

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 PLANNING AND ZONING DEPARTMENT
 Date Stamp Received
 MAY 01 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-0333
 Date: 9-5-12
 Amount Paid: \$125.00
 Refund: \$05 \$112

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: Tom River Cooperatives, Inc. Mailing Address: PO Box 8 Iron River, WI, 54847 Telephone: 715-372-4200
 Address of Property: 7850 U.S. Hwy 2 City/State/Zip: Iron River, WI, 54847 Cell Phone:
 Contractor: Kell Johnson (Northern Building) Contractor Phone: 715-372-5486 Plumber: N/A Plumber Phone: N/A
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Patrick Dooley Agent Phone: 715-372-4264 Agent Mailing Address (include City/State/Zip): P.O. Box 8, Iron River, WI, 54847 Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, SE 1/4 Gov't Lot Lot(s) GSW Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume Page(s)

Section 7, Township 44N, N. Range 8 W Town of: Iron River Lot Size 971,139 sq ft Acreage .89

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Distance Structure is from Shoreline: feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: feet
 If yes--continue If yes--continue Are Wetlands Present? Yes No

Non-Shoreland

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
\$ 18,500.00	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input 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>septic</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 checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 50 ft. Width: 8 ft. Height: 8 ft.
 Proposed Construction: Length: Width: Height:

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) Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, gr () sleeping quarters, gr () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify) <u>Cosmetic lean-to roof + entry improvement</u>	(50) X (8)	(400) ft
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

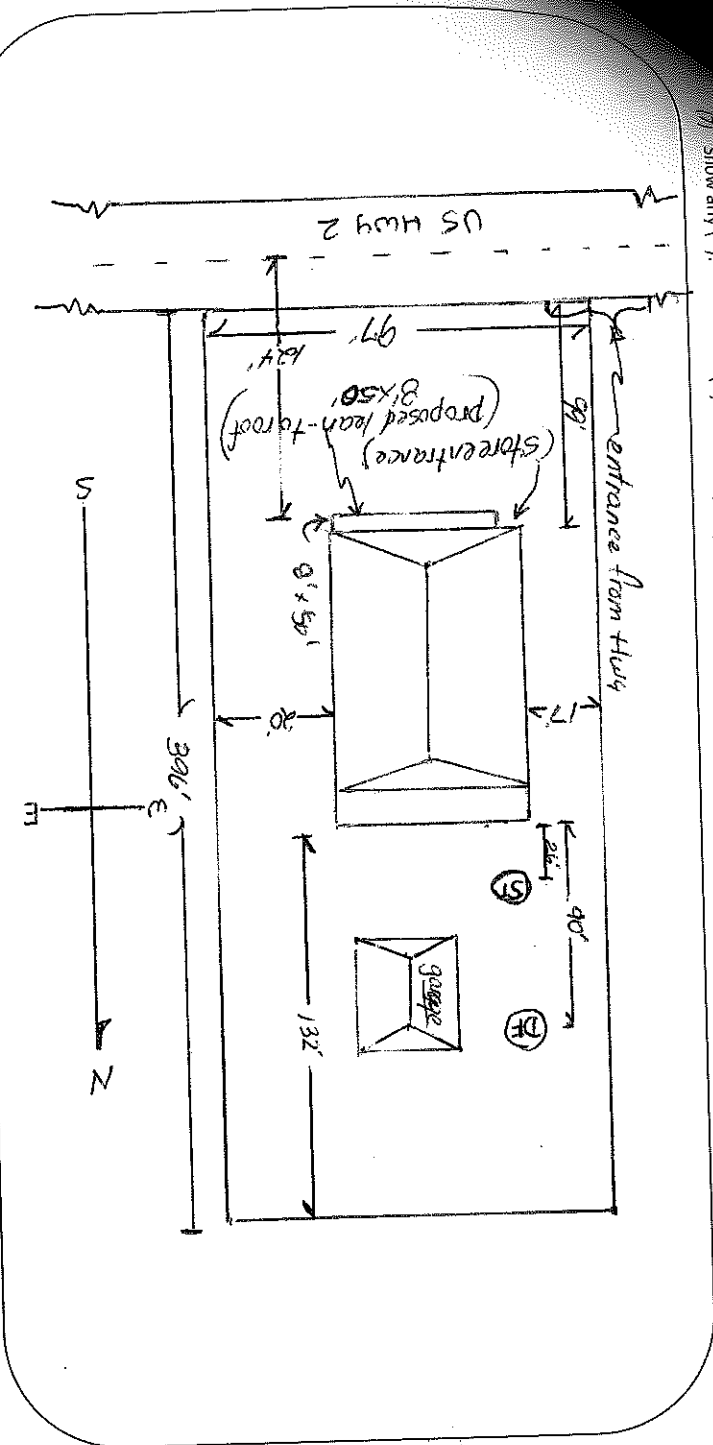
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) 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): Patrick Dooley Date 4/23/12
 (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 SEP 5 2012 P.O. Box 8, Iron River, WI 54847 Attach Copy of Tax Statement
 Address to send permit _____ If you recently purchased the property send your Recorded Deed
 Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Indicate:
 (1) Location of:
 (a) Proposed Construction
 (b) Location of (*):
 (1) Drive
 (2) Well
 (3) Lake
 (4) River
 (5) Stream/Creek
 (6) Pond
 (7) Wetlands
 (8) Slopes over 20%

- Proposed Construction**
- (*) Drive (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	132'	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	See drawing	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	See drawing	Setback from Wetland	N/A
Setback from the West Lot Line	See drawing	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	See drawing	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	See drawing	Setback to Well	N/A
Setback to Drain Field	See drawing		
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 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 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 #: 12-03333 Permit Date: 9-5-12

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____
 Yes No

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: OWNER'S DRAWING DESIGN FOR WORKS INSTALLATIONS
INSPECTION IS CODE COMPLIANT - PROPOSED EXISTING
PROVIDE A FOOTPRINT

Date of Inspection: 5-8-12 Inspected by: TR

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

Signature of Inspector: _____ Date of Approval: 5-8-12

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

WOOD PK. SAME SALS ADJACENT TO ON SITE ASSIGNED.