

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
 RECEIVED
 Date Stamp/Recorded
 NOV 05 2012

Permit #:	13-0008	ENTERED
Date:	1-24-13	
Amount Paid:	\$1000	
Refund:	1-24-13	

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
 HOW DO I FIND 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: FRED & NANCY GILMICK
Mailing Address: 701 ESEMNODT WY PRR RISE, IL 60068
City/State/Zip: IRON RIVER, WI 54847
Telephone: 847-695-1573
Cell Phone: 847-997-5176

Address of Property: 65105 HAET LAKE RD
Contractor: G RANDEKER
Contractor Phone: 715-278-3269
Plumber: NOE PINDES
Plumber Phone: 715-739-6256

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 5 Lots CSM Vol & Page 11041845 Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage 1/4, 1/4 27, Township 47N N. Range D8 W IRON RIVER TOWN OF IRON RIVER 8.05 +/-

Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 5 Lots CSM Vol & Page 11041845 Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage 1/4, 1/4 27, Township 47N N. Range D8 W IRON RIVER TOWN OF IRON RIVER 8.05 +/-

Shoreland Is Property/Land within 300 feet of River, Stream (final intermittent) Creek or Landward side of Floodplain? If Yes---continue **Distance Structure is from Shoreline:** feet **Is Property in Floodplain Zone?** Yes No

Shoreland 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

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
\$ 220,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bid) <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 checked="" 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 checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SEPTIC <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 type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 45' Width: 28' Height: 16'
Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	(28 X 48) () () () (10 28)	1344 280
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() () () () ()	() () () () ()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <input checked="" type="checkbox"/> Conditional Use: (explain) 2 ND PRINCIPAL STRUCTURE Other: (explain)	() () ()	() () ()

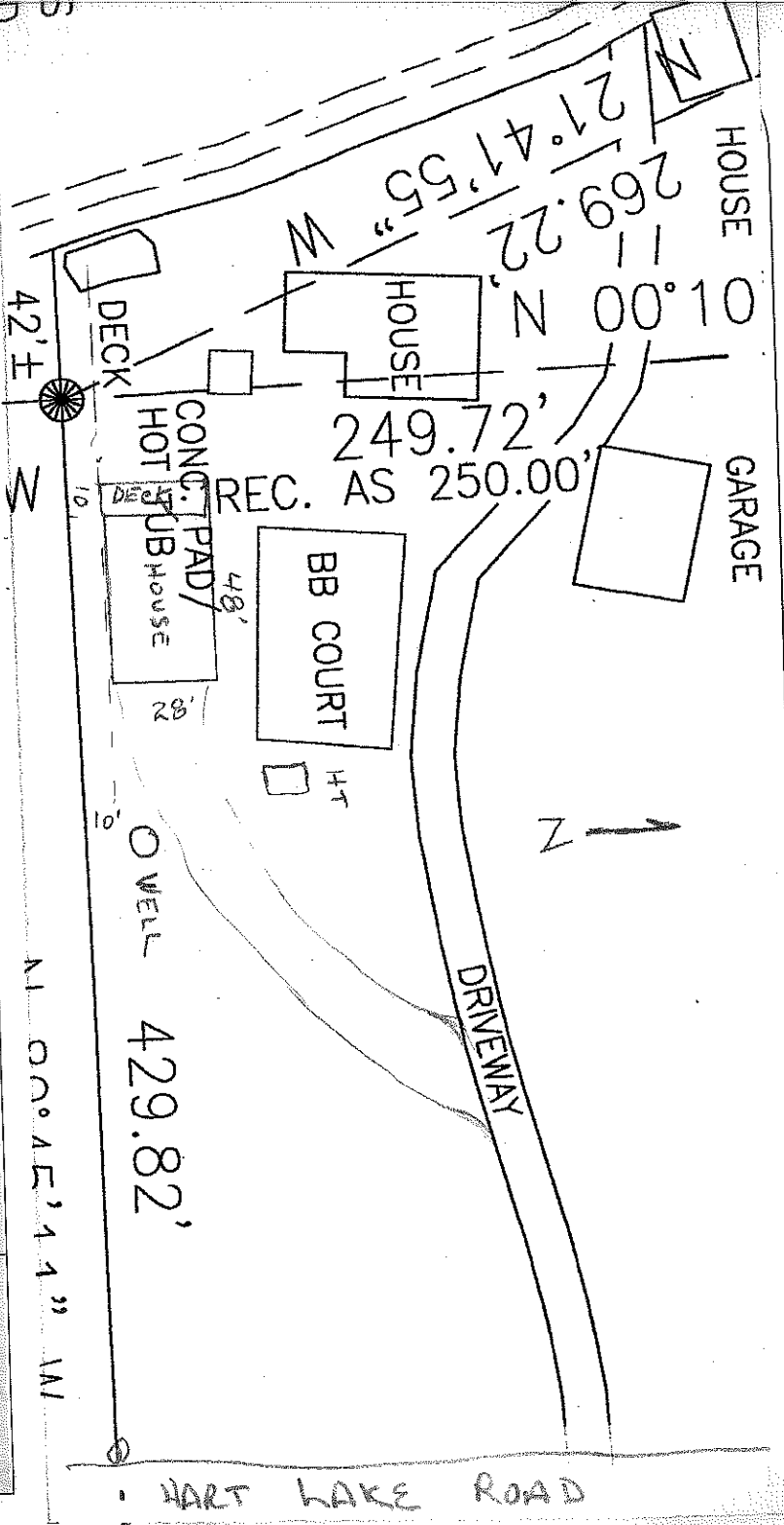
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Fred & Nancy Gilnick
 (if there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)
Date: _____

Authorized Agent: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date: _____
Address to send permit: _____

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%



Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	434 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	401 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	10 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	50 Feet
Setback to Drain Field	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 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: 13-0008 # of bedrooms: 1 Sanitary Date: 1-24-13

Permit #: 13-0008 Permit Date: 1-24-13

Reason for Denial: _____

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Yes (Fused/Contiguous lots) No Yes No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

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

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: Area is A Lot of Record & Under the Supervision of the County Inspectors as Represented by the Address Address to meet code requirements.

Date of Inspection: 11-20-12 Inspected by: DXC

Compliance with Town, Committee or Board Conditions Attached? Yes No If No they need to be attached

As the town of Grafton of the Area used elevated ground when built best rule are existing ones

Signature of Inspector: [Signature] Date of Approval: 1-24-13

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

also finished end structures

As the consent of the future property owners.

