

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

Stamp Received  
 JUN 11 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-D18
Date:	6-14-12
Amount Paid:	\$100.00
Refund:	6-14-12

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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Phil + Sandra Broderson Mailing Address: 72850 Rangeline Iron River, WI 54847 Telephone: 715-372-5233

Address of Property: 6480 Highway 13 City/State/Zip: Port Wing, WI 54865 Cell Phone: \_\_\_\_\_

Contractor: JONAH LOOMIS Contractor Phone: 715-774-3685 Plumber: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 2 Lot(s) 7 CSM Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: Sandstone Shores Page(s) \_\_\_\_\_

Section 25, Township 50 N, Range 9 W Town of: QUANTA Port Wing, WI

Recorded Document: (i.e. Property Ownership) PIN: (23 digits) 04-036-2-50-09-25-4066000 Volume \_\_\_\_\_

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: Staircase to Lake feet

Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

Supervisor

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>2200.00</u>	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</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 type="checkbox"/> Well

Existing Structure: (if details being applied for is relevant to it) Starcase Length: 30 feet Width: 32" Height: 30'

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.) with Loft	( ) X ( )	( )
	with a Porch with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
	with a Deck with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
	Addition/Alteration (specify)	( ) X ( )	( )
	Accessory Building (specify)	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( ) X ( )	( )
	Conditional Use: (explain)	( ) X ( )	( )
	Other: (explain) <u>STARCASE TO LAKE SUPERVISOR</u>	(32" X 30')	904-1

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): Phil + Sandra Broderson Date 5-30-2012

(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)

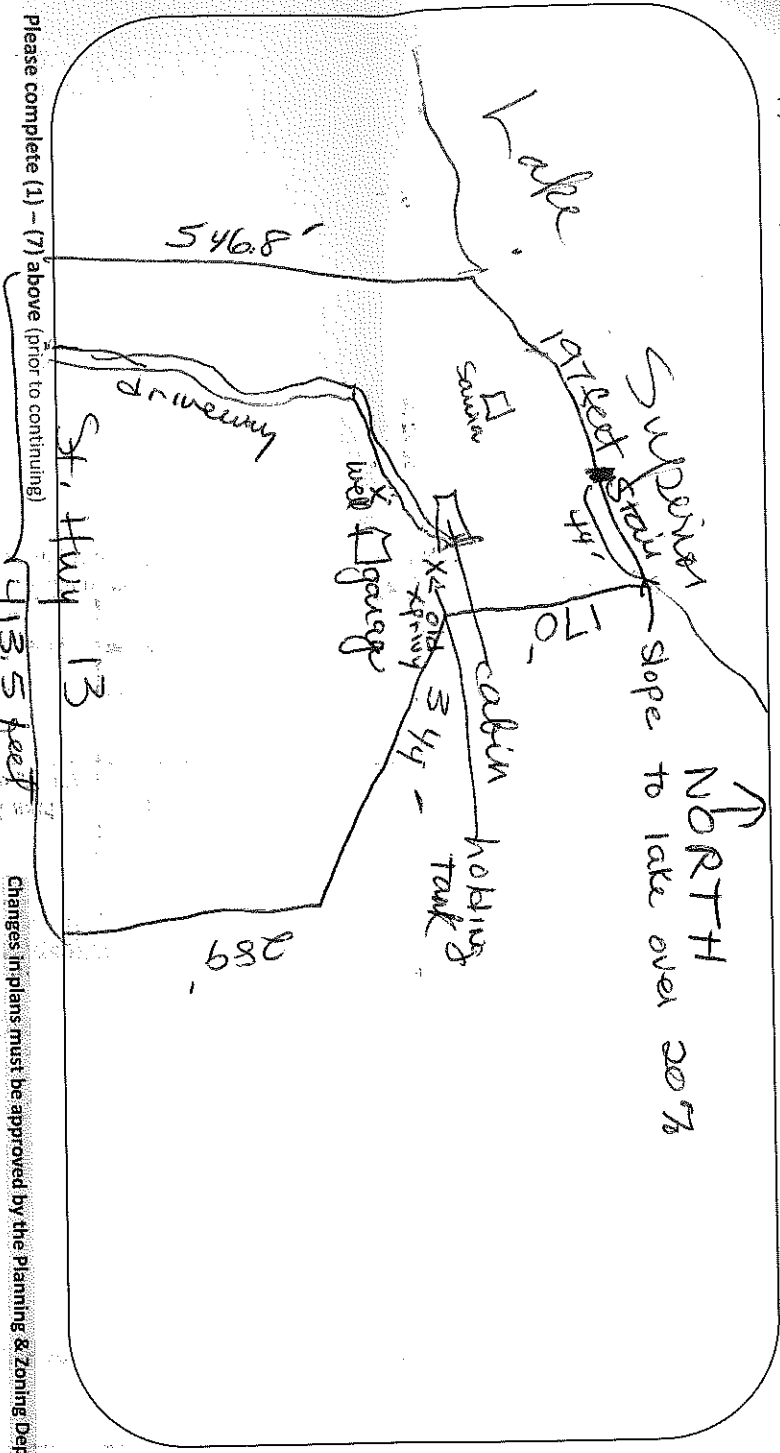
Attach Copy of Tax Statement

Record for Issuance 72850 Rangeline Rd, Iron River, WI 54847

JUN 14 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Below: Draw or Sketch your Property (regardless of what you are applying for)
- Show Location of: Proposed Construction - Staircase to Lake Superior
  - Show / Indicate: North (N) on Plot Plan
  - Show Location of (\*): (\*\*) Driveway and (\*\*) Frontage Road (Name Frontage Road)
  - Show: All Existing Structures on your Property
  - Show: (\*\*) Well (W); (\*\*) Septic Tank (ST); (\*\*) Drain Field (DF); (\*\*) Holding Tank (HT) and/or (\*\*) Privy (P)
  - Show any (\*): (\*\*) Lake; (\*\*) River; (\*\*) Stream/Creek; or (\*\*) Pond
  - Show any (\*): (\*\*) Wetlands; or (\*\*) Slopes over 20%



(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	580' Feet	Setback from the Lake (ordinary high-water mark)	30' Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line		Setback from the Bank or Bluff	
Setback from the South Lot Line	on lake 550' Feet	Setback from Wetland	
Setback from the West Lot Line	150' Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	44' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	170' Feet	Setback to Well	190' Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)	180' 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 #: 12-0186 Permit Date: 6-14-12

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

Is Parcel in Common Ownership:  Yes (fused/contiguous lots)  Yes  No

Is Structure Non-Conforming:  Yes  No

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

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: **BASED ON VISUAL INSPECTION, BUT CHARACTERISTICS OF THE PROPERTIES ARE NOT KNOWN. THE STRUCTURE SHOULD BE REINSPECTED.**

Date of Inspection: 6-6-12 Inspected by: DPL

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

**EXCAVATION ACTIVITIES MUST BE ADVISED & THE STRUCTURE SHOULD NOT BE LOCATED WITHIN THE 30' BUFFER ZONE ON KAES'S PROPERTY.**

Signature of Inspector: [Signature] Date of Approval: 6-14-12

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:  \$ 35.00

Address: Address