

**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**

Date of Receipt  
**APR 04 2012**

Permit #:	12-0069
Date:	4-19-12
Amount Paid:	\$75.00 POS
Refund:	4/11/12



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.  
 Bayfield Co. Zoning Dept 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: Ronald Morkins Mailing Address: PO Box 218 Iron River City/State/Zip: Iron River WI 54847 Telephone: 372-8068

Address of Property: 67425 Spruce Cr RD City/State/Zip: Iron River WI 54847 Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contractor: CRP 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** Legal Description: (Use Tax Statement) 04-024-2-47-08-1B-4 65-002-03000 PIN: (23 digits)

1/4, 1/4 Gov't Lot 2 Lot(s) 1 CSM 153 Vol & Page 153 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 12, Township 47 N, Range 8 W of Iron River

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

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage if Yes---continue → 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
\$ 8,900.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input 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 checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Asbestos</u>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" 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 Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 15 Width: 10 Height: 10

Proposed Construction: Length: 6 Width: 7 Height: 7

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 <sup>nd</sup> ) Porch	( )	( )
	with a Deck	( )	( )
	with (2 <sup>nd</sup> ) 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)	( )	( )
	Mobile Home (manufactured date)	( )	( )
	Addition/Alteration (specify) <u>REMOVED 3 Seasonal Pools &amp; One Bathroom</u>	( )	( )
	Accessory Building (specify) _____	( )	( )
	Accessory Building Addition/Alteration (specify) _____	( )	( )
	Special Use: (explain) _____	( )	( )
	Conditional Use: (explain) _____	( )	( )
	Other: (explain) _____	( )	( )

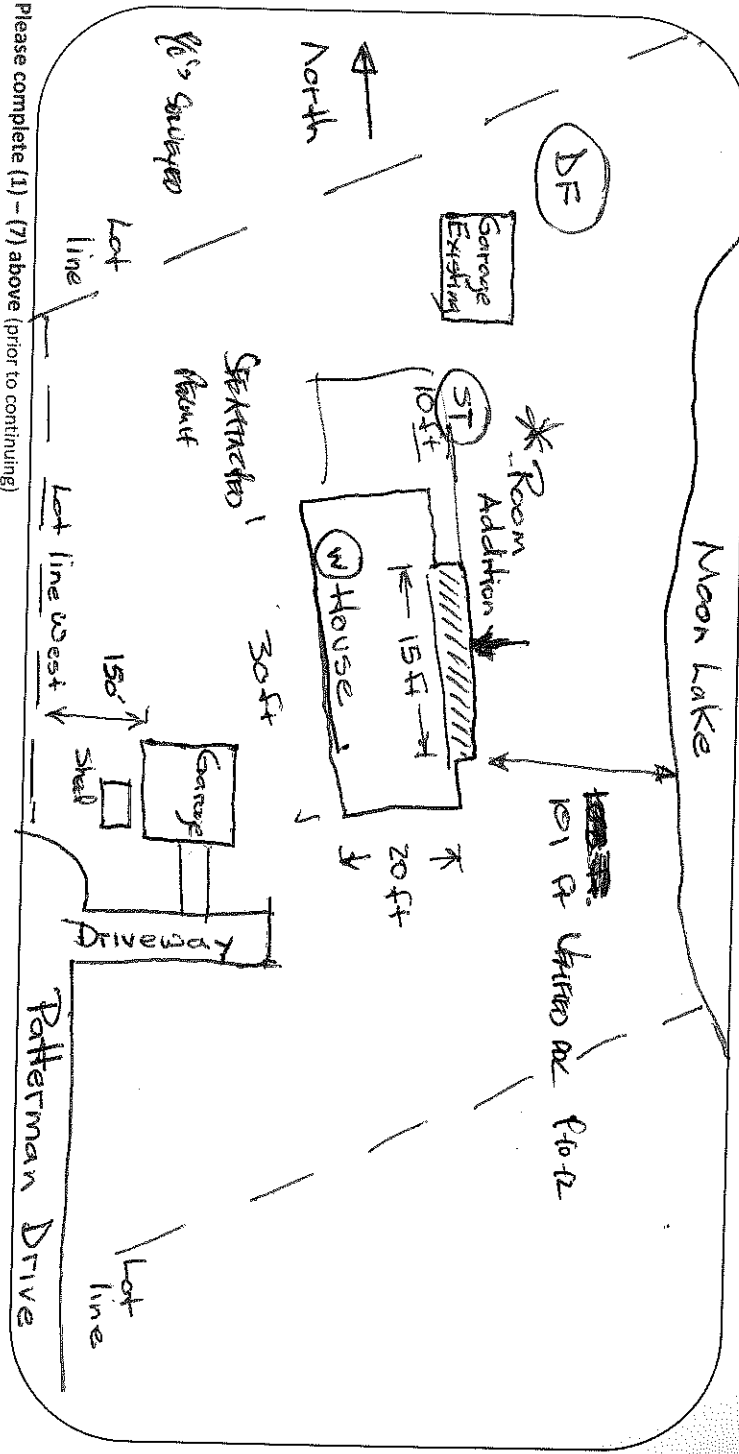
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Ronald Morkins Walter J. Morkins  
 (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: 4-2-12  
 Rec'd for Issuance: \_\_\_\_\_ Attach \_\_\_\_\_  
 Address to send permit: \_\_\_\_\_ If you recently purchased the property send your Recorded Deed to \_\_\_\_\_  
 APR 19 2012

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	N/A	Setback from the Lake (ordinary high-water mark)	101'
Setback from the Established Right-of-Way	200'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	80'	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	50'	Setback from Wetland	N/A
Setback from the West Lot Line	250'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	103'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	25'	Setback to Well	Point in basement
Setback to Drain Field	50'		
Setback to Privy (Portable, Composting)	N/A		

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 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: 60382 # of bedrms: \_\_\_\_\_ Sanitary Date: 2003

Permit #: 12-00169 Permit Date: 4-19-12

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 Case #: \_\_\_\_\_ 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  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: Owner Present - No Obvious Attention to the owner - was not requirements satisfied

Inspected by: DL Date of Re-Inspection: \_\_\_\_\_

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

Date of Inspection: R10-12

Signature of Inspector: [Signature] Date of Approval: R10-12

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