

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
 RECEIVED
 APR 30 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-01360
 Date: 5-23-10
 Amount Paid: \$135.00 PD5
 Refund: 413012



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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **CAREWELVE & JAVIER PROFIT** Mailing Address: **14225 FLORA AVE, BROOKFIELD, WI 53005** Telephone: **262-981-2615**

Address of Property: **70940 HOLLANDER ROAD** City/State/Zip: **IRON RIVER, WI 54847 (TOWN OF DULU)** Cell Phone:

Contractor: **MORTON BUILDINGS** Contractor Phone: **715-235-8642** Plumber: **NA** Plumber Phone: **NA**

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: **NW 1/4, NW 1/4** Legal Description: (Use Tax Statement) **04-038-2-48-04-33-202-1000-** PIN: (23 digits) **1000** Recorded Document: (i.e. Property Ownership) Volume _____ Pages(s) _____

Section **33**, Township **DULU N**, Range _____ W Town of: **DULU** Lot Size _____ Acreage **40**

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: _____ 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
\$45,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input 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 type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: AT	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: **45'** Width: **30'** Height: **20'**

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	<input type="checkbox"/> with Loft	()	()
	<input type="checkbox"/> with a Porch	()	()
	<input type="checkbox"/> with (2 nd) Porch	()	()
	<input type="checkbox"/> with a Deck	()	()
	<input type="checkbox"/> with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	()	()
	<input type="checkbox"/> Mobile Home (manufactured date)	()	()
	<input type="checkbox"/> Addition/Alteration (specify)	()	()
	<input checked="" type="checkbox"/> Accessory Building (specify) MACH. SHED / WOOD WORKING SHOP	(45' x 30')	1350
	<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): Blaine Duffel Jessica Prueitt
 (If there are Multiple Owners listed All Owners must sign or letter(s) of authorization must accompany this application)

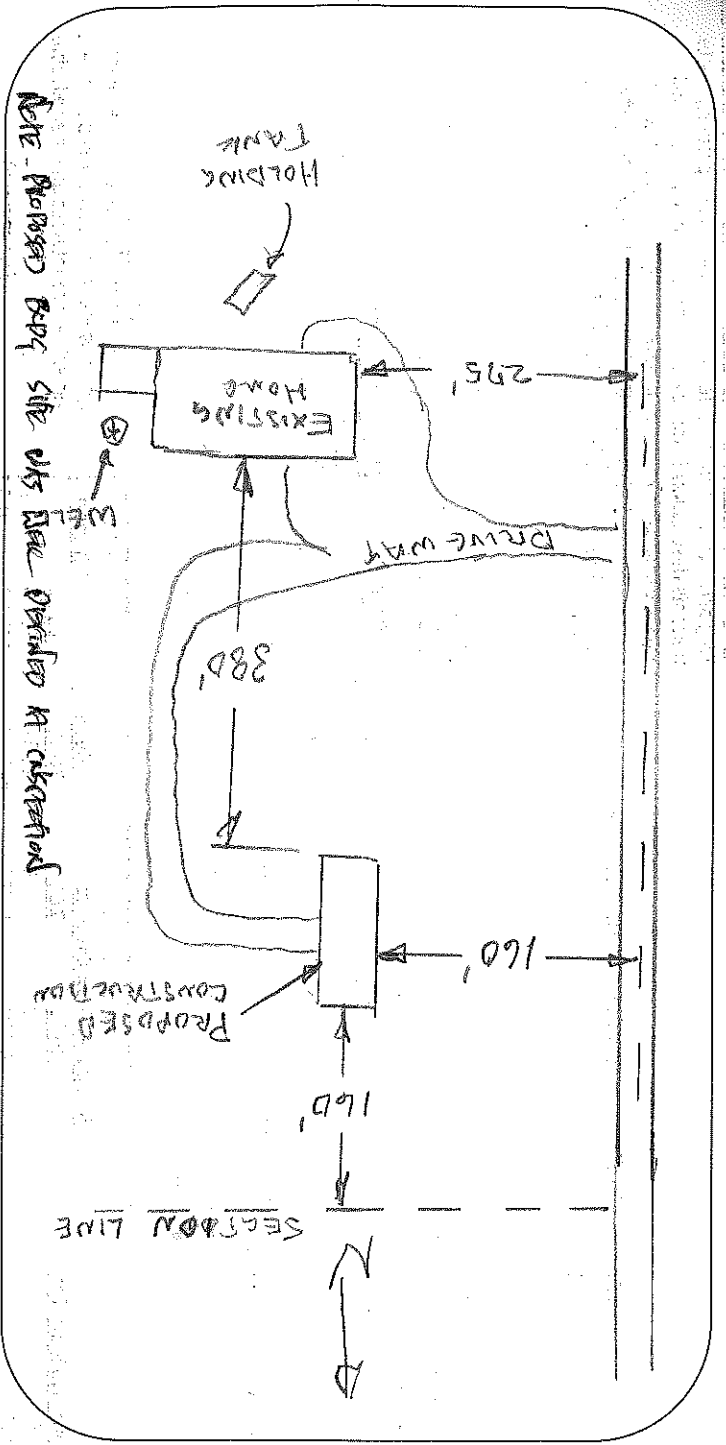
Authorized Agent: _____ Date: 4/25/2012
 Record for Issuance: _____ Attach Copy of Tax Statement

Add: NA to sign permit 14225 FLORA AVE. BROOKFIELD, WI 53005 Copy of Tax Statement
25 4/25 If you recently purchased the property send your Recorded Deed

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



Note: PROPOSED BDDY SITE HAS BEEN OBTAINED AT CONSTRUCTION

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	160 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	160 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	160 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	145 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	145 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	145 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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), Drainfield (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: 6-249 # of bedrooms: 2 Sanitary Date: 2006

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

Permit #: 12-0136 Permit Date: 5-23-10

Is Parcel a Sub-Standard Lot _____ Yes No (Deed of Record) Yes No (Fused/Contiguous Lot(s)) Yes No

Is Parcel in Common Ownership _____ 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

Was Proposed Building Site Delineated _____ Yes No

Were Property Lines Represented by Owner Was Property Surveyed _____ Yes No

Inspection Record: PROPOSED EDDY DRAINAGE & OTHER IMPROVEMENTS NOT CTR

Inspection Fee: \$ 60 (Amount why fee is so) _____

Date of Inspection: 5-12-12 Inspected by: DR

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

Signature of Inspector: [Signature] Date of Approval: 6-18-12

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