

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
 Stamp (Received)
 JUL 03 2012
 Bayfield Co. Zoning Dept.

Permit #: 12028
 Date: 8-8-12
 Amount Paid: \$100.00 EPS
 Returned: 7/5/12

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: RITA L. VIAGER
 CAROL H. NOBARK

Address of Property: 10150 TEEPEE TRAIL
 Iron River, WI 54847

Contractor: NECHERN TRENDS BLDG & DESIGN
 Contractor Phone: 218-391-1874
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone:

Mailing Address: _____
City/State/Zip: _____
City/State/Zip: _____

Telephone: 715-372-5144
Cell Phone: _____
Plumber Phone: _____

Recorded Document: (i.e. Property Ownership) _____
Subdivision: _____
Volume: _____
Page(s): _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4
 Gov't Lot: 3
 CSM: _____
 Vol & Page: _____
 Lot(s) No.: _____
 Block(s) No.: _____
 Subdivision: _____
 Lot Size: _____
 Acreage: 0.690

Section: 34, Township T47 N, Range R8 W, Town of: IRON RIVER

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: 40 feet

Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for)	Use	# of Stories and/or basement	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 90,800	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" 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 checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
Proposed Construction: Length: 602 FT Width: 602 FT Height: 10 FT

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with 2 nd Porch	() X ()	()
	with 10x20 Deck	() X ()	()
	with 2 nd Deck	() X ()	()
	with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	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) and 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 acknowledge that I (we) 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): Rita Viager, Carol H. Nobark
 Date: 7-3-12

Authorized Agent: _____
 Date: _____

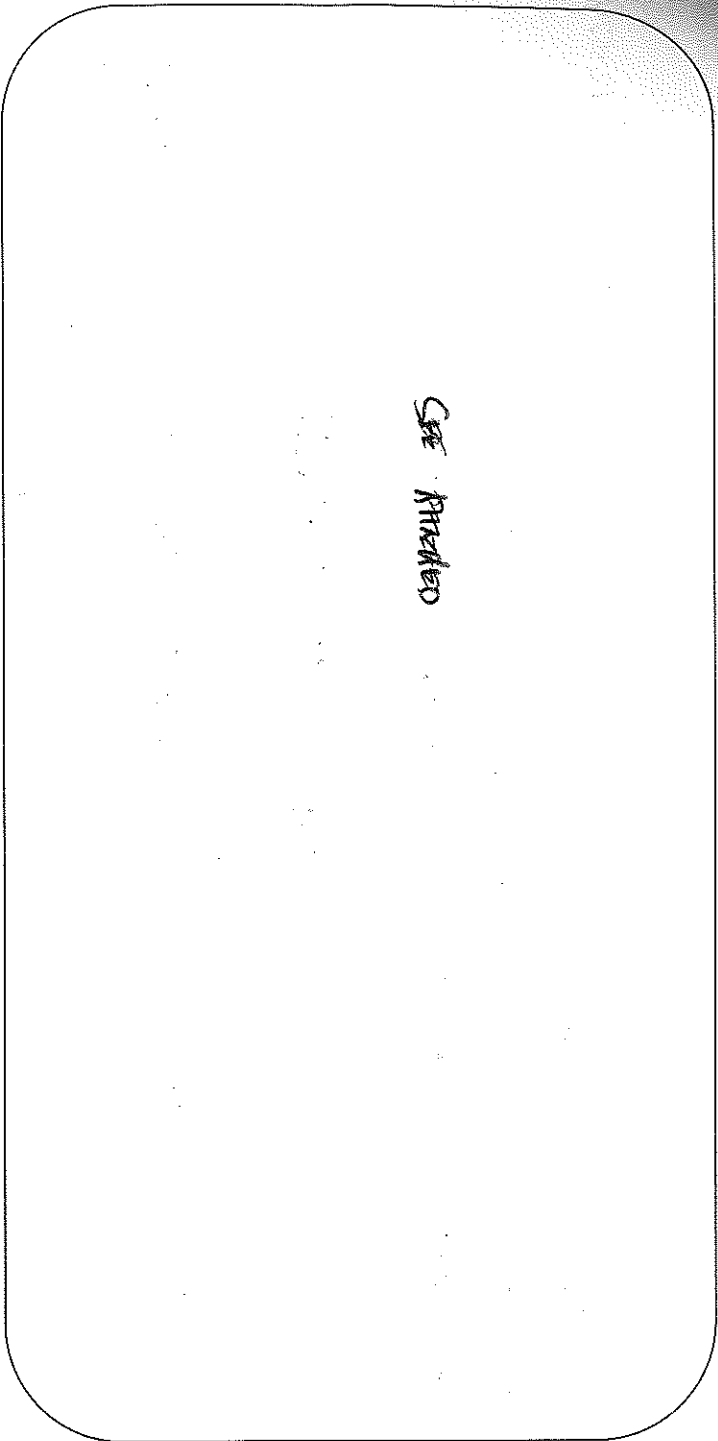
Rec'd for Issuance: _____
 Address to send permit: 10150 Teepee Trail, Iron River, WI 54847
 Date: 8-8-12

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Copy of Tax Statement
 Attach
 If you recently purchased the property send your Recorded Deed
 Secretarial Staff LETTER FOR ADA? REMOVAL CONDITION?

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%

See Attached



Please complete (1) - (7) above (prior to continuing)

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	>33 Feet	Setback from the River, Stream, Creek	>75 Feet
Setback from the North Lot Line	>30 Feet	Setback from the Bank or Bluff	4/4 Feet
Setback from the South Lot Line	>33 Feet	Setback from Wetland	4/4 Feet
Setback from the West Lot Line	W	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	>50 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	>10'5 Feet	Setback to Well	Feet
Setback to Drain Field	>10'5 Feet		
Setback to Privy (Portable, Composting)	N/A 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 200 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.

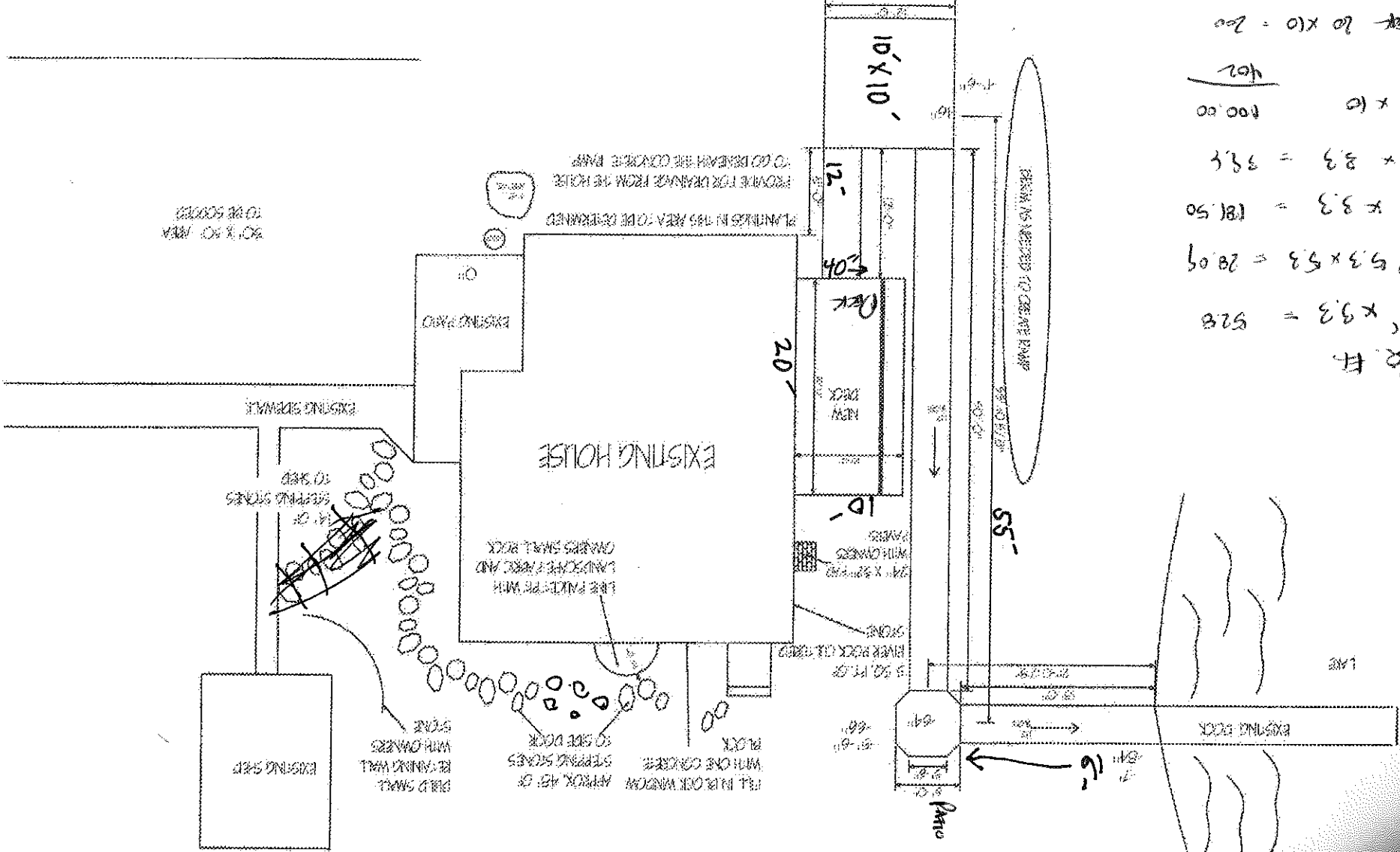
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0278	Permit Date: 8-8-12						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Fused/Contiguous Lot(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: ACCOUNT OF THE OBJECT IS DESCRIBED & REQUIRES THE DEED FOR EGRESS & THE 100 FT WIDELY FOR THE UTILITY		Inspected by: NDC		Date of Re-Inspection:			
Date of inspection: 9-10-12		Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.)					
THE TERMS & CONDITIONS OF THE ATTACHED & RECORDS ATTACHED APPLY AS DO THE MUNICIPAL REQUIREMENTS RECORDED IN VOL. 1036 P. 858 OF THE BYLAWS & TERMS OF DEEDS OFFICE.							
Signature of Inspector: [Signature]	Date of Approval: 9-12-12						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

30% NO. AREA
TO BE SCOURED

30% NO. AREA
TO BE SCOURED



LANDSCAPING

PAVED 33' C

52 Ft.
 16' x 3.3 = 528
 55 x 3.3 = 181.50
 12 x 3.3 = 39.6
 10 x 10 = 100.00
 402
 Total Paved 33'

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY
 Date Stamp (received)
AUG 08 2012

Permit #:	12-0288
Date:	8-9-12
Amount Paid:	\$75.00
Refund:	8/8/12



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.

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

Owner's Name: JEFF & NANCY CRAIG
 Address of Property: 66645 GRAVEL PIT ROAD
 City/State/Zip: IRON RIVER, WI 54847
 Telephone: 815-628-4799
 Cell Phone: 610-470-3571
 Contractor: LEE WESTLUND
 Contractor Phone: 715-278-3845
 Plumber:
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: 715-322-5655
 Agent Mailing Address (include City/State/Zip): PO Box 368 Iron River WI
 Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4 NW 1/4
 Section 20, Township 47 N, Range 8 W
 Town of: IRON RIVER, WI

Legal Description: (Use Tax Statement) P1N: (23 digits) 04-024-2-47-08 20 2 04 -600 (cont)

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ 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
\$18,000	<input checked="" 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: DRAIN FIELD <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 checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: ~~36~~ 36 Width: 24 Height: 18'
 Proposed Construction: Length: 12 Width: 10 Height: 19'

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) Porch with a 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)	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify) ADDITION TO BEDROOM	(10 x 12)	120
	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.

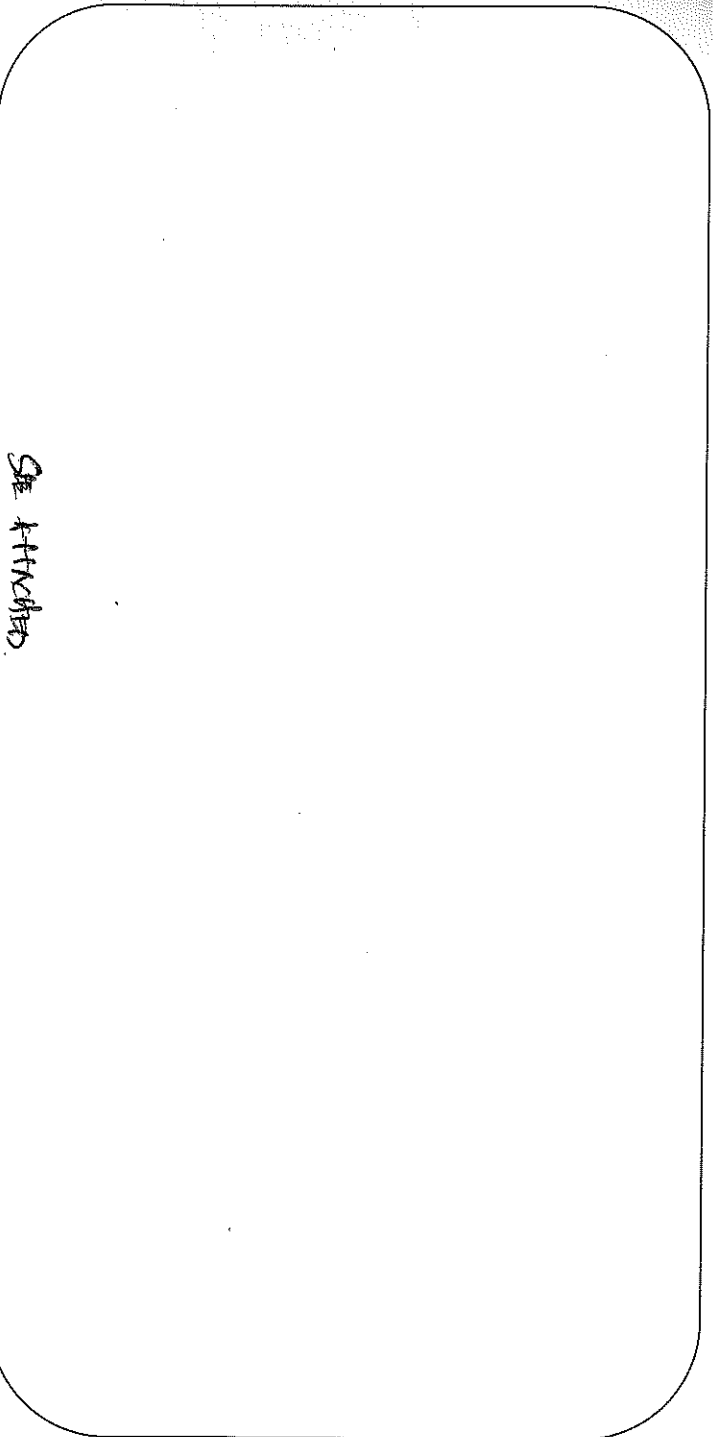
Owner(s): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance _____ Attach
 Address to send permit _____ Copy of Tax Statement
 AUG 9 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



SEE ATTACHED

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)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	140'
Setback from the North Lot Line	250' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	>100' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	42' Feet	Setback from 20% Slope Area	>100' Feet
Setback from the East Lot Line	7'100' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25' Feet	Setback to Well	N/A Feet
Setback to Drain Field	>10' 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.

(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)

Permit Denied (Date): _____ Sanitary Number: 20944 # of bedrooms: 3 Sanitary Date: 1982

Permit #: 12-0280 Permit Date: 8-9-18

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) 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 Was Property Surveyed Yes No

Inspection Record: *PROPOSED LEGALIZATION ADDITION IS REPRESENTED BY GRAY & RED LINES*

Inspected by: DDC

Date of Inspection: 8-7-12

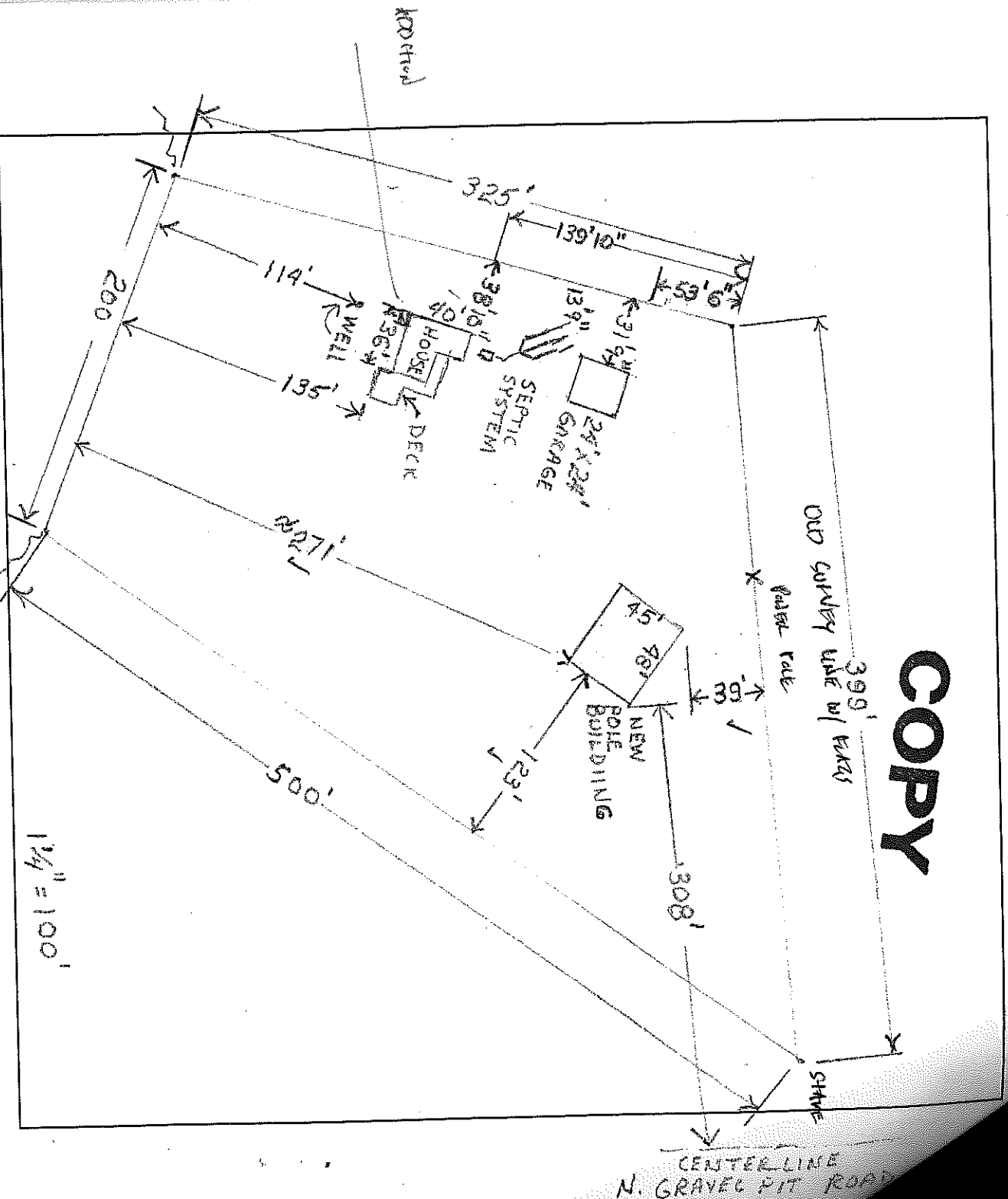
Condition(s): Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.

Signature of Inspector: *[Signature]* Date of Approval: 8-10-12

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

Lot Line

COPY



FORM - TWO FAMILY HOUSING ONLY BLDG.

Name of Frontage Road (N. GRAVEL PIT RD.)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (d-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.