

**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 Stamp: **RECEIVED**  
**FEB 14 2012**

Permit #:	120030
Date:	3/16/12
Amount Paid:	\$125.00 tax 2124/12
Refund:	

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.

Bayfield Co. Zoning Dept. 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: Ross Heule Mailing Address: P.O. Box 7 Iron River, WI 54847 Telephone: 715-372 5644

Address of Property: 70295 Ragsline Road City/State/Zip: Iron River, WI 54847 Cell Phone: 715-292-2561

Contractor: Self 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) NE 1/4, SE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 36, Township 48 N, Range 9 W Town of: Ouey Lot Size \_\_\_\_\_ Acreage 12.4

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Value at Time of Completion <small>* include donated time &amp; material</small>	Project <small>(What are you applying for)</small>	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>15,000.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing shell) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<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>Plastic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input 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"/>	Principal Structure (first structure on property)	( X )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/>	with Loft	( X )	
<input type="checkbox"/>	with a Porch	( X )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( X )	
<input type="checkbox"/>	with a Deck	( X )	
<input checked="" type="checkbox"/>	with Attached Garage	( X )	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/>	Special Use: (explain) _____	( X )	
<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
<input type="checkbox"/>	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 above described property at any reasonable time for the purpose of inspection.

Owner(s): Ross 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: \_\_\_\_\_ Date \_\_\_\_\_

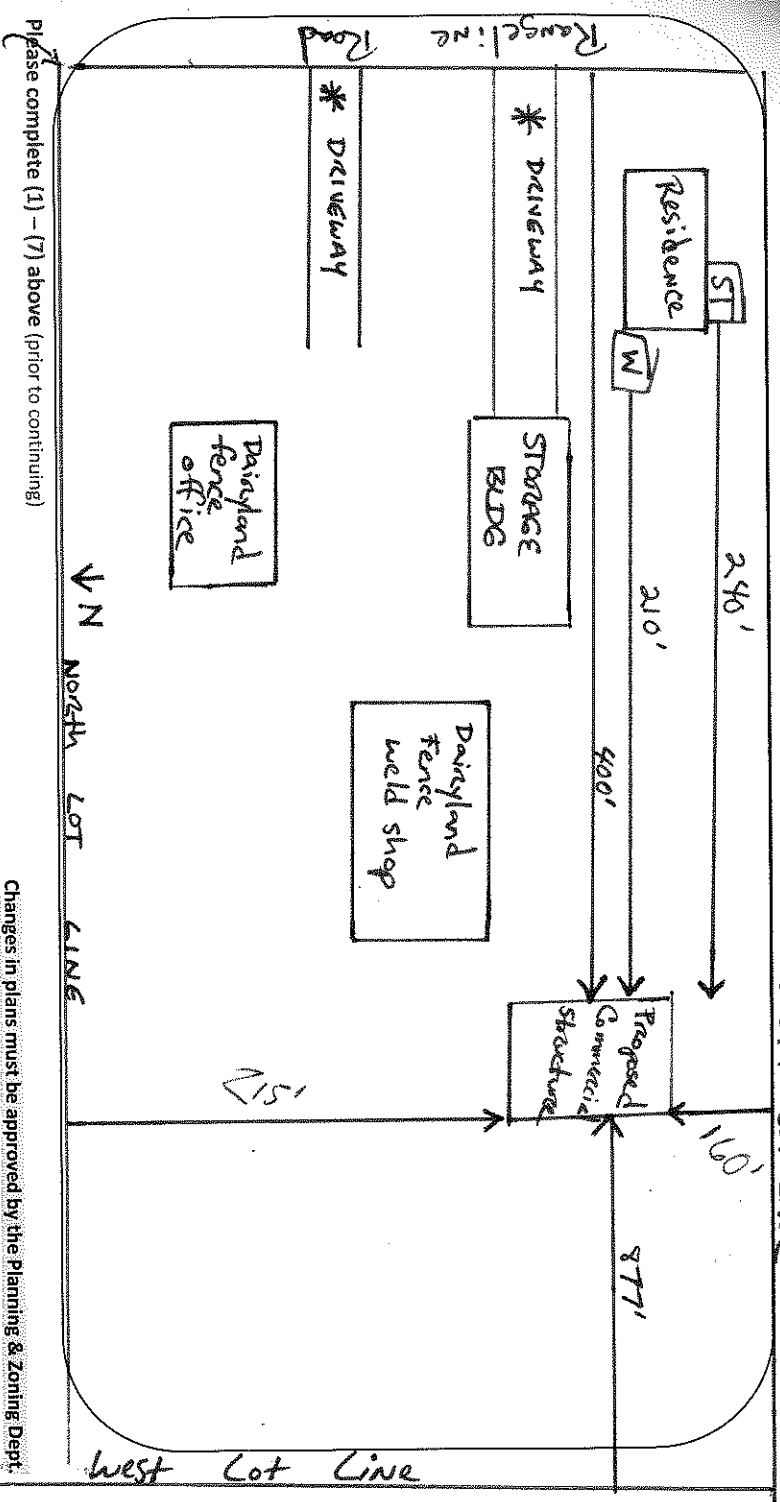
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance PO Box 7 Iron River, WI 54847 Attach copy of Tax Statement  
 Address to send permit PO Box 7 Iron River, WI 54847 Recorded Deed  
 MAR 8 2012 OK  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE KAC

Bayfield County

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 (\* ) Pity (P)
  - (5) Show: (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
  - (6) Show any (\* ): (\* ) Wetlands; or (\* ) Slopes over 20% *Final* ~~Final~~ *Final*
  - (7) Show any (\* ): *Final*



Setbacks: (measured to the closest point)

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	215 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	160 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	877 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	210' Feet
Setback to Drain Field	Feet		
Setback to Pity (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), Pity (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)**

Permit Denied (Date): *NA* Sanitary Number: *NA* # of bedrooms: *NA* Sanitary Date: *NA*

Permit #: *19-0030* Permit Date: *3/16/19*

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

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

Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: *PROPOSED GRADSTONE BACKTIONS AS REPRESENTED BY OWNER APPEALS TO ALLEN DISTRICTS USE EVALUATION UNDER EXISTING PERMIT REAR-UP BY THE OSUWD*

Date of Inspection: *2-17-12* Inspected by: *DW*

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

Signature of Inspector: *[Signature]* Date of Approval: *2-17-12*

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