

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)
AUG 28 2012
 Bayfield Co. Zoning Dept.

Permit #: **12-0308**
 Date: **9-5-12**
 Amount Paid: **\$75.00 PDS**
 Refund: **9/4/12**

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **Keith Hlobucker** Mailing Address: **63680 Co Hwy** City/State/Zip: **Iron River, WI 54847** Telephone: **715 372-8262**

Address of Property: **63680 Co Hwy A** City/State/Zip: **Iron River, WI 54847** Cell Phone: **218 590-1217**

Contractor: **SELF** 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 **NYL** **1/4, 1/4** Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume **631** Page(s) **65**

Section **1**, Township **4E**, N, Range **9** W _____ Town of **Muders** Lot Size _____ Acreage **25.39**

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 in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: _____ feet 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>5000.00</u>	<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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 60" V. SANV. <input type="checkbox"/> Privy (Pvt) 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: 8 Height: _____

Proposed Construction: Length: _____ Width: 8 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/>	with Loft	() ()	()
<input checked="" type="checkbox"/>	Residential Use	with a Porch	() ()
<input type="checkbox"/>		with (2 nd) Porch	() ()
<input type="checkbox"/>		with a Deck	() ()
<input type="checkbox"/>		with (2 nd) Deck	() ()
<input type="checkbox"/>	Commercial Use	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 checked="" type="checkbox"/>	Addition/Alteration (specify)	BRIDGE FOR LAUNDRY & BATHY	(20 X 8) 160 FT²
<input type="checkbox"/>	Accessory Building (specify)	2 ATTACHED DECK	(30 X 8) 240 FT²
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() ()	() ()
<input type="checkbox"/>	Special Use: (explain)	() ()	() ()
<input type="checkbox"/>	Conditional Use: (explain)	() ()	() ()
<input type="checkbox"/>	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): Keith Hlobucker Date: 8-28-12

(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: _____

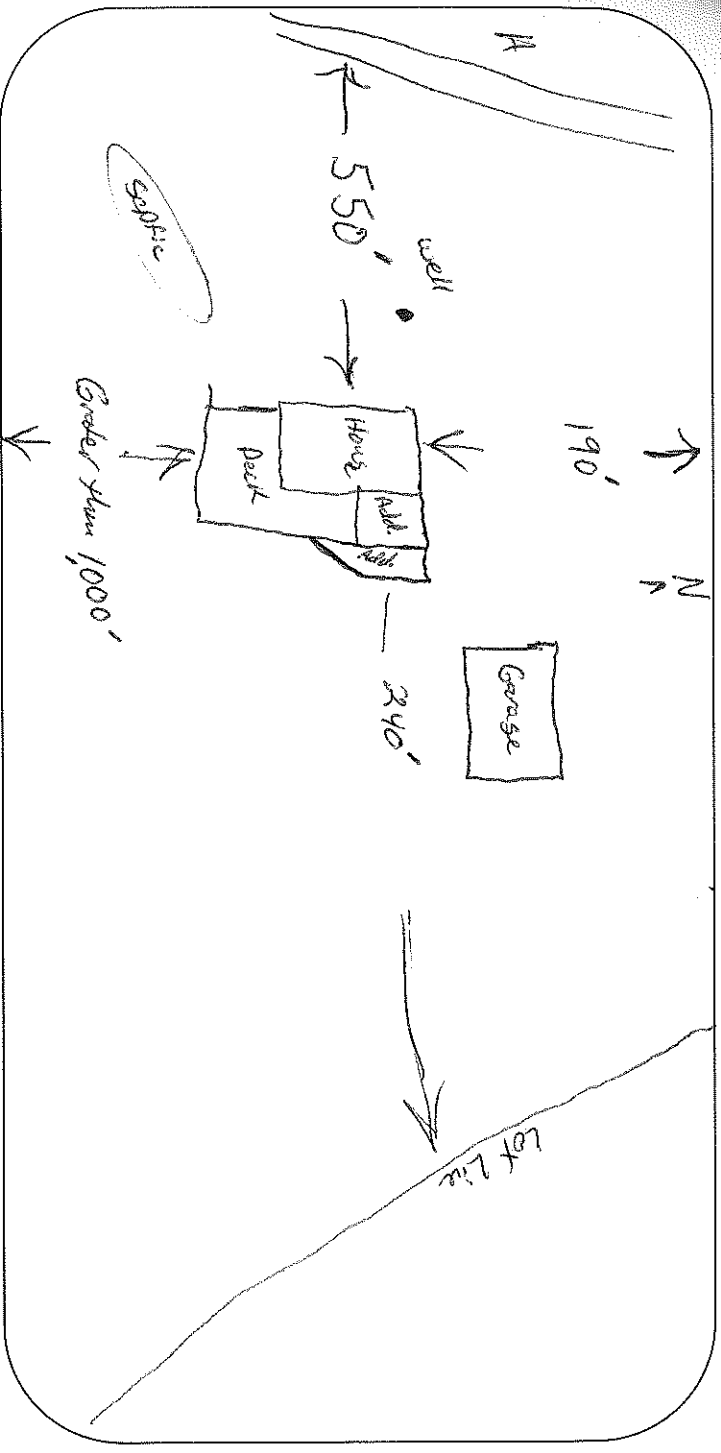
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance Attach Copy of Tax Statement

Address to send permit _____

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%**



(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)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	190' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Grade to 1000 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	550' Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	240' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60' Feet	Setback to Well	48' Feet
Setback to Privy (Portable, Composting)	90' 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: <u>24106</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>1/14/12</u>
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>12-03328</u>	Permit Date: <u>9-5-12</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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
Granted by Variance (B.O.A.)	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>ROUSED ACTIVITIES & ACTIVITIES AS RECOMMENDED BY OTHER AGENCIES</u>	<u>NO NEW AIR AVAILABLE CHECKS REQUIREMENTS.</u>	Zoning District	(F1)	
Date of Inspection: <u>8-31-12</u>	Inspected by: <u>DL</u>	Lakes Classification	(-)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>8-31-12</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>2610 4040</u>

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 SIGNED (Revised)
PERMIT
 AUG 28 2012

Bayfield Co. Zoning Dept.

Permit #: 12-0329
 Date: 9-5-12
 Amount Paid: \$75.00 PDS
 Refund: 9/4/12

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: Robert Rinde Mailing Address: 6210 Timberline Way City/State/Zip: WI, Rapids, WI: 54994 Telephone: 715-325-5121
 Address of Property: 66085 Iron Lk. Ln. City/State/Zip: WI, Rapids, WI: 54997 Contractor Phone: 218-428-5723 Plumber:
 Contractor: Holsclaw Builders Inc. Agent Phone: 218-428-5123 Agent Mailing Address (include City/State/Zip): PO Box 632 Iron River, WI 54997 Written Authorization Attached Yes No
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Cory Holsclaw PLN: (23 digits) 04-092-2-47-09-24-3-05-2006 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

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: _____
 Section 24, Township 47 N, Range 9 W Town of: High 45 Lot Size 500'x100' 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: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: 180 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>13,500⁰²</u>	<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 type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CIV.</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 32 Width: 20 Height: 14'
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(_____)	(_____)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(_____)	(_____)
<input type="checkbox"/>	Residential Use with a Porch	(_____)	(_____)
<input type="checkbox"/>	Residential Use with (2 nd) Deck	(_____)	(_____)
<input type="checkbox"/>	Residential Use with (2 nd) Deck with Attached Garage	(_____)	(_____)
<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) <u>Pole building</u>	(<u>32</u> X <u>20</u>)	(<u>640</u>)
<input type="checkbox"/>	Accessory Building (specify) _____	(_____)	(_____)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
<input type="checkbox"/>	Special Use: (explain) _____	(_____)	(_____)
<input type="checkbox"/>	Conditional Use: (explain) _____	(_____)	(_____)
<input type="checkbox"/>	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.

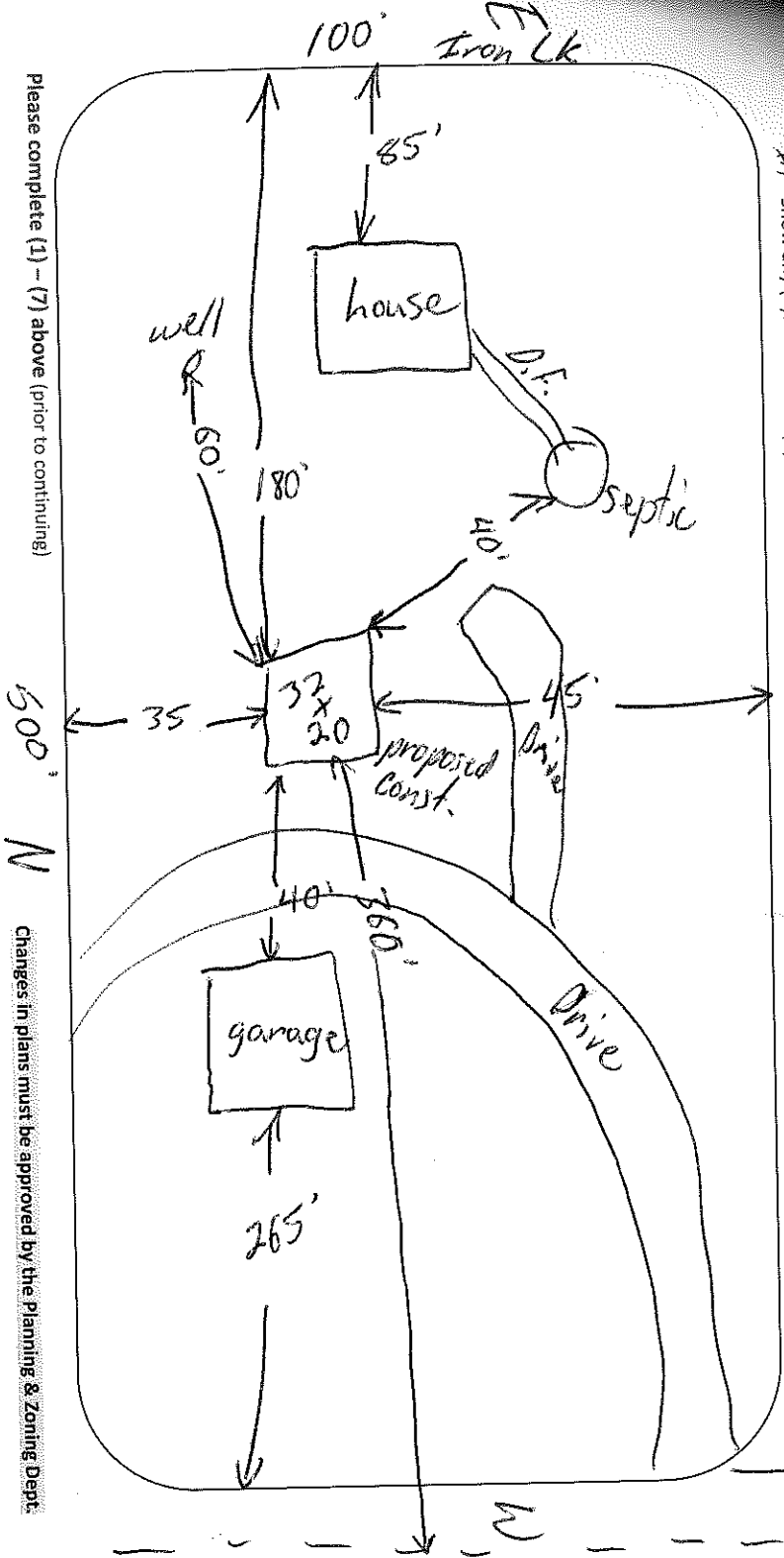
Owner(s): _____ Date _____
 (if there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Cory Holsclaw (Holsclaw Builders Inc.) Date 8-28-12
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance PO Box 632 Iron River, WI 54997 Attach Copy of Tax Statement
 SEP 5 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Secretarial Staff



Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of: Proposed Construction
- Show / Indicate: North (N) on Plot Plan
- Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- Show: All Existing Structures on your Property
- Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (D.F.); (*) Holding Tank (HT) and/or (*) Privy (P)
- Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- 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	360 Feet	Setback from the Lake (Ordinary high-water mark)	180 Feet
Setback from the Established Right-of-Way	360 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	45 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	330 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	180 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	60 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)			

(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 #: **12-0389** Permit Date: **9-5-12**

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

Is Parcel in Common Ownership Yes (Fused/Contiguous lots) No No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No No Previously Granted by Variance (B.O.A.) Yes No Case #: _____

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: **NOPEAS BDRG SHE LOCKED & THE ADJUTS PROCEEDED WITH MEET**

APPLICABLE SECTORS & PERMITS ARE BE ISSUED.

Date of Inspection: **8-31-12** Inspected by: **DML**

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

Signature of Inspector: *[Signature]* Date of Approval: **8/1/12**

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