

ATTENTION: COMPLETED APPLICATION, TAX PERMIT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 SEP 09 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0308
 Date: 9-13-13
 Amount Paid: \$75
 Refund: 9-18-13
 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: Janice Lee + Barbara Amick Mailing Address: 68530 W Long Lk. Rd Iron River, WI City/State/Zip: 54847 Telephone: 715 292-5355

Address of Property: Same as above City/State/Zip: _____ Cell Phone: _____

Contractor: Corey Holschew Contractor Phone: 372-8908 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: SW 1/4, NW 1/4 Gov't Lot: _____ Lot(s): 4 CSM: 790 Vol & Page: 5,230 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section: 10, Township: 47 N, Range: 8 W Town of: Iron River Lot Size: _____ Acreage: 2.46

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-024-3-47-08-10-204-000-40000 Recorded Document: (i.e. Property Ownership) Volume: 1075 Page(s): 672

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Non-Shoreland Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? 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
\$ 20,000	<input checked="" type="checkbox"/> New Construction	<input 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 checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Crew</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

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

Proposed Construction: Length: 32 Width: 26 Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<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)	() X ()	()
	Mobile Home (manufacture date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>garage</u>	(<u>26</u> X <u>32</u>)	<u>832</u>
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
Rec'd for Issuance	Special User: (explain) _____	() X ()	()
	Conditional User: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

FALLURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that the 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.

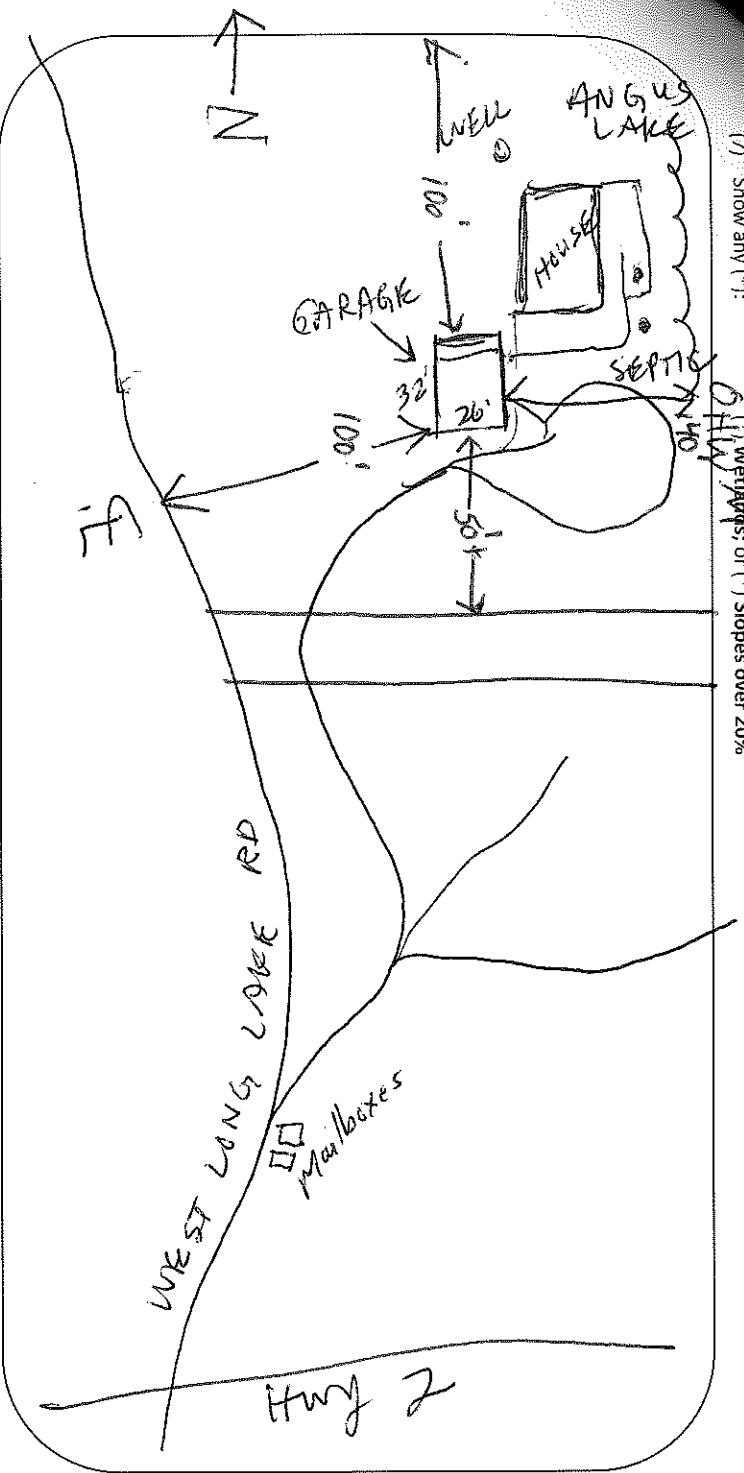
Owner(s): Corey Holschew Barbara Amick Date: 9-4-13
 (If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

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)

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



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	100+ Feet	Setback from the Lake (ordinary high-water mark)	100+ Feet
Setback from the Established Right-of-Way	100+ Feet	Setback from the River, Stream, Creek	100+ Feet
Setback from the North Lot Line	100+ Feet	Setback from the Bank or Bluff	100+ Feet
Setback from the South Lot Line	55+ Feet	Setback from Wetland	100+ Feet
Setback from the West Lot Line	100+ Feet	Setback from 20% Slope Area	100+ Feet
Setback from the East Lot Line	100+ Feet	Elevation of Floodplain	100+ Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	40+ Feet
Setback to Drain Field	40+ 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 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)

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

Permit # 13-0308 Permit Date: 9-13-13

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Use/Contiguous Lots) 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

Inspection Record: Well Staked. M sets all setbacks.

Date of Inspection: 9-10-13 Inspected by: M. Truett

Conditions(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 Truett Date of Approval: 9-13-13

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
 Date Stamp (Received)
SEP 09 2013
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: **13-0309**
 Date: **9-13-13**
 Amount Paid: **9-14-13**
CASH \$75
9-12-13
 Refund: **9-12-13**

INSTRUCTIONS: No permits will be issued until all fees are paid.
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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 R OLSON** Mailing Address: **P.O. Box 546 IRON RIVER WI** Telephone: **54947**

Address of Property: **68680 NORTH MAIN** City/State/Zip: **IRON RIVER WI 54847** Call Phone: **715-813-0335**

Contractor: **SELF** Contractor Phone: **Plumber:** Plumber Phone: **Plumber:**

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: **1/4** Lots: **1** CSM: **02 000 + 01510** Vol & Page: **42** Lot(s) No.: **1** Block(s) No.: **1** Recorded Document: (i.e. Property Ownership) **ACME FIRST ADD** Volume: **735** Page(s): **107**

Section **7**, Township **47** N, Range **8** W Town of: **IRON RIVER** Lot Size: **394.45** Acreage

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Distance Structure is from Shoreline: **_____** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: **_____** feet

Non-Shoreland

Value at Time of Completion * include donated time & material **\$ 10,000**

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
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
<input checked="" 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 type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

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

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

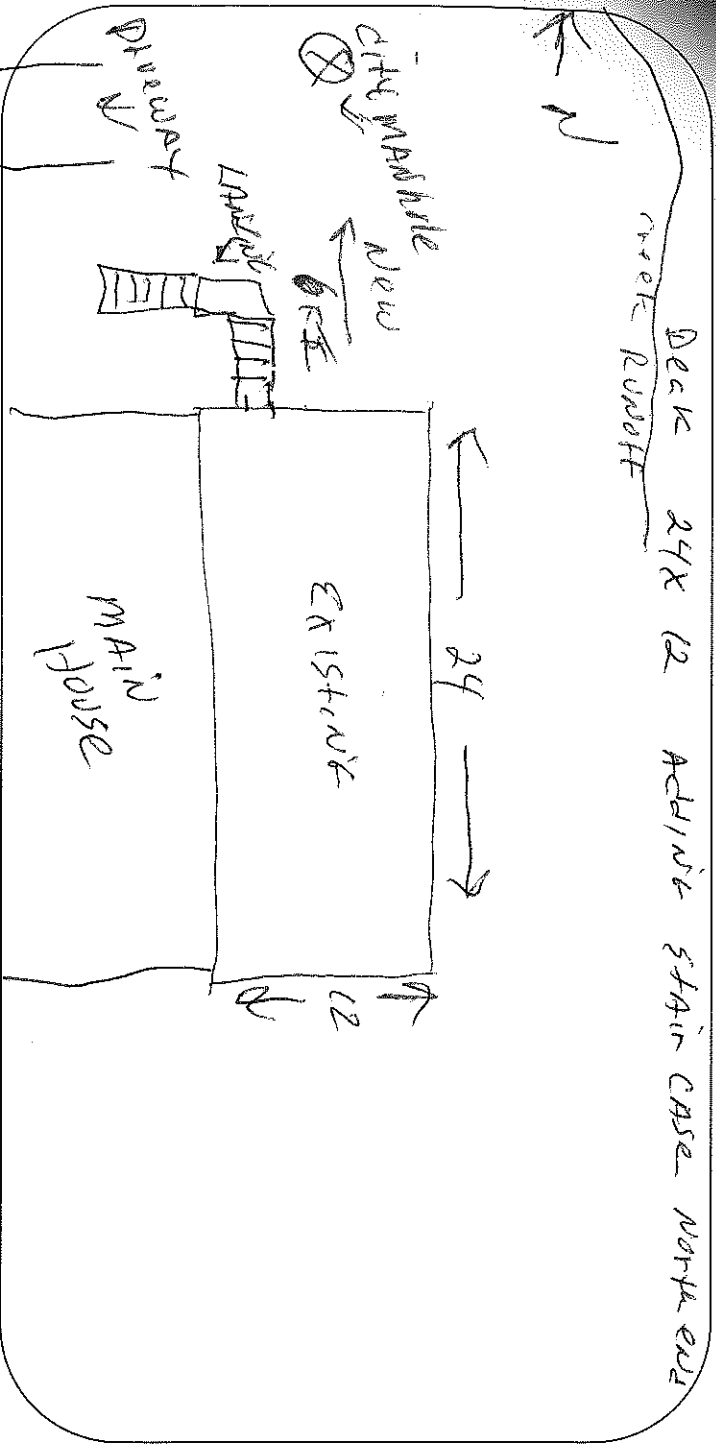
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	147 x 291	42773
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() x ()	()
	<input type="checkbox"/> with Loft	() x ()	()
	<input type="checkbox"/> with a Porch	() x ()	()
	<input type="checkbox"/> with (2 nd) Porch	() x ()	()
	<input checked="" type="checkbox"/> with a Deck	() x ()	()
	<input type="checkbox"/> with (2 nd) Deck	() x ()	()
	<input type="checkbox"/> with Attached Garage	() x ()	()
<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)	() x ()	()
	Mobile Home (manufactured date)	() x ()	()
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) roof over deck	(12x 22)	264
	Accessory Building (specify)	() x ()	()
	Accessory Building Addition/Alteration (specify)	() x ()	()
<input type="checkbox"/> Rec'd for Issuance	Special Use: (explain)	() x ()	()
	Conditional Use: (explain)	() x ()	()
	Other: (explain)	() x ()	()

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): **David Olson** Date **9-4-13**
 (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

Plan 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	90'± Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	35'± Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	100'± Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	15 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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: _____ # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 13-0809 Permit Date: 9-13-13

Is Parcel a Sub-Standard Lot: Yes (Deed of Record) No
 Is Parcel in Common Ownership: Yes (fused/contiguous Lots) 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 Was Property Surveyed: Yes No

Inspection Record:
 Inspection: living existing foot print
 Date of Inspection: 9-10-13 Inspected by: MM. Furtak
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: Michael Furtak Date of Approval: 9/13-13

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