

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: FEB 14 2012
 Bayfield Co. Zoning Dept.

Permit #:	10-0008	ENTERED
Date:	3/16/12	
Amount Paid:	\$ 75.00 PDS	
Refund:	2/24/2012	

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: Russ Heule/Dairyland Mailing Address: P.O. Box 7 Iron River WI 54847 Telephone: 715-372-5644

Address of Property: 70295 Rangeline Road City/State/Zip: Iron River WI 54847 Cell Phone: 715-292-2564

Contractor: Dairyland Fence Contractor Phone: _____ 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) PIN: (23 digits) 04-038-248-01-000-4000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 36, Township 48 N, Range 2 W Town of: DULL Lot Size _____ Acreage 13.4

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

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
\$ <u>4000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input 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>Cast Iron</u>	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> V/OA
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
		<input type="checkbox"/> Foundation				

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

Proposed Construction: Length: 28' Width: 24' Height: 10'

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 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
	Addition/Alteration (specify) _____	(<u>28</u> X <u>24</u>)	(<u>672</u>)
	Accessory Building (specify) <u>Garage</u>	(<u>20</u> X <u>30</u>)	(<u>600</u>)
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()
<input type="checkbox"/> Municipal Use			

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 (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): Russ Heule Date 2/14/12

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature] Date _____

[Signature] are signing on behalf of the owner(s) a letter of authorization must accompany this application

Address: P.O. Box 7 Iron River WI 54847 Copy of Tax Statement Attch

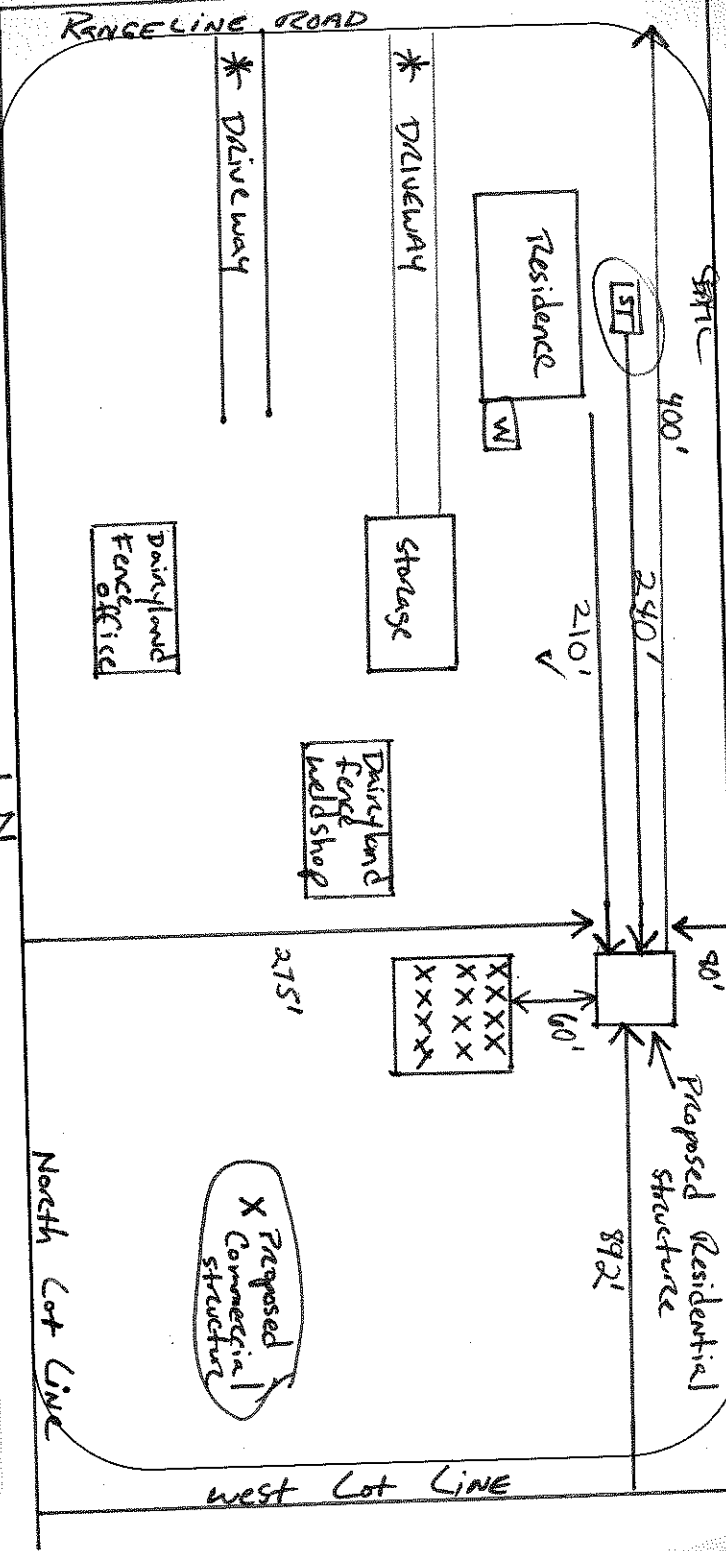
Secretary Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

TYPE OF STRUCTURE? Garage

APPLICANT - If you recently purchased the property send your Recorded Deed 2/14/12

Draw or Sketch your Property (regardless of what you are applying for)

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



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	433 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	400 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	225 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	392 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	400 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	240 Feet	Setback to Well	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: 112 # of bedrooms: 3 Sanitary Date: 1/12

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

Permit #: 19-00089 Permit Date: 3/16/12

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No No

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record PAUSED STRUCTURE LOCKED K3 VERIFIED BY OWNER ATTORNEYS Zoning District (K-1)

NEED ATTORNEYS SETTL TERMS PERMIT ONLY BE ISSUED. PERMIT # 02-232 BUILDING LAKES CLASSIFICATION ()

Date of Inspection: 2-17-12 Inspected by: TRC Date of Re-Inspection: (3/16/12)

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

Signature of Inspector: [Signature] Date of Approval: [Signature]

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