

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)
AUG 23 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0087	ENTERED
Date:	9-4-13	
Amount Paid:	\$715	
Refund:	8-23-13	

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 FIND 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: Bruce Granlund Mailing Address: 4280 Co Hwy B Iron River, WI City/State/Zip: 54847 Telephone: 372-4144

Address of Property: Same City/State/Zip: Contractor Phone: Plumber: Plumber Phone:

Contractor: Northland Builders 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: SE 1/4, Sec 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume: Page(s):

Section 22, Township 48 N, Range 9 W Town of: Oulu Lot Size: Acreage: 40

Shoreland → This Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: 850' feet Is Property in Floodplain Zone? Yes No

Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue → 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
\$16,000	<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	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv.</u>	<input type="checkbox"/> _____
	<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"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 32 Height: 10

Proposed Construction: Length: 48 Width: 32 Height: 10

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>pole bldg.</u>	(<u>32</u> X <u>48</u>)	<u>1,536</u>
	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

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 for a reasonable time for the purposes described.

Owner(s): Bruce Granlund Date 8-21-13

(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 Same as above Attach

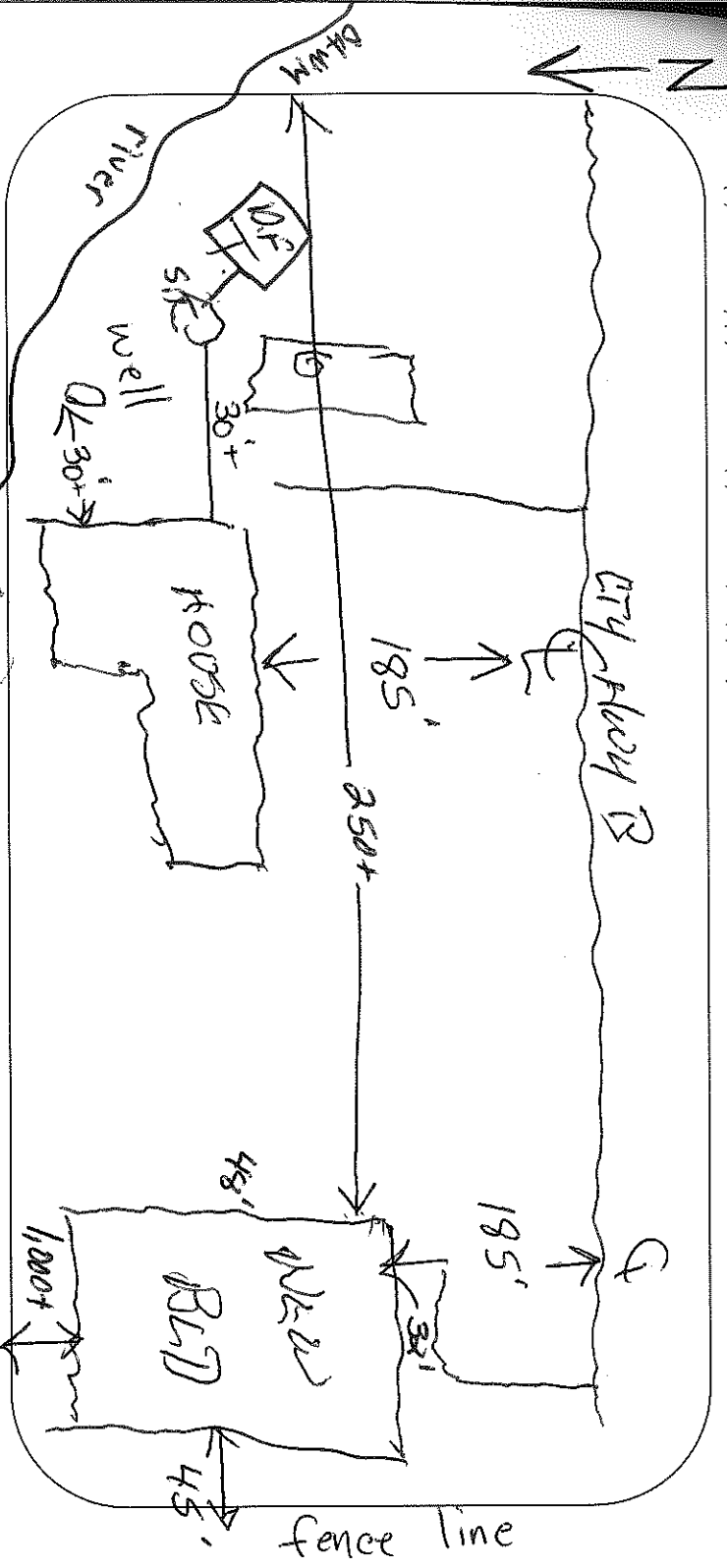
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NEEDS TO HAVE SYSTEM SERVICED (LAST SERVICE 6/30/10)

- Draw or Sketch your Property (regardless of what you are applying for)
- Show Location of: Proposed Construction
 - Show / Indicate: North (N) on Plot Plan
 - Show Location of (*): (**) Driveway and (**) Frontage Road (Name Frontage Road)
 - Show: All Existing Structures on your Property
 - Show: (**) Well (W); (**) Septic Tank (ST); (**) Drain Field (DF); (**) Holding Tank (HT) and/or (**) Privy (P)
 - Show any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
 - 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	185' Feet	Setback from the Lake (Ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	170' Feet	Setback from the River, Stream, Creek	250'+ Feet
Setback from the North Lot Line	1,000+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	45' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	100' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	70' Feet	Setback to Well	70' Feet
Setback to Drain Field	70' Feet		
Setback to Privy (Portable, Composting)	70' 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 Dwelling: 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): _____ Sanitary Number: _____ # of Bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: **B-0087** Permit Date: **9-4-13**

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

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

Is Structure Non-Conforming Yes No No

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

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: **Well Staked. Meet all setbacks.**

Date of Inspection: **8-28-13** Inspected by: **M. Fustole**

Zoning District: **(A-1)**
Lakes Classification: **(3)**
Date of Re-Inspection: _____

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

May not be used for human habitation.
No water under pressure in structure.

Signature of Inspector: **Michael Swick** Date of Permit: **8-29-13**

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

X PUMPING OF TANK/NSP.