

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
 Permit Received
 SEP 06 2012

Permit #: 12-0374
 Date: 9-19-12
 Amount Paid: \$1059.99
 Refund: K4

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. 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: S+S Specialty Systems, LLC
 Address of Property: 68150 Foot Street
 City/State/Zip: Iron River, WI 54847
 Mailing Address: PO Box 536
 City/State/Zip: Iron River, WI 54847
 Telephone: 715-322-8788
 Cell Phone:

Contractor: Randy Daigle Construction
 Contractor Phone: 715-892-2681
 Plumber:
 Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Randy Daigle
 Agent Phone: 715-292-2681
 Agent Mailing Address (include City/State/Zip): 29575 Wadena Rd., Washburn, WI 54891
 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, 1/4
 Legal Description: (Use Tax Statement)
 Section 08, Township 47 N, Range 08 W
 Town of: Iron River
 Lot Size: 3.78
 Acreage: 3.78

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion: \$1300
 *include donated time & material

Project: *fehl*

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
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction: *door awning/dormer (3)*
 Length: 5' Width: 3' Height: 2'
 Proposed Structure Length: 6' Width: 3' Height: 2'

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.)	()	()
<input type="checkbox"/>	with Loft	()	()
<input type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	with (2 nd) Deck	()	()
<input checked="" type="checkbox"/>	Commercial Use with Attached Garage	()	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <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) <i>door awning/dormer</i>	(5 X 3)	65 Total
<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)	()	()

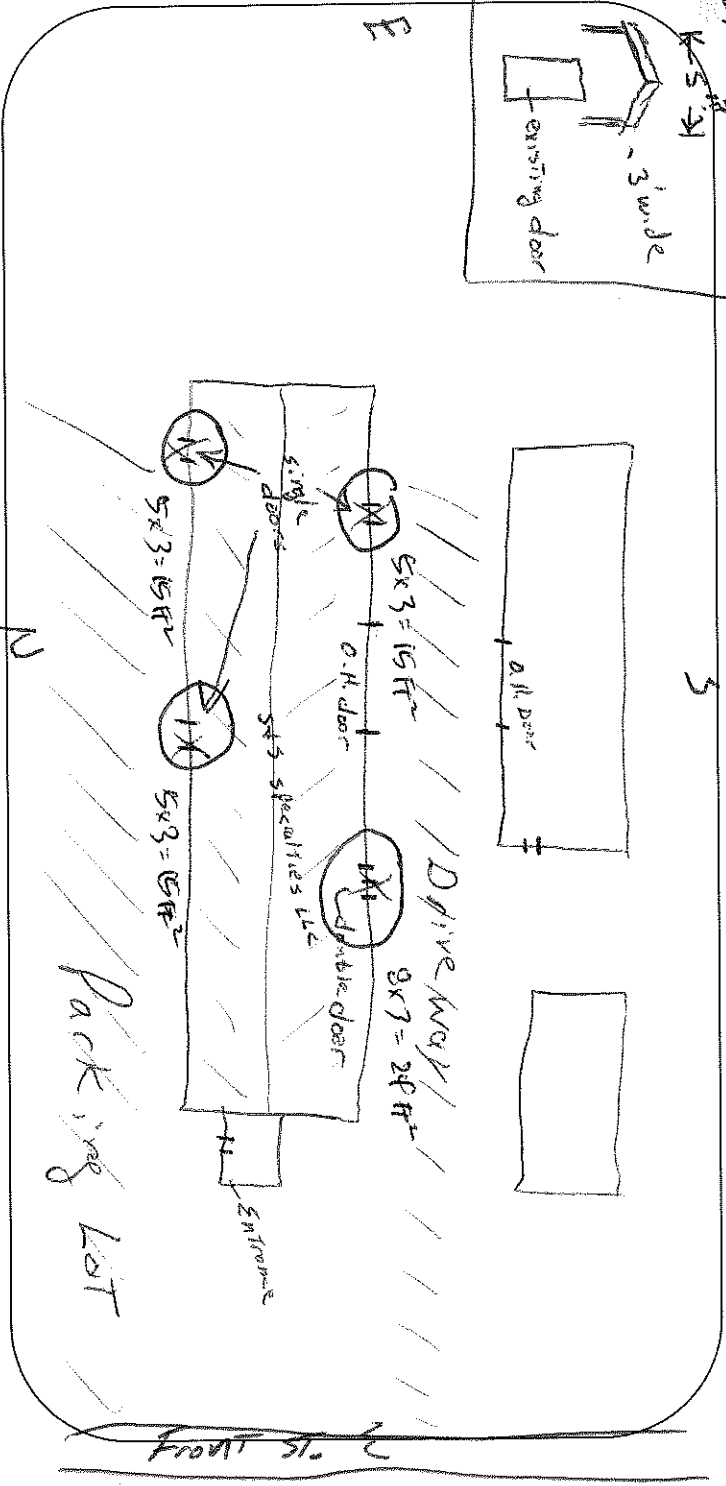
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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):
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: *Walter Roof*
 Address to send permit: 29575 Wadena Rd Washburn, WI 54891
 Date: *Sept 6 2012*
 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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 Planted Road	46' E	Setback from the Lake (ordinary high water mark)	N/A
Setback from the Established Right-of-Way	46'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	46'	Setback from the Bank or Bluff	
Setback from the South Lot Line	46'	Setback from Wetland	N/A
Setback from the West Lot Line	46'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	25' (60')	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field	N/A		

Setback to Privy (Portable, Composting)
 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____
 Reason for Denial: _____

Permit #: 9-19-18 Permit Date: 12-03-14

Is Parcel a Sub-Standard lot Yes (Need 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: Passed Amateur Additional info for KS Setbacks Meets Those for

Date of Inspection: 9-18-12 Inspected by: DC

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

Signature of Inspector: [Signature] Date of Approval: 9-18-12

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

STUBMIT: 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 Submitted (Received)
JUL 3 1 2012
 Bayfield Co. Zoning Dept.

Permit #: **10-0376**
 Date: **9-25-12**
 Amount Paid: **\$75,000.00**
 Refund: **7/13/12**

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: WEDDY MARTY (Teddland) Mailing Address: 314 FAITH RD City/State/Zip: Wausau WI 54985 Telephone: _____
 Address of Property: 69555 Hart Lake Rd City/State/Zip: Iron River, WI Cell Phone: 961 618-30-000
 Contractor: RV TECH CORP. Contractor Phone: 715-765-4483 Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Donald Dymesich Agent Phone: 715-765-4481 Agent Mailing Address (include City/State/Zip): 23520 Faith Church Rd Wausau WI 54985 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 4 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 34, Township 47 N, Range 8 W Town of: Iron River Lot Size _____ Acreage 1.1

Shoreland Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 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
\$15,000	<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 checked="" 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 Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</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: _____ Width: _____ Height: _____
 Proposed Construction: Length: 12 Width: 4 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	()
<input type="checkbox"/>	with a Porch	() X ()	()
<input checked="" type="checkbox"/>	Residential Use with (2 nd) Deck	() X ()	()
<input type="checkbox"/>	with a Deck	() X ()	()
<input type="checkbox"/>	with (2 nd) Deck with Attached Garage	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	()
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>expand living space</u>	(4) X (12)	48
<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Special Use: (explain) _____	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain) _____	() X ()	()
<input type="checkbox"/>	Other: (explain) _____	() X ()	()

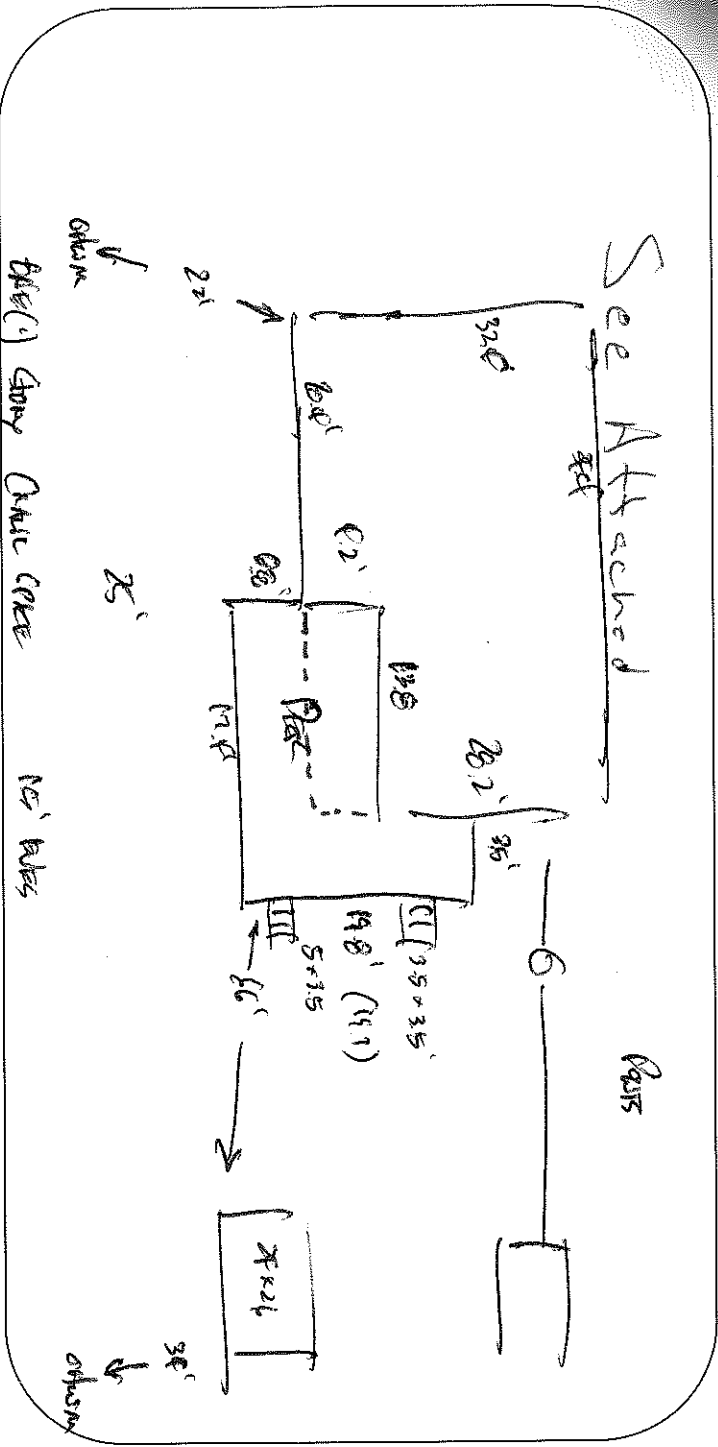
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Recorder for Issuance (If there are Multiple Owners listed on the Deed All Owners must sign or letters) of authorization must accompany this application) Date 7-31-12
 Authorized Agent Donald Dymesich
 Secretarial Staff 23520 Faith Church Rd Wausau WI 54985 Copy of Tax Statement Attach
 Address to send permit 23520 Faith Church Rd Wausau WI 54985 If you recently purchased the property send your Recorded Deed

New Rules in effect - 7-3-12 - Start Warranted issued - (9-14-12)

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

- Proposed Construction
- (*) Show/Indicate: North (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)
 (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	Foot	Setback from the Lake (ordinary high-water mark)	Foot
Setback from the Established Right-of-Way	Foot	Setback from the River, Stream, Creek	Foot
Setback from the North Lot Line	Foot	Setback from the Bank or Bluff	Foot
Setback from the South Lot Line	Foot	Setback from Wetland	Foot
Setback from the West Lot Line	Foot	Setback from 20% Slope Area	Foot
Setback from the East Lot Line	Foot	Elevation of Floodplain	Foot
Setback to Septic Tank or Holding Tank	Foot	Setback to Well	Foot
Setback to Drain Field	Foot		
Setback to Privy (Portable, Composting)	Foot		

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 or marked by a licensed surveyor at the owner's expense.

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 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 #: 12-0376 Permit Date: 9-20-12 3 Bedrooms 13-1-10-12 (4) 3 DATE change

Is Parcel a Sub-Standard Lot Yes No

Is Parcel In Common Ownership Yes No

Is Structure Non-Conforming Yes No 22' to E

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

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Surveyed Yes No

Inspection Record: REMOVED RETENTION OF THE DRIVE SQUARE DATE & ADDRESS

Inspected by: DMC Date of Re-Inspection: _____

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

Signature of Inspector: [Signature] Date of Approval: 9/14/2012

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