

STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54893
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 OCT 11 2012
 Bayfield Co. Zoning Dept.

Permit #:	10-0435
Date:	10-31-12
Amount Paid:	\$75.00
Refund:	10/11/12

ENTERED

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: Mary Berube
 Address of Property: John Schwack
66615 Spider Lake Rd.
 Contractor: _____
 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) _____
 1/4, _____ 1/4 Gov't Lot 2 Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 20, Township 47N N, Range 08 W _____ Town of: Iron River
 PIN: (23 digits) 04-024-2-47-08-20-05-002-05002
 Recorded Document: (i.e. Property Ownership) _____
 Volume 1088 Page(s) 681

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue If 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: _____ 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
\$ 8,000.00	<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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input 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 _____ <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: _____ Width: _____ Height: _____

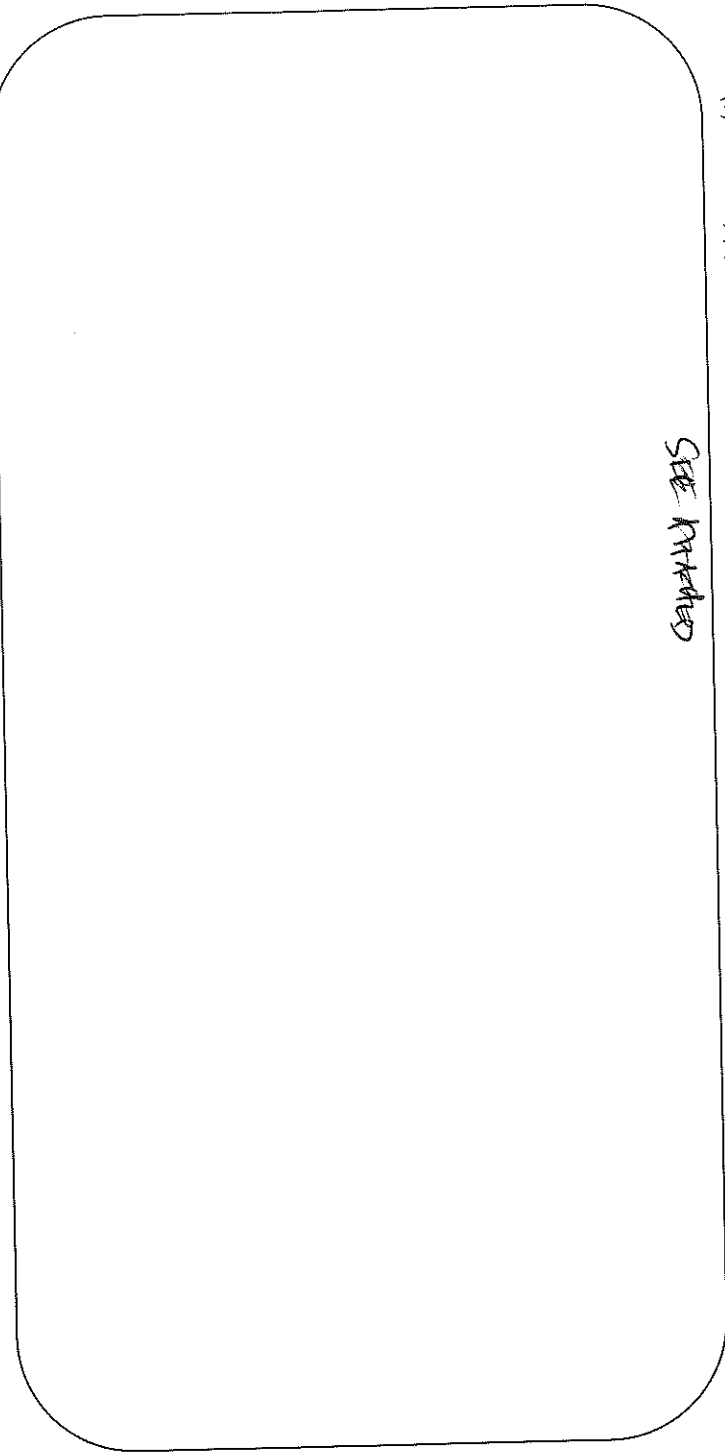
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
	with Loft	(X X)	
	with a Porch	(X X)	
	with (2 nd) Porch	(X X)	
	with a Deck	(X X)	
	with (2 nd) Deck	(X X)	
<input type="checkbox"/> Commercial Use	Bunckhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	(X X)	
	Mobile Home (manufactured date)	(X X)	
	Addition/Alteration (specify) <u>Back porch / deck (house) - (2nd floor)</u>	(X X)	624
	Accessory Building (specify) <u>garage</u>	(20 X 11)	220
	Accessory Building Addition/Alteration (specify) _____	(X X)	
<input type="checkbox"/> Municipal Use	Special User: (explain) _____	(X X)	
	Conditional Use: (explain) _____	(X X)	
	Other: (explain) _____	(X 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 which 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.
 Owners: Mary Berube John Schwack
 (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 10/01/12
 Rec'd for Issuance by signing on behalf of the owner(s) a letter of authorization must accompany this application.
 Address to send permit OCT 31 2012
 Secretary's Office
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed
 Copy of Tax Statement
 Attach

below. 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	75' Feet	Setback from the Lake (Ordinary high-water mark)	73' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	73' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	25' Feet
Setback from the East Lot Line	No Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	75' Feet	Setback to Well	75' Feet
Setback to Drain Field	7' 10" Feet		
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. 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: 12-1255	# of bedrooms: 3	Sanitary Date: No. 17-12
Permit Denied (Date):	Reason for Denial:			
Permit #: 12-0435	Permit Date: 10-31-12			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Used/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <i>Revised Hatched Area Not Indicate on Exterio Beyond Boundary</i>		Zoning District: (R-1)		
<i>Footnote: (Built May 12 Using Permits, Methods)</i>		Lakes Classification: (2)		
Date of Inspection: 10-12-12	Inspected by: DDC	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.				
<i>The terms & conditions of the permit apply to all utilities/restoration and the boundary to the current & all successors of the subject property.</i>				
Signature of Inspector: <i>[Signature]</i>		Date of Approval: 10-19-12		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

