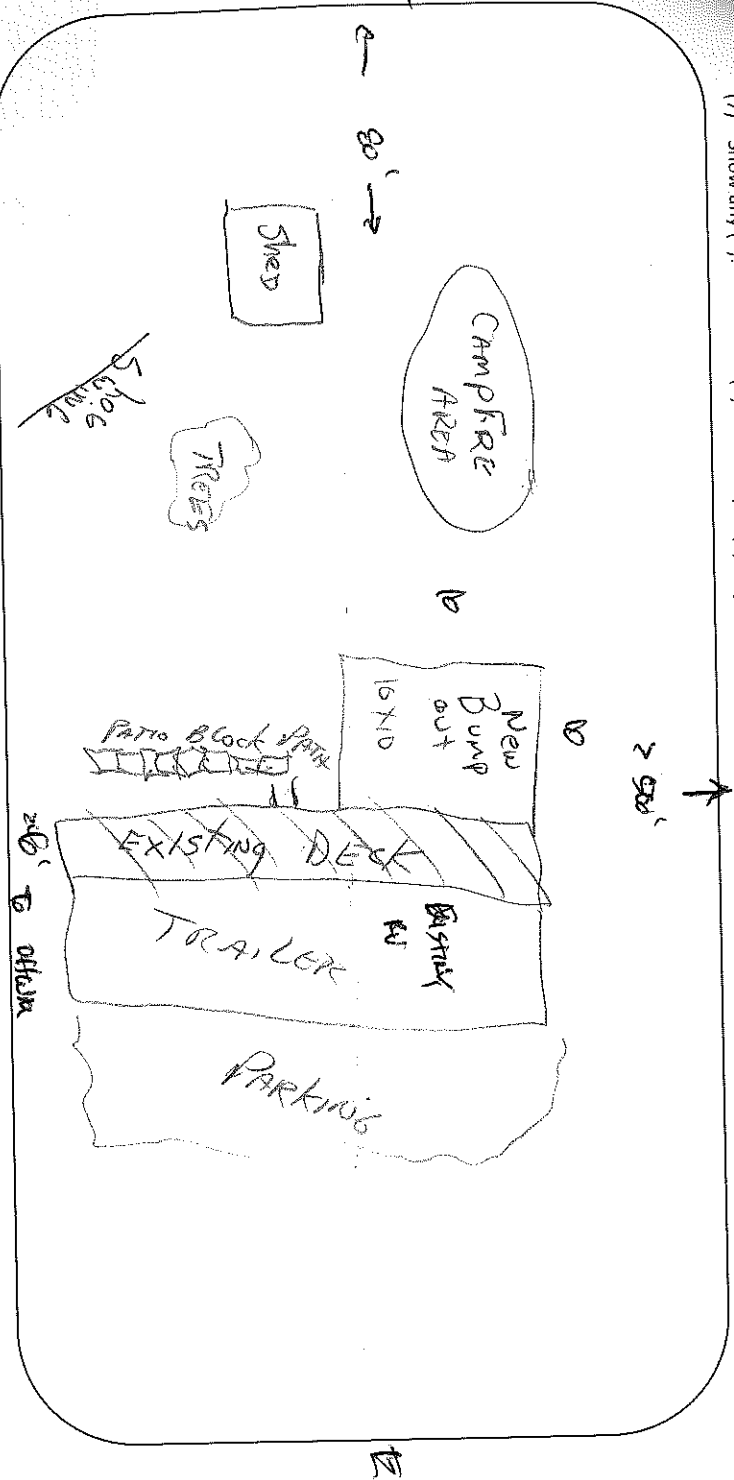
Date 5/30/12

Municipal Staff

ENTER

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	Feet	Setback from the Lake (ordinary high-water mark)	20'
Setback from the Established Right-of-Way	500'	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	250' 500'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	40' 4'	Setback from Wetland	N/A
Setback from the West Lot Line	30' 4'	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	250' 4'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	> 100'
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	250'		

Setback 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit # **12-0157** Permit Date: **5-30-10**

Reason for Denial: \_\_\_\_\_

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

Is Parcel in Common Ownership  Yes (fused/contiguous Lot(s))  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 Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: **Revised FB. Add final lockouts & check used materials & trashcans**

Inspected by: **PDC**

Date of Inspection: **5-24-12**

Conditions: Town, Committee or Board Conditions Attached?  Yes  No -if No they need to be attached)

Signature of Inspector: **[Signature]** Date of Approval: **5/29/12**

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