

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6338

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 MAR 07 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-00064
Date:	3-13-13
Amount Paid:	\$180 3-7-13
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 FILE 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: TIM PETERSON (MARRYN) Mailing Address: PO BOX 572 IRON RIVER WI 54847 Telephone: 715-372-4248

Address of Property: 8125 PATTERMANNST City/State/Zip: IRON RIVER WI 54847 Call Phone: 218-591-3045

Contractor: _____ Contractor Phone: _____ Plumber: 04-024-2-41-08-18-405- Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 002-0700 Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: 1/4, 1/4 Gov't Lot: 2 Lot(s): 1022 Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

Section 18, Township 47 N, Range 8 W Town of: IRON RIVER Lot Size: 357192 B² Acreage: 8.2

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If No---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If No---continue

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 690 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
\$ <u>60,000</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 type="checkbox"/> 1-Story <input checked="" 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 checked="" 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: _____ <input type="checkbox"/> Privy (Pri) 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 <input type="checkbox"/> Cistern

Existing Structure: (if permit being applied for/is relevant to it) Length: 35' Width: 24' Height: 20'

Proposed Construction: _____

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 checked="" type="checkbox"/>	Residential Use	() ()	()
<input type="checkbox"/>	with (2 nd) Porch	() ()	()
<input type="checkbox"/>	with a Deck	() ()	()
<input type="checkbox"/>	with (2 nd) Deck	() ()	()
<input type="checkbox"/>	with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <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) <u>BEDROOM / BATH / GARAGE</u>	(<u>34</u> X <u>24</u>)	(<u>816</u> X <u>2</u>)
<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.

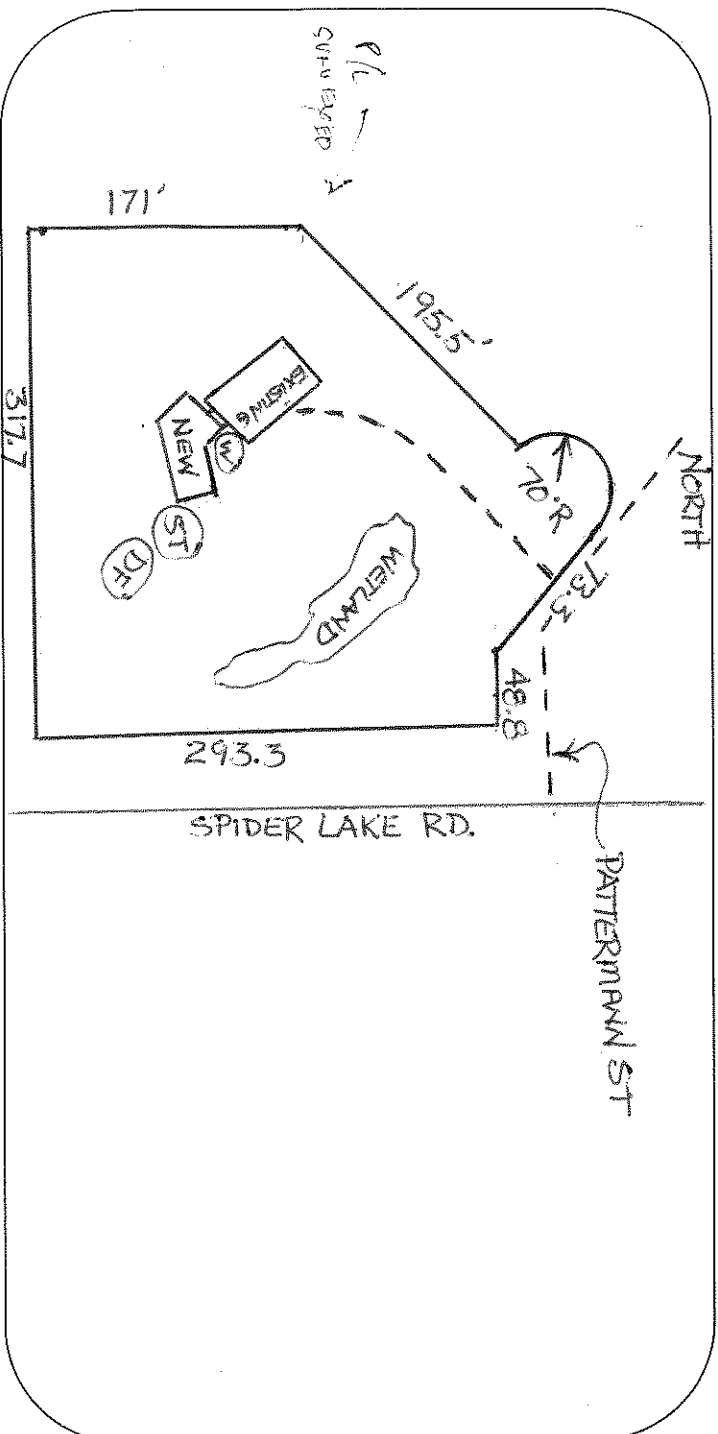
Owner(s): Tim Peterson Marilyn Peterson Date: 3-4-13
 (if there are Multiple Owners listed on the Deed All Owners must sign or tent(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach

Address to send permit: PO BOX 572 IRON RIVER WI 54847 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Look 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 any (*): (*) 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%



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	240 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	230 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	70 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	54 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	156 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	23 Feet	Setback to Well	3 Feet
Setback to Drain Field	35 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: <u>22925</u>	# of bedrooms: _____	Sanitary Date: <u>2003</u>
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <u>3-13-13</u>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were Property Lines Represented by Owner Was Property Surveyed
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____	Case #: _____	Case #: _____	Case #: _____	Case #: _____
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Record: <u>WASSEB ADDITION & PER. EXISTING CONSTRUCTION</u> <u>BE ISSUED ADDITIONAL ADD FROM NORTH V/L</u>	Inspected by: <u>DDC</u>	Date of Re-inspection: _____
Date of Inspection: <u>3-12-13</u>	Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>3-12-13</u>	
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TDA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____