

ENTERED

**SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 DEC 16 2009  
 Bayfield Co. Zoning Dept.

Application No: 10-0320  
 Date: \_\_\_\_\_  
 Zoning District: f-1 class 1  
 Amount Paid: \$75.00 RAS  
8/17/10

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. Changes in plans must be approved by the Zoning Department.

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_  
 Legal Description 1/4 of 34 Township 47 North, Range 8 West, Town of Iron River  
 Gov't Lot 2 Lot \_\_\_\_\_ Block 0 Subdivision \_\_\_\_\_ Acreage 1.8  
 Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. # 04-024-2-47-08-34-2 05-062-06800  
 Use Tax Statement for Legal Description  
 Property Owner Thomas + Kristen Sandager Contractor: Lorin Wicklund (Phone) 715 2923158  
 Address of Property 10460 Hillside Ln Plumber \_\_\_\_\_  
Iron River WI 54847 cell Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
715 8397623 Telephone (Home) 715 828-3033 (Work)

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
 Estimated Cost of Construction 2,600 Square Footage 112  
 USE: LINEAL FEET PATH  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) Summer Cabin / Repair Footings  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (explain) \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_  
 External Improvements to Principal Building (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 or Authorized Agent (Signature) Keith Sandager Date 12-14-09  
 Address to send permit 622 Rassbach St Eau Claire WI 54701 ATTACH Copy of Tax Statement

\* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 09-1055 Date 2009  
 Date 8/18/10 Permit Number 10-0320 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: RE-EXISTING STRUCTURE B.O.A. APPROVED FOR VARIANCE TO PERMITS > 75% OR REMOVAL By DOC Date of Inspection 12-18-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: THE TERMS & CONDITIONS OF THE APPROVED & KEEPTEN INSPECTIONS CAN NOT BE VIOLATED OR AVOIDED YEAR OF THE DATE OF LAST USE PERMIT & 09-05-09 ARE ENOUGH TO USE THE CONCEPT & TO FUTURE PROPERTY OWNERS.  
 Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 12-18-09  
RE BOT APPROVED ON APRIL 27th - NO VARIANCE REQUIRED! Rec'd for Issuance

AUG 16, 2010

Secretarial Staff

SENT BY ZONING

10460 Hillside Lane Iron River MI

Tom & Kris Sandager  
Building Permit Diagram

Estimated distance to Hart Lake Rd is about 150 feet  
Est. distance to access road on our property is 100 ft.

20 x 24 foot addition with Assessment for 1st and 2nd story.

septic tank to North lot line 70 feet.

Drypoint

40-45 ft well

to septic.

Well to drain field is 70 feet.

11-8 bldg to septic tank

24 x 32 feet original cabin size 768 x 960 = 960 square feet ORIGINAL FOOTPRINT 50% of 960 = 480 square feet allowed 662.22 new addition

30 feet to lot line w Koratia

42 feet to high water mark from edge of current roof

Septic tank to lake 70 ft

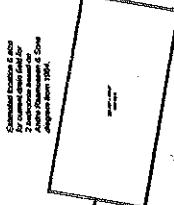
Drain field to Aug 31 feet

Drainfield to lake is at least 60 feet.

Drainfield to property line is about 20 ft or more

Check back to see if there is a permit for this addition. See also Appendix 10B

12x12



New water tank location



Septic tank



Well



Drain field



12x12



12x12



12x12



12x12



12x12



Hart Lake

North  
44  
42  
86

