

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY WISCONSIN  
 Date Stamp (Received)  
 SEP 19 2013  
 Bayfield Co. Zoning Dept.

Tax ID# 19575  
 \$75  
 ENTERED  
 Permit #: 13-0338  
 Date: 9-27-13  
 Amount Paid: \$75  
 Refund: 9-19-13

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: John Schrock Mailing Address: 14045 E. Carlson Rd City/State/Zip: Iron River, WI 54820 Telephone: 715 372-4838

Address of Property: Mary Berube City/State/Zip: Iron River, WI 54847 Contractor Phone: Plumber: Plumber Phone: 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: 1/4, 1/4 Gov't Lot 2 Lot(s) 2 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 1088 Page(s) 687

Section 20, Township 47 N, Range 8 W Town of: Iron River Lot Size Acres 1.58

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 Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: feet 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
\$ 3,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Garage	<input checked="" type="checkbox"/> 1-Story <input 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 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>Crew</u> <input type="checkbox"/> Privy (Pit) 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

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	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	
	Bunhouse 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 type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( X )	
	Accessory Building (specify) <u>Relocate garage</u>	( 22 X 17 )	374
	Accessory Building Addition/Alteration (specify)	( X )	
	Rec'd for Issuance	( X )	
	Special Use: (explain)	( X )	
	SEP 25 2013	( X )	
	Conditional Use: (explain)	( X )	
	Secretarial Staff	( 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 and reasonable time for the purpose of inspection.

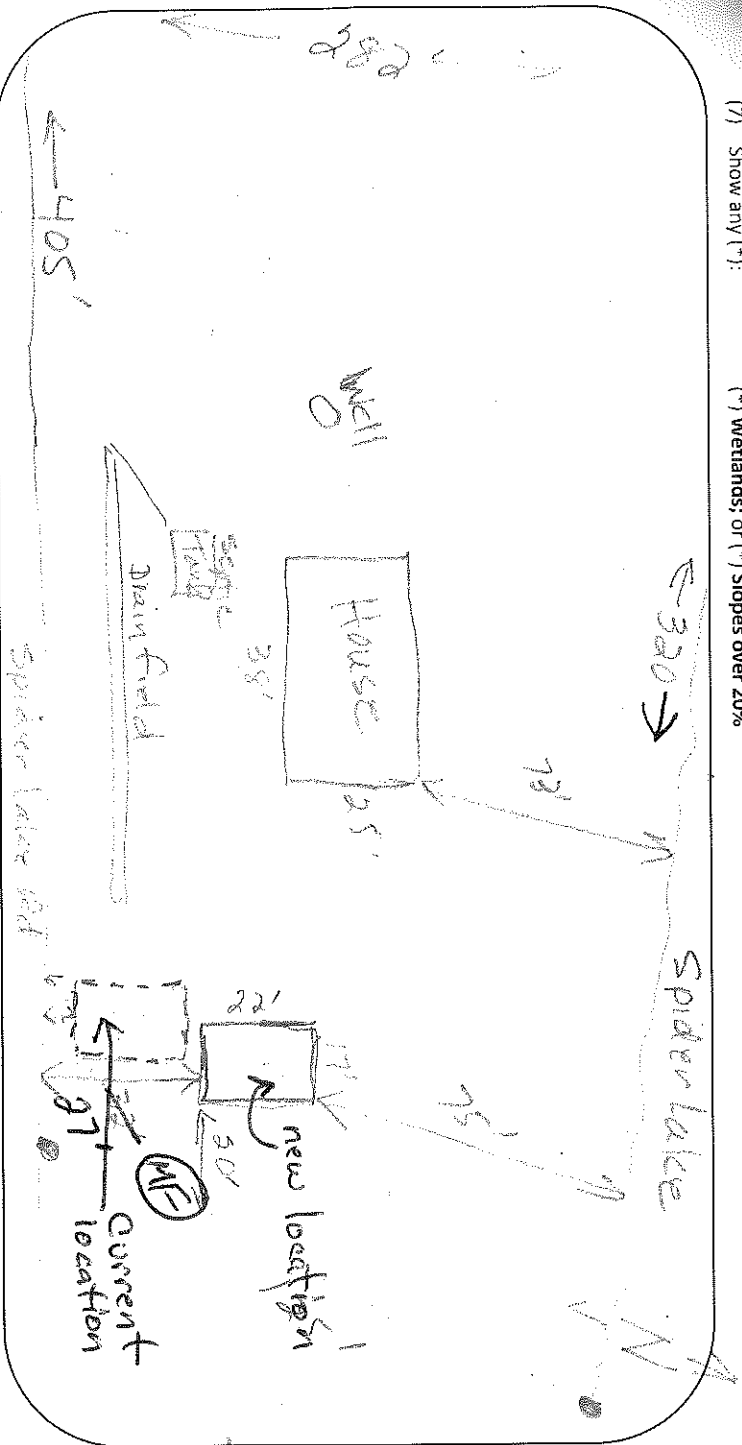
Owner(s):  John Schrock Mary Berube Date 7-3-13  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: John Schrock Date 7-3-13  
 (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  
 (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: (\*) 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	405'	Setback from the Lake (ordinary high-water mark)	75'
Setback from the Established Right-of-Way	87'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	N/A	Setback from Wetland	N/A
Setback from the West Lot Line	250'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	20'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	50'	Setback to Well	50'
Setback to Drain Field	25'		
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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>130338A</b>		Permit Date: <b>9-27-13</b>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Inspection Record:</b>		Zoning District (R-1)		
Date of inspection: <b>9-24-13</b>		Lakes Classification (2)		
Inspected by: <b>M. Furlak</b>		Date of Re-Inspection:		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
See 13-1-22 (a) (2) a + b. May not be used for human habitation.				
Mr. Carter under pressure in structure (U. 405, P. 326)				
Signature of Inspector: <b>Michael Furlak</b>		Date of Approval: <b>9-25-13</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	