

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 ENGINEERING
 Date Stamp Received: JUL 10 2012
 Bayfield Co. Zoning Dept.

Permit #:	12-02
Date:	7-11-12
Amount Paid:	\$125.00 KAS 7/11/12
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: Therese T Landgreen Mailing Address: 63304 Hotel / Iron River wis Telephone: _____
 Address of Property: 69400 Airport Rd City/State/Zip: _____ Cell Phone: _____
 Contractor: _____ Contractor Phone: Plumber 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: SE 1/4, AD 1/4 Legal Description: (Use Tax Statement) 04-000-10000 PIN: (23 digits) 04-02-2-47-09-01-2 Volume _____ Page(s) _____
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 1, Township 47 N, Range 7 W Town of: Hesler Lot Size _____ Acreage 40

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: _____ 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
\$1000	<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 type="checkbox"/> Seasonal <input checked="" 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: <u>CELINE</u> <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: 26 Width: 14 Height: 8
 Proposed Construction: Length: _____ Width: _____ Height: _____

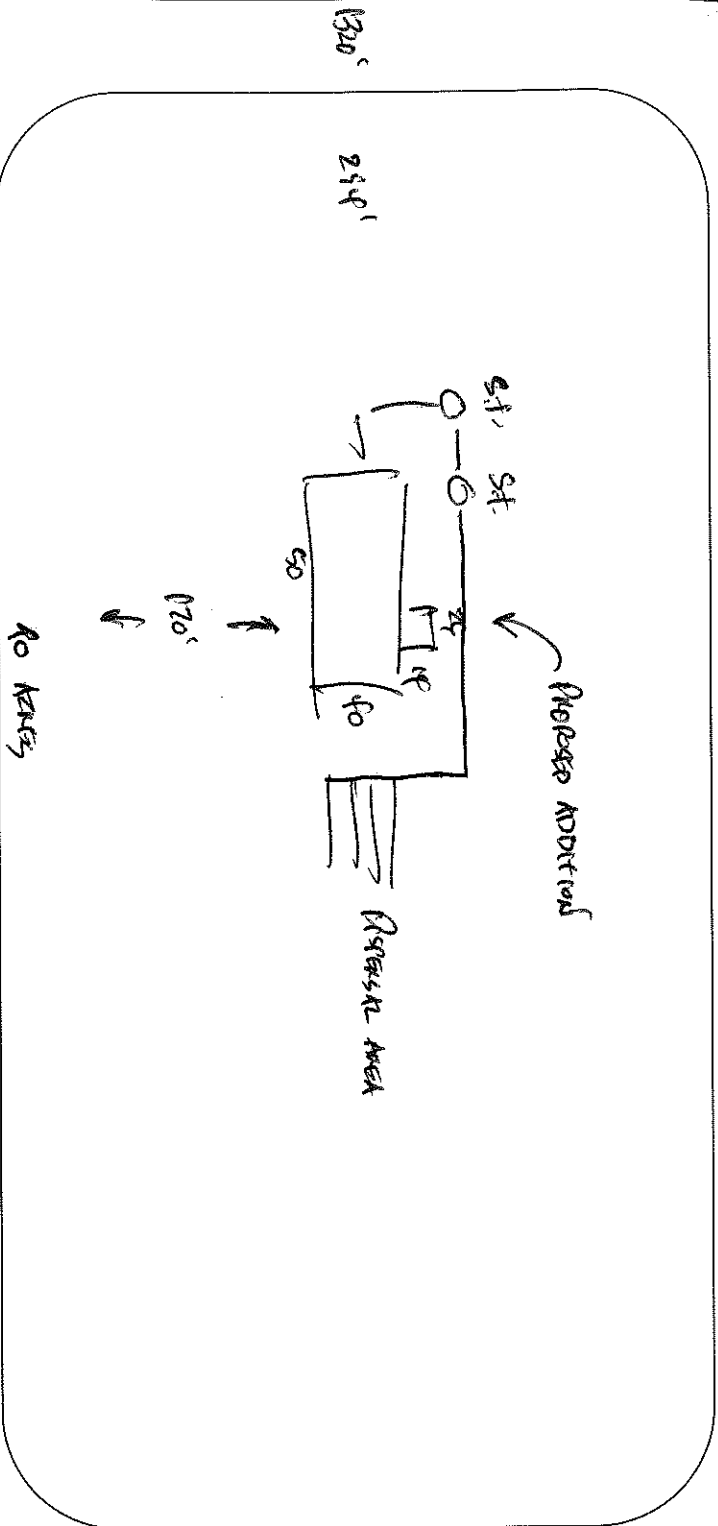
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Deck	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) <u>Storage shed</u>	(<u>26</u> x <u>14</u>)	(<u>304</u>)
	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): Therese T Landgreen Date 10 July 2012
 (if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 and for Issuance are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit JUL 11 2012 Attach Copy of Tax Statement
 if you recently purchased the property send your Recorded Deed

Look 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)

132'

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	254'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	170'	Setback from Wetland	Feet
Setback from the West Lot Line	254'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	> 1000'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	75'	Setback to Well	N/A
Setback to Drain Field	75'		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: 11-025 # of bedrooms: 2 Sanitary Date: 2004

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

Permit #: 19-0035 Permit Date: 7-11-10

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

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Previously 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 Construction Addition will not require additional sanitary means

INSPECTION BY PERMITS DIVISION'S TECHNICAL STAFF, MEAS

Date of Inspection: 7-10-12 Inspected by: DL

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

Signature of Inspector: [Signature] Date of Approval: 7-10-12

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

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 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUL 03 2012
 Bayfield Co. Zoning Dept.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Permit #:	12-02139
Date:	7-12-12
Amount Paid:	\$75.00
Refund:	7/5/12

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

Owner's Name: SCOTT A & MARY J NEUMANN
Address of Property: 6110 W IRON LAKE BLVD LANE
 City/State/Zip: IRON RIVER, WI 54847
 Telephone: 612-703-4328
 Cell Phone: 612-532-6357

Contractor: MICRON CONST.
 Contractor Phone: 715-209-4363
 Plumber: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: RON MICHAELIS
 Agent Phone: 715-209-4363
 Agent Mailing Address (include City/State/Zip): 63305 PHANTOM LAKE RD IRON RIVER, WI 54847
 Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 1/4, _____ 1/4
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____
 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Volume 9
 Recorded Document: (i.e. Property Ownership) _____
 Page(s) 418

Section 24, Township 47N, N, Range 09, W
 Town of: HUGHES

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: 775 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
\$6,700	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <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

Existing Structure: (if permit being applied for is relevant to it) Length: 20 Width: 12 Height: 8
Proposed Construction:

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

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 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: _____ Date: 7/3/12
 Ron Michaelis are signing on behalf of the owner(s) a letter of authorization must accompany this application

Add \$11 to send permit 12 2012
 If you recently purchased the property send your Recorded Deed
 Copy of Tax Statement
 Attach

NEUMANN

Iron Lake

points (Asst) are separate > @

