

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)
 MAY 31 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0179
 Date: 7-18-13
 Amount Paid: \$75
 Refund: 5-31-13
 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: David & Linda Hoffman Mailing Address: 46365 Co Hwy H Iron River, WI 54847 Telephone: 373-6062
 Address of Property: Same City/State/Zip: Iron River, WI 54847 Call Phone: 373-6062
 Contractor: Tom Follis Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 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: NE 1/4, SW 1/4 Gov't Lot: _____ Lot(s): 112 75 CSM: 2.83484 Vol & Page: 83484 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume 910 Page(s) 240
 Section 21, Township 47 N, Range 18 W Town of: Iron River Lot Size: _____ Acreage: 1.75 + 1.04

Shoreland Non-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 -->

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
\$ 24,000	<input checked="" 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"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Ceaw</u> <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: 30' Width: 24' Height: 16'
 Proposed Construction: _____

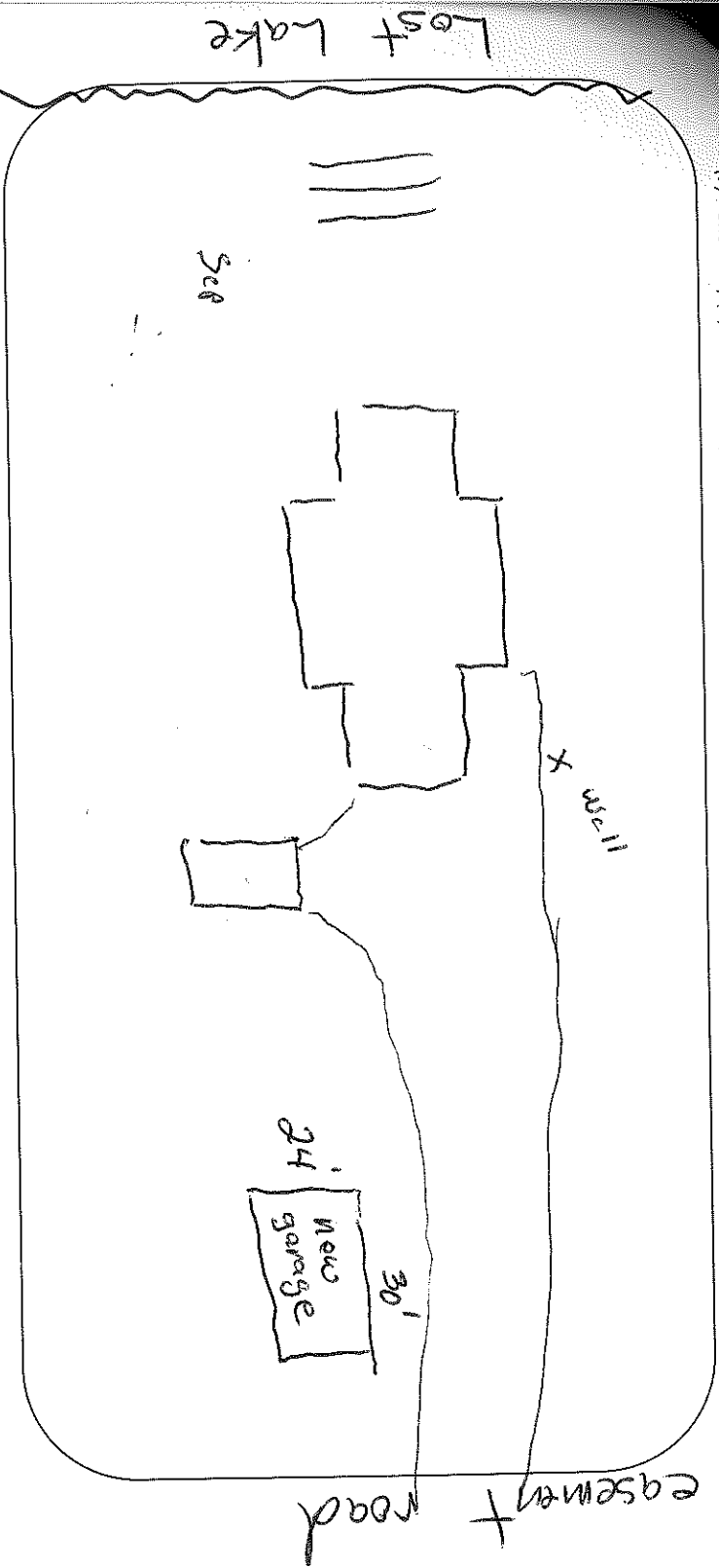
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	() () () () () () ()	() () () () () () ()
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) <u>garage</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() (<u>24 x 30</u>) ()	() <u>720</u> ()
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	() () ()	() () ()

Secretarial Staff
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 The structure 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) David Hoffman Date 5-29-13
 (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 _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit same as above
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%



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	300+	Setback from the Lake (ordinary high water mark)	100'
Setback from the Established Right-of-Way	300+	Setback from the River, Stream, Creek	100'
Setback from the North Lot Line	40+	Setback from the Bank or Bluff	100'
Setback from the South Lot Line	100+	Setback from Wetland	N/A
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	40	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	150+	Setback to Well	80+
Setback to Drain Field	150+		
Setback to Privy (Portable, Composting)	N/A		

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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 13-0179 Permit Date: 7-12-13

Is Parcel a Sub-Standard lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:			Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Inspected by: <u>M. Fuchsels</u>			Zoning District (R-1)		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Inspection: <u>6-4-13</u>			Lakes Classification (R3)		

Inspection Record: Mets all setbacks.

Date of Inspection: 6-4-13 Inspected by: M. Fuchsels

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

May not be used for human habitation.

No water under pressure in structure.

Signature of Inspector: Michael Fuchsels Date of approval: 6-5-13

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

Hold For Fees: _____

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
 DECEMBER
 JUL 11 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0181	ENTERED
Date:	7-10-13	
Amount Paid:	\$75	
Refund:	7-B-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: Don Zak Mailing Address: 64960 McCarty Lake Rd, Iron River, WI City/State/Zip: _____ Telephone: 715 372-4722

Address of Property: Same City/State/Zip: _____ Contractor Phone: _____ Plumber: _____ Cell Phone: _____

Contractor: SELF Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-024-2-47-08-33-100-307-45000 Recorded Document: (i.e. Property Ownership) Volume 1019 Page(s) 770

Section 33, Township 47 N, Range 8 W Vol & Page _____ Lot(s) No. 28 Block(s) No. 5219 Subdivision: Ledlin Lot Size _____ Acreage .620

Town of: Iron River

Shoreland Non-Shoreland

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

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

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 200+ 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>9,500</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conu</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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

Proposed Construction: Length: 30 Width: 24 Height: 16

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	Bunkhouse 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)	() ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>garage</u>	(<u>30</u> x <u>24</u>)	<u>720</u>
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	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.

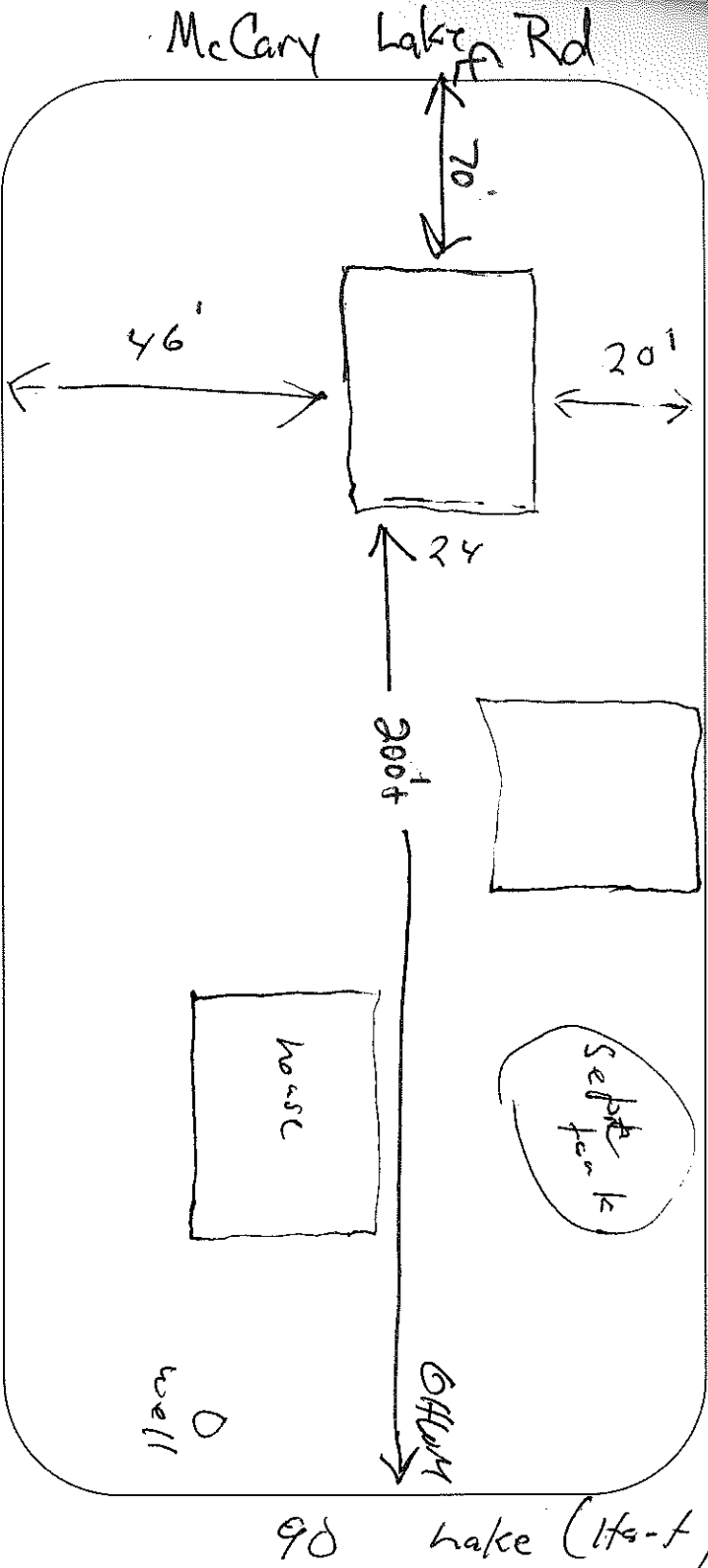
Owner(s): Don Zak Date 7-11-13
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit same as above Attach _____
 (if you recently purchased the property send your Recorded Deed)

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) 4/10

(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	70' Feet	Setback from the Lake (ordinary high-water mark)	200' Feet
Setback from the Established Right-of-Way	50' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	20' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	46' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	200' Feet
Setback to Drain Field	100' Feet		
Setback to Privy (Portable, Composting)	N/A 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 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: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 13-0181 Permit Date: 7-18-13

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No

Is Structure Non-Conforming Yes No

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

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

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Inspection Record: Mets all setbacks.

Date of Inspection: 7-11-13 Inspected by: MM. Tuttle

Conditions of Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.

May not be used for human habitation.

No water under pressure in structure.

Signature of Inspector: Michael Tuttle Date of Approval: 7-13-13

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