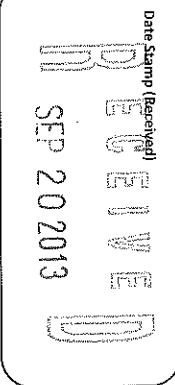


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County Planning and Zoning Depart.  
 PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN



Permit #:	13-0363	ENTERED
Date:	9-20-13 10:16 AM	
Amount Paid:	\$600.00	
Refund:	0	

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 APPLICATION FIELD CO. ZONING PERMIT OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Paul &amp; Colleen Tebel</u>	Mailing Address: <u>19505 Elm Rd 9</u>	City/State/Zip: <u>Horner House WI 55354</u>
Address of Property: <u>77410 Kankaree Rd</u>	City/State/Zip: <u>Iron River WI 54477</u>	Telephone: <u>320-395-2860</u>
Contractor: <u>Owner</u>	Contractor Phone: _____	Cell Phone: <u>320-420-1771</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Plumber: <u>Tony Polkovich (reborn)</u>
		Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) _____	PLN: (23 digits) <u>04 086-2-49-09-26-3-02-000-8000</u>
	Gov't Lot _____	Lot(s) <u>4</u>
	CSM <u>21410</u>	Vol & Page <u>8/283</u>
Section <u>26</u> , Township <u>49</u> N, Range <u>09</u> W	Town of: <u>Owlscale</u>	Lot(s) No. _____
	Block(s) No. _____	Subdivision: _____
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward Side of Floodplain? If yes---continue-->	Distance Structure Is from Shoreline: <u>360</u> feet
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue-->	Distance Structure Is from Shoreline: _____ feet
Value at Time of Completion * include donated time & material <u>\$ 30K</u>	<input checked="" type="checkbox"/> New Construction	1-Story _____
	<input type="checkbox"/> Addition/Alteration	1-Story + Loft _____
What Type of Sewer/Sanitary System Is on the property?	<input type="checkbox"/> Conversion	2-Story _____
	<input type="checkbox"/> Relocate (existing bldg)	Basement _____
Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:	<input type="checkbox"/> Run a Business on Property	No Basement _____
	<input type="checkbox"/>	Foundation _____
Proposed Use	<input type="checkbox"/>	Length: _____
	<input type="checkbox"/>	Width: _____
Proposed Structure	<input type="checkbox"/>	Height: _____
	<input type="checkbox"/>	Height: _____
Proposed Use	<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <u>Residence (i.e. cabin, hunting shack, etc.)</u>
	<input type="checkbox"/> Commercial Use	with Loft <u>Storage loft</u>
Municipal Use Rec'd for Issuance <u>OCT 16 2013</u>	<input type="checkbox"/>	with a Porch _____
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck _____
Secretary Staff	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck _____
	<input type="checkbox"/>	with Attached Garage _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft <u>Storage loft</u>	( <del>12 x 20</del> ) ( <u>12 x 22</u> )	<del>240</del> <u>264</u>
<input type="checkbox"/>	with a Porch _____	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck _____	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck _____	( )	( )
<input type="checkbox"/>	with Attached Garage _____	( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/>	Addition/Alteration (specify) _____	( )	( )
<input type="checkbox"/>	Accessory Building (specify) _____	( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( )	( )
<input type="checkbox"/>	Special Use: (explain) _____	( )	( )
<input type="checkbox"/>	Conditional Use: (explain) _____	( )	( )
<input type="checkbox"/>	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): Paul & Colleen Tebel Date: 9-20-13  
 (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)

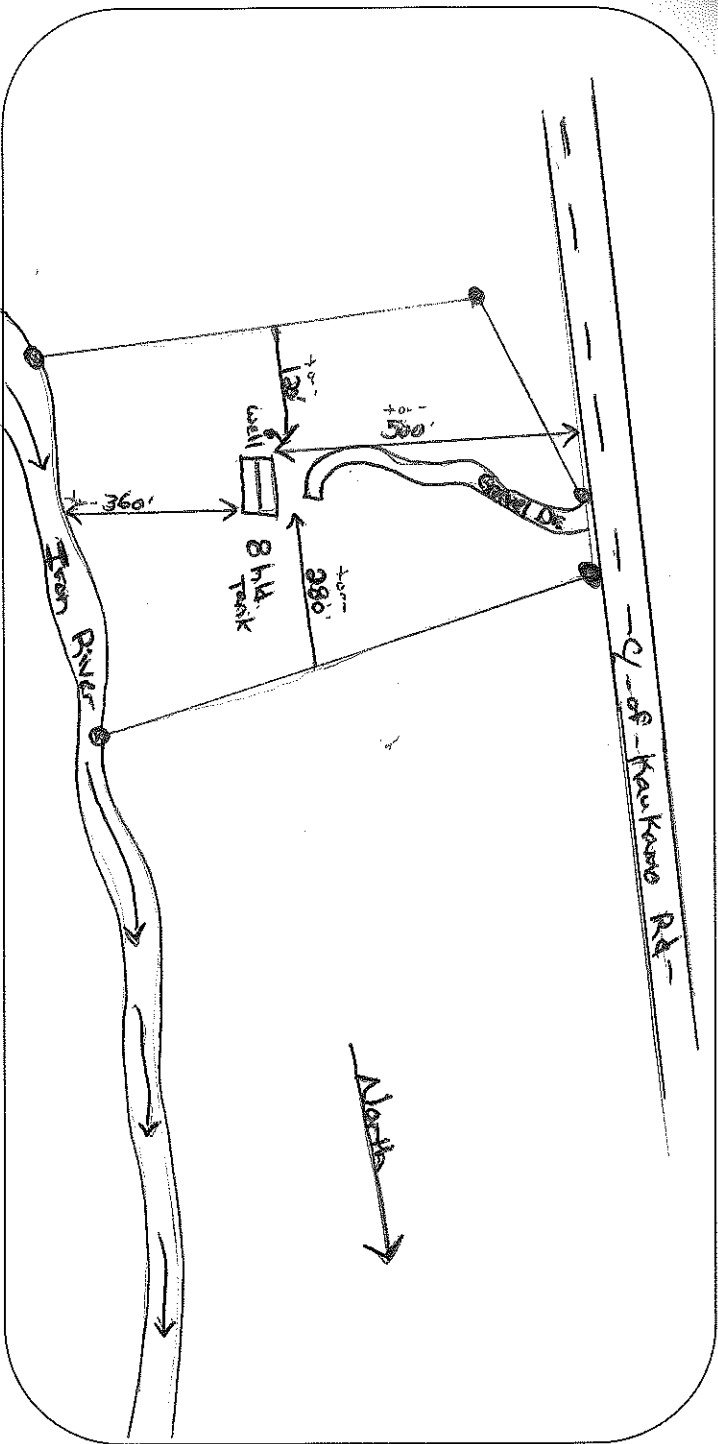
Address to send permit 18865 Co Rd 9, Shelter Planner, WI 55357 Attach  
 Copy of Tax Statement

APPLICANT: PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

DIMENSIONS OF RESIDENCE

**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	500 Feet	Setback from the Lake (ordinary high-water mark)	7 Feet
Setback from the Established Right-of-Way	450 Feet	Setback from the River, Stream, Creek	236 Feet
Setback from the North Lot Line	290 Feet	Setback from the Bank or Bluff	236 Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	85 Feet
Setback from the West Lot Line	450 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	360 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	15 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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)** Sanitary Number: 13-1115 # of bedrooms: 1 Sanitary Date: 9.26.13  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: 13-03603 Permit Date: 10-16-13

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_  
 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: \_\_\_\_\_ Zoning District (F-1) \_\_\_\_\_  
 Lakes Classification (3) \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_ Date of Re-Inspection: \_\_\_\_\_

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
**REQUIRED PERMIT + INSPECTION FROM UNIFORM DWELLING CODE SHALL BE OBTAINED. BEST MANAGEMENT PRACTICES SHALL BE USED TO PROHIBIT SOILS FROM ENTERING WATERSHED WITH LANDS SURROUNDING VEGETATION PROTECTION ZONE 75 FT FROM DWDM SHALL BE OBSERVED.**

Signature of Inspector: OWEN SHALL BE OBSERVED. Date of Approval: 9.26.13

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_