

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54981
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Date Stamp (Received)
 FEB 01 2012

Permit #:	12-0047
Date:	4-11-12
Amount Paid:	\$105.00 2/3/10 LR \$105.78A 2/12/12 LR
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.

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: Deter A Hexum Mailing Address: Po 86 Iron River WI 54877 City/State/Zip: WI Telephone: 715 3226611

Address of Property: Rangeview Rd. (7704415) City/State/Zip: Iron River WI 54877 Cell Phone: 715 292 4433

Contractor: Dwight B. Lober Contractor Phone: (715) 322-6611 Plumber: V. KRIVKO 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) SE 1/4, NE 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 124 Page(s) 65

Section 36, Township 48 N, Range 69 W Town of: ORLU Lot Size Acreage 26.4-

Shoreland → 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: feet

Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 300 feet

Is Property in Floodplain Zone? Yes No 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
\$40,000.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>4 ft</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Ft. Width: 18 Ft. Height: 22

Proposed Construction: Length: 40 Ft. Width: 18 Ft. Height: 22

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>18</u> X <u>40</u>)	<u>720</u> sq ft
	Residence (i.e. cabin, hunting shack, etc.)	(<u>18</u> X <u>27</u>)	<u>486</u>
	with 1st 2nd story	(<u>18</u> X <u>27</u>)	<u>486</u>
	with a Porch	(<u> </u> X <u> </u>)	(<u> </u>)
	with (2 nd) Porch	(<u> </u> X <u> </u>)	(<u> </u>)
	with a Deck	(<u> </u> X <u> </u>)	(<u> </u>)
	with (2 nd) Deck	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	(<u> </u>)
	Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	(<u> </u>)
	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(<u> </u> X <u> </u>)	(<u> </u>)
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	(<u> </u>)
	Special Use: (explain) _____	(<u> </u> X <u> </u>)	(<u> </u>)
	Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	(<u> </u>)
	Other: (explain) _____	(<u> </u> X <u> </u>)	(<u> </u>)

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 AND TANVA HEXUM Tampa Hwy Date 1/29/12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

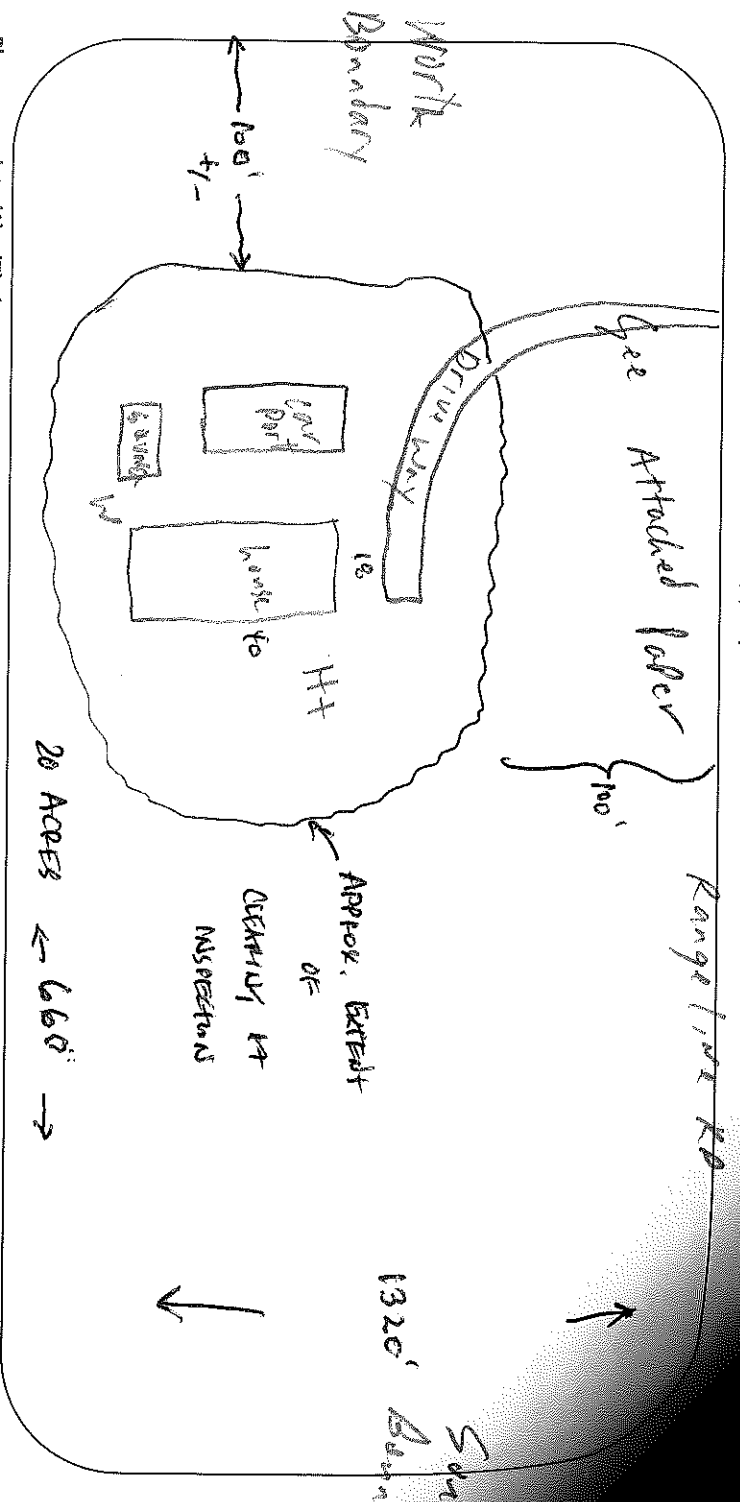
Authorized Agent: Date
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Po box 86 Iron River 54877

Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed
05 4/5/2012

In the box below: 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**
- (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	100 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	105 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	447 Feet	Setback from Wetland	225' Feet
Setback from the West Lot Line	30 ACRES Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	— Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Spanning Wetland
Wetland

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 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: <u>12-045</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>3-8-12</u>	
Permit Denied (Date):	Reason for Denial:				
Permit #:	Permit Date:				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #: <u>N/A</u>	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>20 KITS REUSED DRAINAGE TRENCH BASED ON OWNERS PERMITS</u>					
Date of Inspection: <u>2-2-12</u>	Inspected by: <u>DDC</u>	Zoning District	<u>(A-1)</u>	Date of Re-Inspection:	
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If No they need to be attached</u>		Lakes Classification: <u>(S/A)</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>2-2-12</u>			
Hold For Sanitary: <u>X 3-8-12</u> Hold For TBA: <u>X 3-12-12</u> Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

KNOWS TO MEET CODE REQUIREMENTS.
MUST BE OBSERVED PRIOR TO THE START OF CONSTRUCTION.