

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEES TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Stamp: **MAY 29 2012**
 Bayfield Co. Zoning Dept.

Permit #:	18-0172
Date:	10-10-12
Amount Paid:	\$75.00 PD5
Refund:	5/29/12

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: LAURE REASON Mailing Address: 1805 5TH ST City/State/Zip: DULUTH, MN 55805 Telephone: 28-223-1156

Address of Property: 1135 WEST LAKE LAKE RD City/State/Zip: IRON RIVER, WI 54847 (TRIPP) Cell Phone: 28-343-1325

Contractor: NONE (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) PIN: (23 digits) 04-048-2-48-08-55-3 05-01-0308plume VLS Recorded Document: (i.e. Property Ownership) _____ Page(s) 1,25

Section 35, Township 48, N. Range 8, W. Town of: TRIPP Lot Size TRIPP Acreage 1.5

Shoreland Non-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: 55-200' feet

Is Property/Land within 1000 feet of lake, Pond or Flowage If Yes---continue Disrupt 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
\$ <u>250.00</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> <u>DECK EXP</u>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SANITARY</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

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

Proposed Construction: DECK EXP Length: 12' Width: 10' 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 checked="" type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2 nd) Porch	() X ()	
<input type="checkbox"/>	with a Deck	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/>	with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>EXPAND EXISTING DECK</u>	(<u>12</u> X <u>10</u>)	<u>120#</u>
<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 to have access to the above described property at any reasonable time for inspection.

Owner(s): Laure Reason Date 6-25-12
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

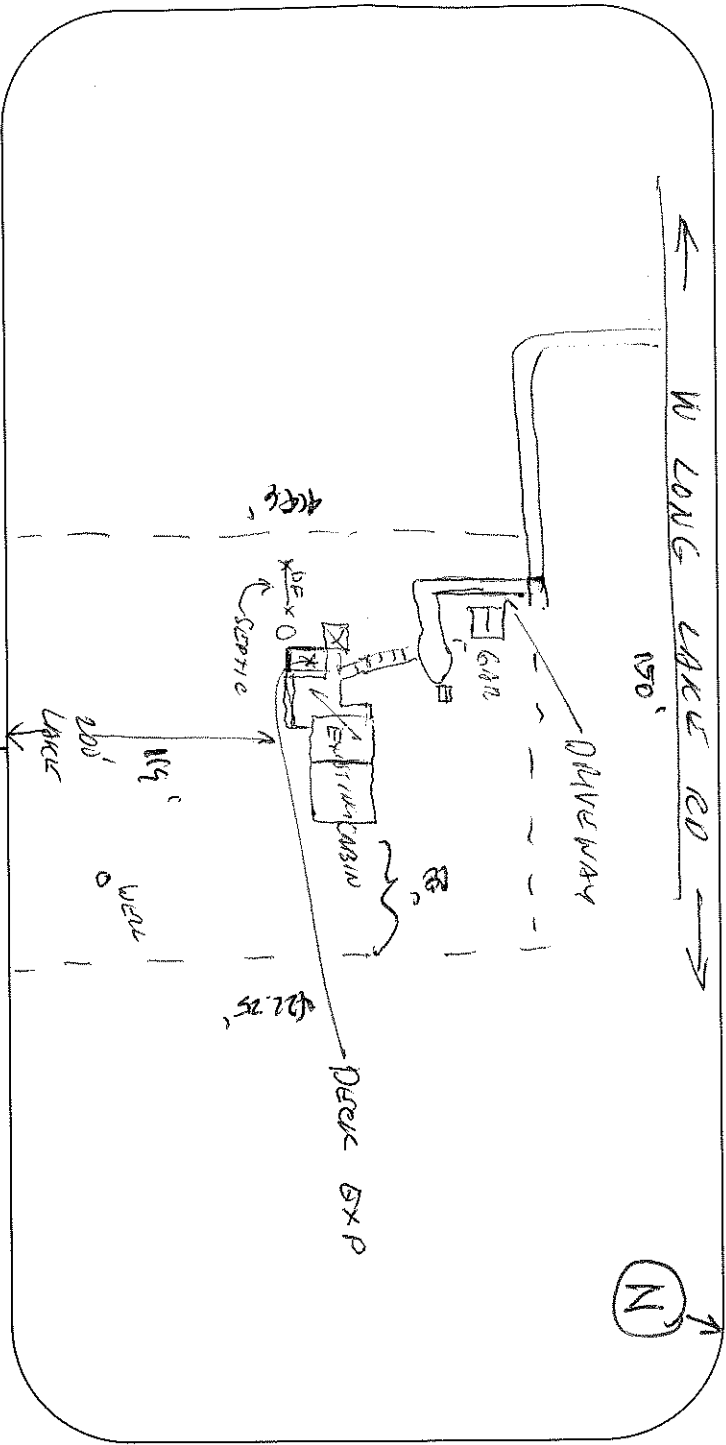
Authorized Agent: _____ Date _____
 (if there are Multiple Owners signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address: 1135 West Lake Lake Rd Copy of Tax Statement
JUN 6 2012 Attach
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed



Indicate 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 (P)
- (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)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	111' Feet	Setback from the Lake (ordinary high-water mark)	200' Feet
Setback from the Established Right-of-Way	11' Feet	Setback from the River, Stream, Creek	75' Feet
Setback from the North Lot Line	50' Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	50' Feet	Setback from Wetland	
Setback from the West Lot Line	50' Feet	Setback from 20% Slope Area	85' Feet
Setback from the East Lot Line	200' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	40' Feet	Setback to Well	100' Feet
Setback to Drain Field	25' Feet		
Setback to Privy (Portable, Composting)			

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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 12-0172 Permit Date: 10-6-18

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

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) Yes 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: Review Horizontal Lockdown, Existing Adjacent Lockdown, & Deck Calculations

Inspection Record: Review Horizontal Lockdown, Existing Adjacent Lockdown, & Deck Calculations (<250 SF²)

Date of Inspection: 6-7-12 Inspected by: DLC

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

Signature of Inspector: _____ Date of Approval: 6-5-12

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