

STATEMENT 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 27 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0993
 Date: 9-6-13
 Amount Paid: \$75
 Refund: 8-27-13
 ENTERED

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: Daniel and Seanin & Spohler
 Address of Property: 75140 Cty Hwy A
 Contractor: Iron River, WI, 54847
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 City/State/Zip: Iron River, WI, 54847
 Mailing Address: 75140 Cty Hwy A
 Agent Phone: _____
 Contractor Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Plumber: _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: SW 1/4, SW 1/4 LESS 2.03 A. Hwy A
 Legal Description: (Use Tax Statement) P.L.N.: (23 digits) 04-048-2-48-08-04-3 03-000-3000
 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____
 Section 04, Township 48 N, Range 08 W
 Town of: TRIPP
 Lot Size: _____ Acreage: 8.63 ac

Recorded Document: (i.e. Property Ownership) Volume 925 Page(s) 237
 Subdivision: _____

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
 Is Property in Floodplain Zone? Yes No
 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
\$ 15,000.00	<input checked="" type="checkbox"/> New Construction	<input 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 checked="" 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>SEPTIC</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<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: 32' Width: 40' Height: 14'
 Proposed Construction: _____

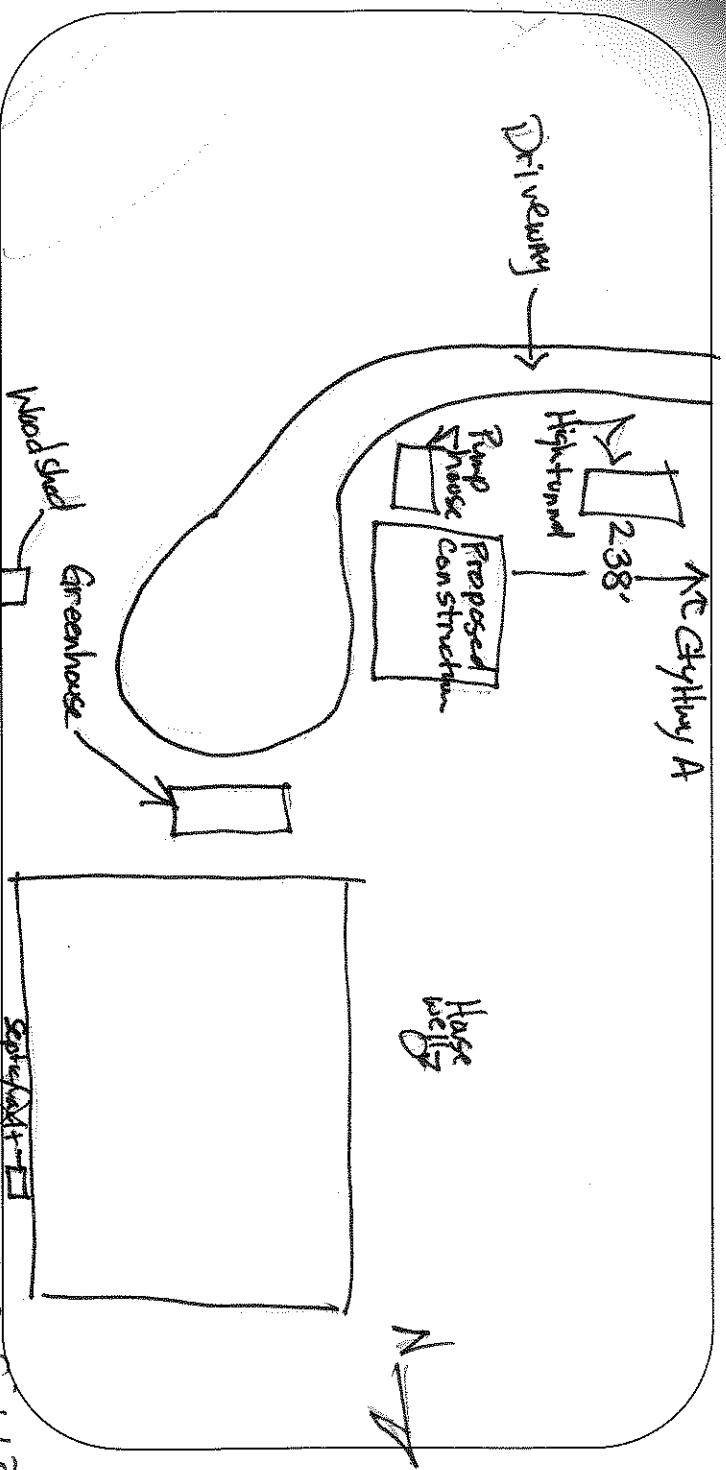
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<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)	() ()	()
	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify) <u>Garage</u>	() ()	()
	Accessory Building Addition/Alteration (specify)	(32' x 40')	1200'
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	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): Kevin Spohler
 (If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)
 Date: 8/20/13
 Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 75140 County Hwy A Iron River WI 54847
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) 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	238' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	268' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	345' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	230' Feet	Setback from 20% Slope Area	150' Feet
Setback from the East Lot Line	351' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	81' Feet	Setback to Well	85' Feet
Setback to Drain Field	130' 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), 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: ORDER SYSTEM NOT ON FILE # of bedrooms: Sanitary Date:

Permit Denied (Date): Permit Date: 9-16-13

Permit #: B-0893

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: PROPERTY OWNER PRESENT FOR INSPECTION (DRAIN) SYSTEM IS NOT BEING COMPLETED. SEPTIC NOT VAULT PLANNING AS REPORTED. SYSTEM IS NOT BEING COMPLETED & APPLICANT WILL BE ADVISED & REPERMITTED. (N/A)
 Date of Inspection: 8/20/13 Inspected by: CLERMONT, Murphy Date of Re-Inspection: N/A

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

Signature of Inspector: [Signature] Date of Approval: 9.5.13

Hold For Sanitary: Hold For B.A.: Hold For Affidavit: Hold For Fees:

SHALL NOT BE USED FOR HUMAN HABITATION OR HAVE INDOOR PLUMBING SYSTEM UNLESS REQUIRES PERMITS ARE OBTAINED.