

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date: FEB 25 2013
 Bayfield Co. Zoning Dept

ENTERED # 13-0033
 Date: 3-28-13
 Amount Paid: \$125
 0-05-13
 Refund: \$25.388-13

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.

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: Stephen P & Andrea M Tomlinson Mailing Address: 723 Mastin Ave Hudson WI 54016 Telephone: _____
 Address of Property: 69720 Island Blvd City/State/Zip: _____ Call phone: 612-383-5394
 Contractor: owens Contractor Phone: Plumber Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
 Stephen P Tomlinson

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 510 Lots 510 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 2, Township 41 N, Range 8 W Town of: Iron River

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-024-2-17-08-02-1 00 312-35000
 Recorded Document: (i.e. Property Ownership) Volume 1218 Page(s) 836

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: 515 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →

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
\$1200.00	<input type="checkbox"/> New Construction <input 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"/> RECONSTRUCT EXISTING STRUCTURE	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" 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: <u>CONV</u> <input type="checkbox"/> Privy (Pit) or Vaulted (rain 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

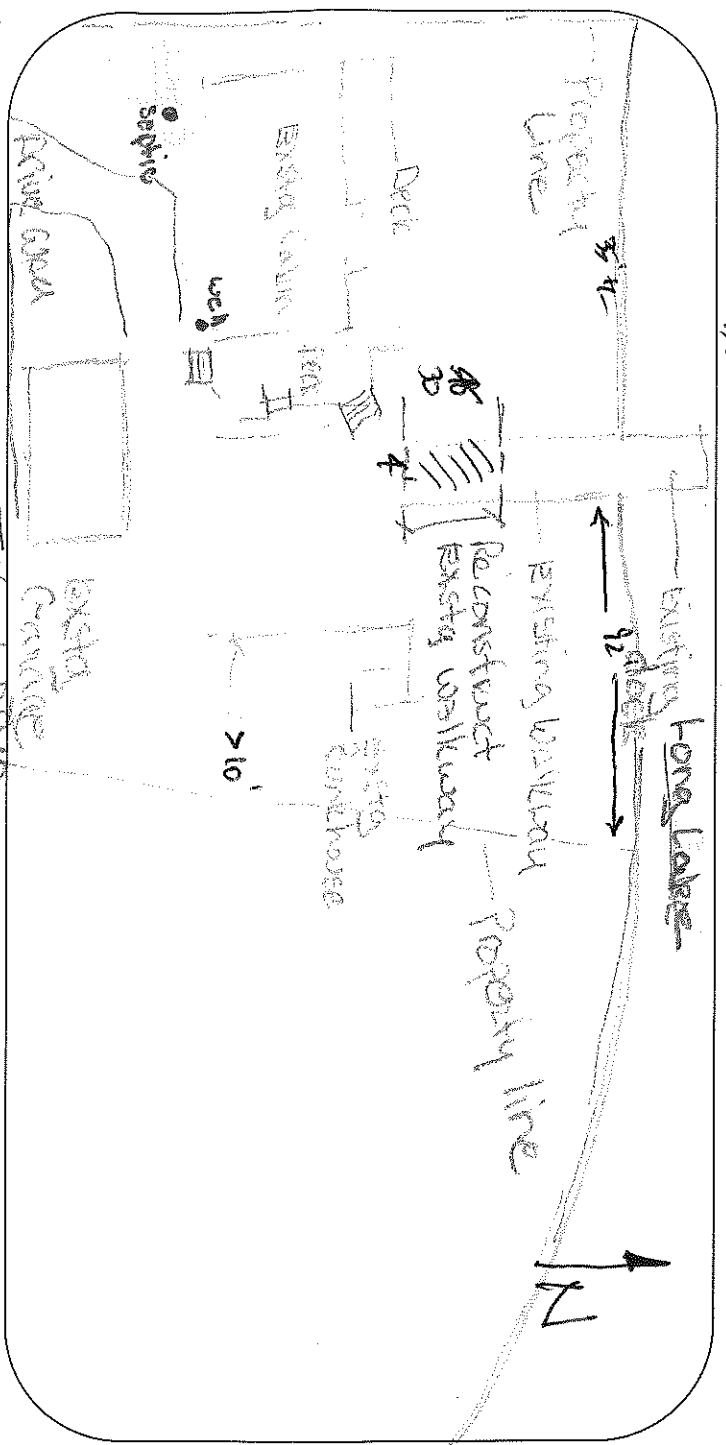
Existing Structure: (if permit being applied for is relevant to it) Length: 20 Width: 4 Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunhouse 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) _____	() ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) <u>RECONSTRUCT ADDITIONAL SYSTEM AND COST OF SYSTEMS PROVISION</u>	() ()	()
	Other: (explain) <u>WALKWAY TO DOCK TO PREVENT</u>	(30 X 4)	120 sq ft

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 the information I (we) am (are) providing and with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and to the information provided for the purpose of inspection.

Owner(s): Stephen P Tomlinson Date: 2/14/2013
 (If there are Multiple Owners signed on the Deed All Owners must sign or letter(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)
 Address to send permit: 723 Mastin Ave Hudson WI 54016
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

- 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%



Please complete (1) - (7) above (prior to continuing) IS and BND
 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	42 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	25 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 Dwelling: 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>N/A</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____		
Permit #: <u>13-0033</u>	Permit Date: <u>3-28-13</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Case #: _____	Case #: _____	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed
Inspection Record: <u>Structure Necessary for Well Res, Meter COE Measurements</u>			
Date of Inspection: <u>2-26-13</u>	Inspected by: <u>DC</u>	Zoning District: <u>R1</u>	Lakes Classification: <u>2</u>
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection: <u>2/28/13</u>	
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>2/28/13</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>