

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 RECEIVED  
 OCT 17 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-0418  
 Date: 11-25-13  
 Amount Paid: \$175  
 Return: 10-17-13

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: Peter Tabbert Mailing Address: 15594 East St. City/State/Zip: Ethick WI 54627 Telephone: 608 525-5401

Address of Property: 64705 W. Boss Rd City/State/Zip: Iron River WI 54847 Cell Phone: 608-484-0156

Contractor: \_\_\_\_\_ 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: Legal Description: (Use Tax Statement) S&W 1/4, NW 1/4 SW 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume 785 Page(s) 130

Section 33, Township 47 N, Range 8 W Town of: Iron River Lot Size \_\_\_\_\_ Acreage 3.6

Shoreland  Non-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  If yes---continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: 300 feet  Yes  No

Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* 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                         |
|--|---|---|--|----------------------------|---|-------------------------------|
| \$ _____   | <input 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 type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round    | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____   | <input type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input checked="" type="checkbox"/> RV | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____  | <input type="checkbox"/>      |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/> Basement       |  |                            | <input checked="" type="checkbox"/> Privy (Pit) or <input checked="" 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: \_\_\_\_\_ 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 <sup>nd</sup> ) Deck   | ( ) ( ) ( ) | ( )            |
|   | with Attached Garage   | ( ) ( ) ( ) | ( )            |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | ( ) ( ) ( ) | ( )            |
|   | Mobile Home (manufactured date)  | ( ) ( ) ( ) | ( )            |
| <input type="checkbox"/> Municipal Use              | Addition/Alteration (specify)  | ( ) ( ) ( ) | ( )            |
|   | Accessory Building (specify)   | ( ) ( ) ( ) | ( )            |
|   | Accessory Building Addition/Alteration (specify)   | ( ) ( ) ( ) | ( )            |
| Rec'd for ISSUANCE                                  | Special Use: (explain) <u>class A RV extension</u>   | ( ) ( ) ( ) | ( )            |
| NOV 22 2013   | Conditional Use: (explain)   | ( ) ( ) ( ) | ( )            |
| Secretarial Staff                                   | Other: (explain)   | ( ) ( ) ( ) | ( )            |

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

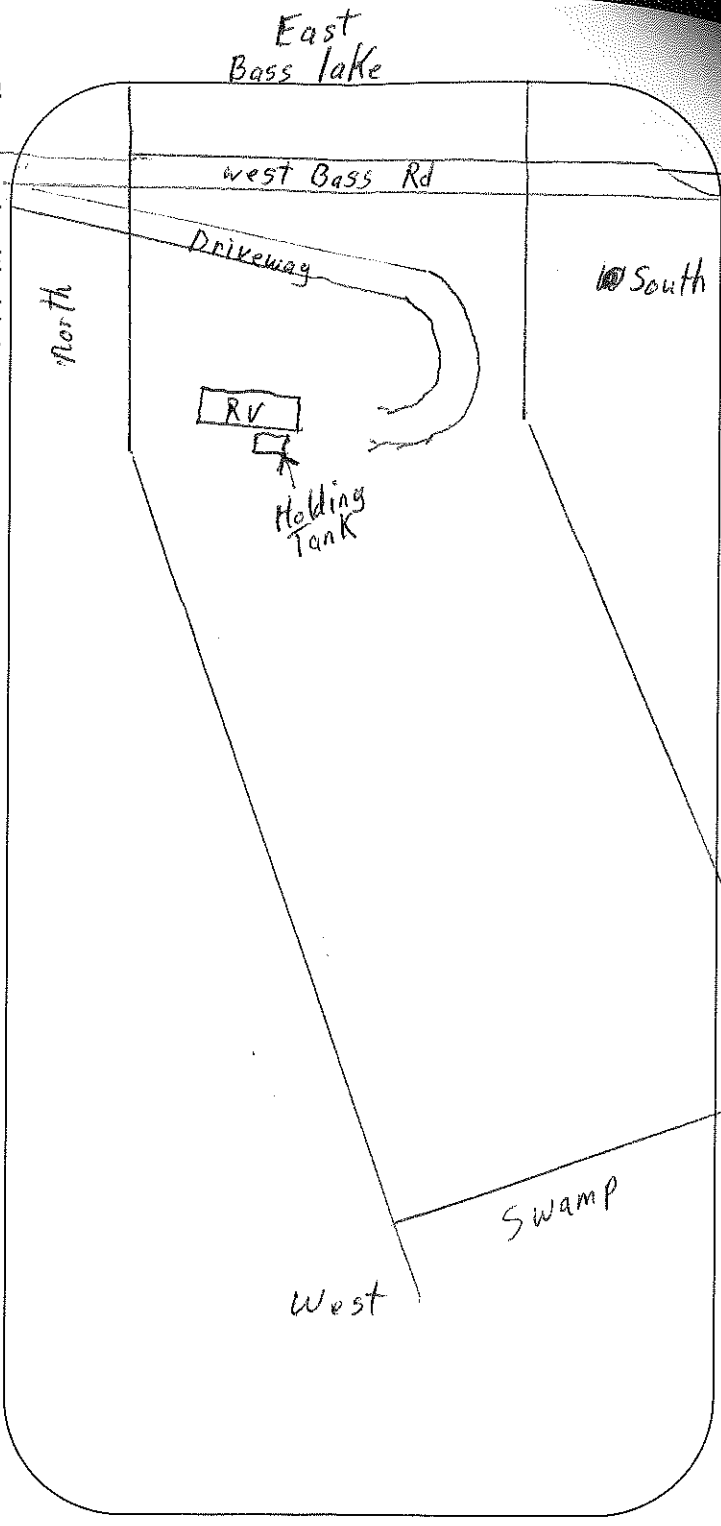
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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.

Owners: Peter Tabbert Melanie Tabbert Date 10/6/13  
 (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: (\*\*) 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 | 200 Feet    | Setback from the Lake (ordinary high-water mark) | 300 Feet    |
| Setback from the Established Right-of-Way   | 200 Feet    | Setback from the River, Stream, Creek            | NA Feet     |
| Setback from the North Lot Line             | 50 Feet     | Setback from the Bank or Bluff                   | NA Feet     |
| Setback from the South Lot Line             | 150 Feet    | Setback from Wetland                             | 100 Feet    |
| Setback from the West Lot Line              | 600 Feet    | Setback from 20% Slope Area                      | 75 Feet     |
| Setback from the East Lot Line              | 300 Feet    | Elevation of Floodplain                          | NA Feet     |
| Setback to Septic Tank or Holding Tank      | 10 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 Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Voted Privy 11-0178

|  |  |  |  |   |                       |
|--|--|--|--|---|-----------------------|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number:                             | # of bedrooms:                           |   | Sanitary Date:        |
| Permit Denied (Date):  | Reason for Denial:   |  |  |   |                       |
| Permit #: <b>13-0418</b>   | Permit Date: <b>11-25-13</b>   |  |  |   |                       |
| Is Parcel a Sub-Standard Lot   | <input checked="" type="checkbox"/> Yes (Deed of Record) <b>212,289-80</b> | No   | Mitigation Required                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required    |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (fused/contiguous Lot(s))                     | <input checked="" type="checkbox"/> No       | Mitigation Attached                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached    |
| 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.)   | Case #:  |  | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |  |  |   |                       |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |  |  |   |                       |
| Inspection Record:   | <i>Meets all requirements.</i>   |  |  |   |                       |
| Date of Inspection:  | <b>10-18-13</b>  | Inspected by:                                | <b>M. Furtak</b>                         |   |                       |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) |  |  |  |   |                       |
| <i>see TBA</i>   |  |  |  |   |                       |
| Signature of Inspector:  | <i>Michael Furtak</i>  |  |  |   |                       |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input checked="" type="checkbox"/>                          | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/>  | Date of Approval: <b>10-21-13</b>                                   |                       |