

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 Stamp (received)
 DEC 07 2012
 Bayfield Co. Zoning Dept.



| | |
|--------------|---------------|
| Permit #: | 12-0480 |
| Date: | 12-21-12 |
| Amount Paid: | \$85 12-10-12 |
| Refund: | |

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/zsp)

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

Owner's Name: Cherwin & Gamius Properties Mailing Address: 1515 Wood Road Schunaber WI 54873 Telephone: 649-5431

Address of Property: 67085 W Spider Lake Rd City/State/Zip: Iron River WI 54847 City/State/Zip: Iron River WI 54847 Cell Phone: 649-5431

Contractor: Verizon Wireless / Ben Ruly Contractor Phone: 638-9354 Plumber: N/A Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Guy Stevens Agent Phone: 715-340-2123 Agent Mailing Address (include City/State/Zip): 3703 North Point WI 54481 Written Authorization Attached Yes No

PROJECT LOCATION: SD 1/4 SE 1/4 Legal Description: (Use Tax Statement) 04 02 2 41-08-18-4 03-000-2000 PINE (23 digits) 04 02 2 41-08-18-4 03-000-2000 Recorded Document (ie, Property Ownership) Volume: _____ Page(s): _____

Section 18, Township 01 N, Range 03 W Town of: Iron River

Lot Size: _____ Acreage: 100

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

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

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

Distance Structure is from Shoreline: _____ feet 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 |
|---|---|--|---|---|--|--|
| \$ <u>29,000</u> | <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"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input 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 checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None | <input type="checkbox"/> City <input type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: 26 Width: 12 Height: 8

Proposed Construction: Length: _____ Width: _____ Height: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-------------------------------------|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | with Loft | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | with a Porch | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | with {2 nd } Porch | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | with a Deck | (<u> </u> X <u> </u>) | |
| <input checked="" type="checkbox"/> | with Attached Garage | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Addition/Alteration (specify) _____ | (<u> </u> X <u> </u>) | |
| <input checked="" type="checkbox"/> | Accessory Building (specify) <u>12x26 EQUIPMENT SHEDS</u> | (<u>12</u> X <u>26</u>) | <u>312</u> |
| <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Special Use: (explain) _____ | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Conditional Use: (explain) _____ | (<u> </u> X <u> </u>) | |
| <input type="checkbox"/> | Other: (explain) _____ | (<u> </u> X <u> </u>) | |

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: 11/23/2012

(If there are Multiple Owners listed on this deed all Owners must sign or letter(s) of authorization must accompany this application)

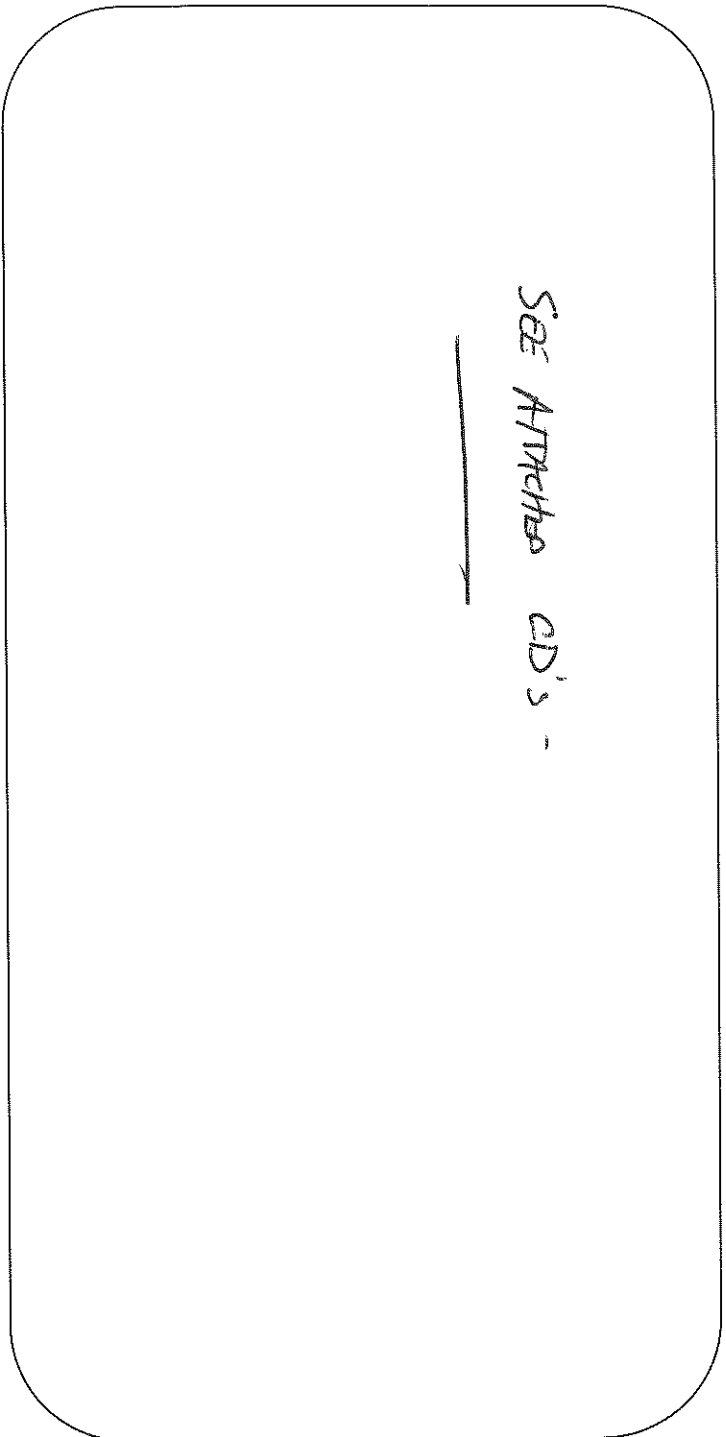
Authorized Agent: [Signature] Date: 11/23/2012

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address for Insurance: 3703 North Point Dr Stevens Point WI 54481 Attach Copy of Tax Statement

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 CD'S

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 | 205' 4" | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | N/A |
| Setback from the North Lot Line | 210' 4" | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 320' 4" | Setback from Wetland | Feet |
| Setback from the West Lot Line | 130' 4" | Setback from 20% Slope Area | N/A |
| Setback from the East Lot Line | 25' 4" | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | N/A |
| Setback to Drain Field | N/A | Setback to Well | 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.

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 #: 12-0480 Permit Date: 12-21-12

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/contiguous lot(s)) No No
 Is Structure Non-Conforming Yes No No

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

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

Inspection Record: WAS PROPOSED STRUCTURE ALONG WATER ADJACENT AREAS APPROXIMATE SIZES AS REPRESENTED BY CAD FILE
NEED A PERMIT MAP BE DRAWN

Date of Inspection: 12-20-12 Inspected by: DC

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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

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

Affidavit Required Affidavit Attached Yes No Yes No

Zoning District (R)
 Lakes Classification (N/A)

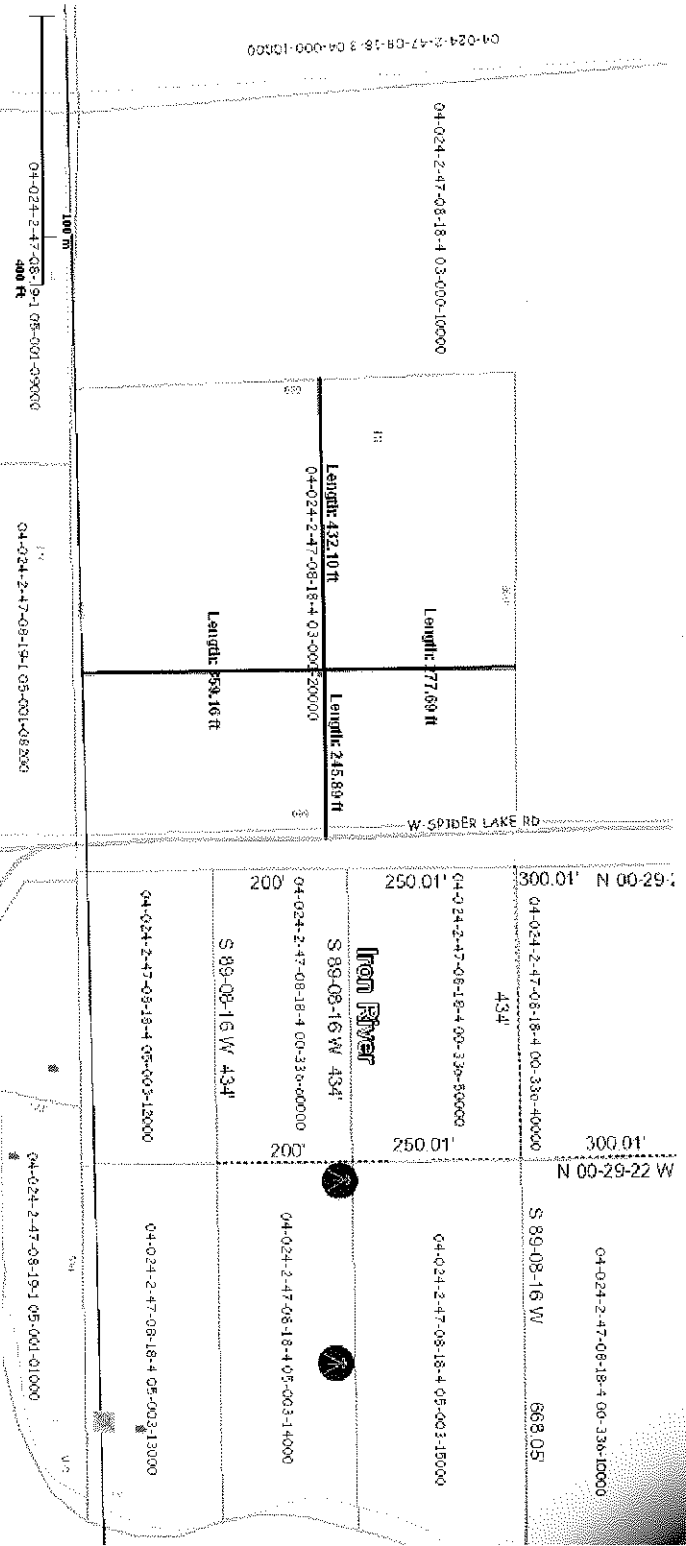
Date of Re-Inspection: _____

Signature of Inspector: [Signature] Date of Report: _____

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

Chequamagon Communications Cooperative

Land Use Permit



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