

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 Rec'd (Received)
 SEP 18 2012
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 12-0387
 Date: 10-1-12
 Amount Paid: \$1,050
 Refund: 10-1-12

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: John and Mary Mahan Mailing Address: 1E Hayes Court Superior, WI 54880 Telephone: 715-394-4062

Address of Property: 64460 County Highway H Iron River, WI 54850 City/State/Zip: Superior, WI 54880 Cell Phone: 218-341-1967

Contractor: Jesse Johnson Contractor Phone: 708-348-5888 Plumber: Toussie Rombanks 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: 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. 10 Block(s) No. _____ Subdivision: Ledin Subdivision

Section 33, Township 47 N. Range 8 W Town of: Iron River Lot Size _____ Acreage 2.13

Legal Description: (Use Tax Statement) 04-024-2-47-08-33-400-201 (1000) PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

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

Distance Structure is from Shoreline: 13 feet Are Wetlands Present? Yes No

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue If yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue

Value at Time of Completion *Include donated time & material: \$350,000

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 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"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>CM</u>	<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 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: _____ Width: _____ Height: 20' Sqft

Proposed Construction: Length: 55' Width: 40' Height: _____

Proposed Use	Proposed Structure	Dimensions	Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>50</u> X <u>60</u>)	<u>3000</u>
	Residence (i.e. cabin, hunting shack, etc.) with Loft	(<u>14</u> X <u>2-2</u>)	<u>600</u>
	with a Porch	(<u>11</u> X <u>10</u>)	<u>110</u>
	with (2 nd) Deck	(<u>5</u> X <u>5</u>)	<u>40</u>
	with (2 nd) Deck	(<u>55</u> X <u>12</u>)	<u>660</u>
	with Attached Garage	(<u>20</u> X <u>30</u>)	<u>600</u>
<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)	(_____)	(_____)
	Accessory Building (specify)	(_____)	(_____)
	Accessory Building Addition/Alteration (specify)	(_____)	(_____)
	Special Use: (explain)	(_____)	(_____)
	Conditional Use: (explain)	(_____)	(_____)
	Other: (explain)	(_____)	(_____)

FAILURE TO OBTAIN A PERMIT OF 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 details and accuracy of all information provided 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 part 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): John and Mary Mahan Date: 9/18/2012

(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: _____

Rec'd for Issuance: _____ Attach Copy of Tax Statement

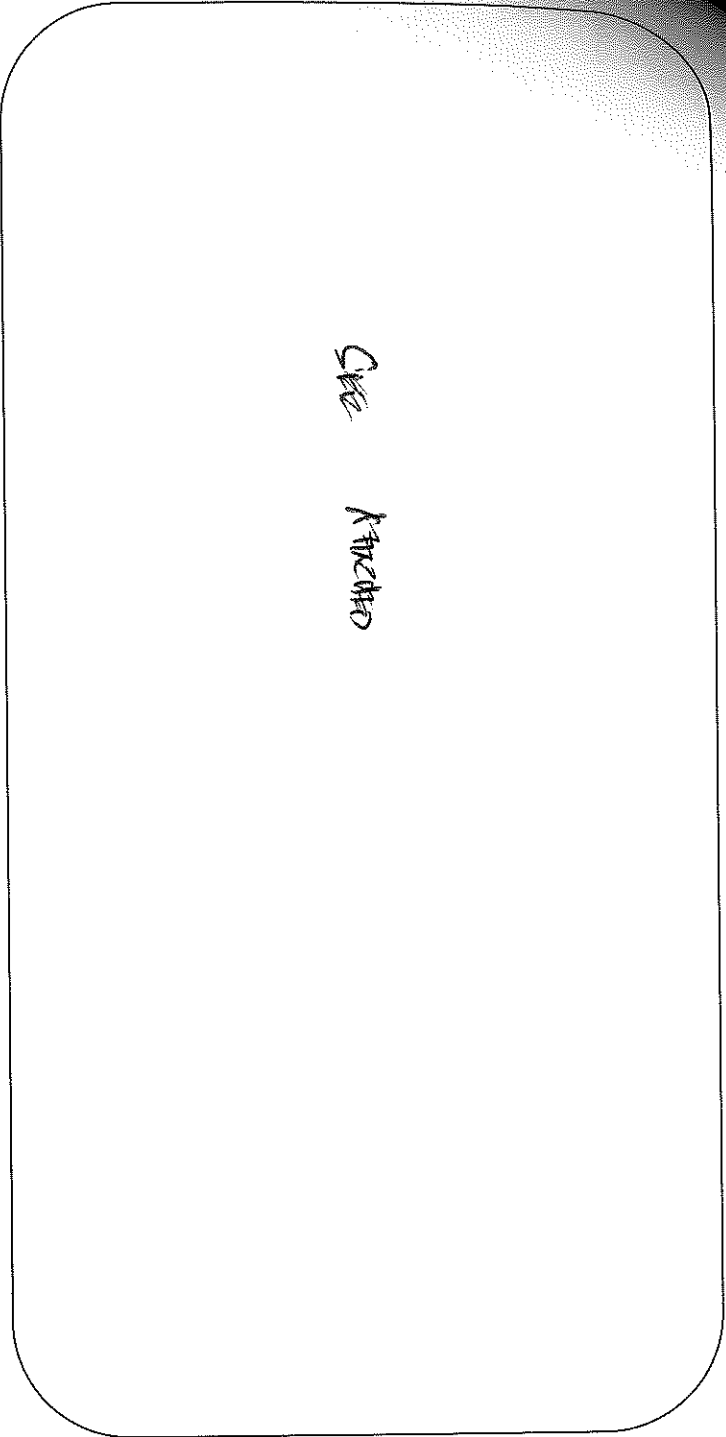
Address to send permit: 1E Hayes Court Superior, WI 54880 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Existing Structures on Your Property
 - (4) Show (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show any (*): (*) 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 Platted Road	220'	Setback from the Lake (ordinary high-water mark)	85' 4"
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	(245') 28' 4"	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	85' 4"	Setback from Wetland	Feet
Setback from the West Lot Line	73'	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	85' 4"	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25'	Setback to Well	Feet
Setback to Drain Field	7 to'		
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. 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: 12-117S # of Bedrooms: _____ Sanitary Date: _____

Permit # 12-0387 Permit Date: 10-1-12

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) NO

Is Structure Non-Conforming Yes No NO

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

Was Parcel Legally Created Yes No NO

Was Proposed Building Site Delineated Yes No NO

Were Property Lines Represented by Owner Was Property Surveyed Yes No NO

Inspection Record NOT DONE, RECORDED SHOWS THE CONDITIONS AS REPRESENTED BY OWNER

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Date of Inspection: 9-28-12 Inspected by: DBL Date of Re-Inspection: _____

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

AND VILLAGE COMMITTEE CODE (NOT) REBUILT FROM THE BERRY COUNTRY OR INSECTIONS KATCHED

MUST BE OPENED UP TO THE START OF CONSTRUCTION

THE AMOUNT OF EXPOSED AT EXPOSED & BARE GRC SHOULD BE MAINTAINED DURING CONSTRUCTION ACTIVITIES

Signature of Inspector: _____ Date of Approval: 12

Hold For Sanitary: _____ Hold For TBA: _____

Hold For Affidavit: _____ Hold For Fees: _____

Hold For Re-inspection: _____