

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)

MAR 03 2014

Permit #:	14-0061
ENTERED DATE:	3-4-14
Amount Paid:	3,314
Refund:	8150

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.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: David Simonsen, Rhonda Thalacker	Mailing Address: 61925 Basswood Rd Iron River, WI 54847
Address of Property: Flying Eagle Resort	City/State/Zip: Site 26-C
Contractor:	Contractor Phone: Plumber:
Authorized Agent: Kevin Anderson	Agent Phone: 715-877-4263
	Agent Mailing Address (include City/State/Zip): 54880 715-877-4263 3718 E. 4th St, Superior, WI
PROJECT LOCATION: NE 1/4, NW 1/4, Fess 2 parcels	Legal Description: (Use Tax Statement) 04-016-2-46-08-13-2-01-000-10000
Section: 13, Township: 46 N, Range: 8 W	PIN: (23 digits) 04-016-2-46-08-13-2-01-000-10000
	Vol & Page: Lot(s) No. Block(s) No. Subdivision: Volume 795
	Town of: Delta Lot Size: Acreage: 37.01

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <input type="checkbox"/> If yes—continue <input checked="" type="checkbox"/> If yes—continue	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes—continue	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$1,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input 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 checked="" 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 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>LOW</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"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____

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

Proposed Construction: Length: Width: Height:

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	with Attached Garage	() () ()	()
	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Screen porch</u>	(13 x 24)	312
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
	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): _____ Date: _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Kevin Anderson Date: 2-27-14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 3718 E. 4th St, Superior, WI 54880 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

- (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%

See attachments

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	300+ Feet	Setback from the Lake (ordinary high-water mark)	1000+ Feet
Setback from the Established Right-of-Way	300+ Feet	Setback from the River, Stream, Creek	1000+ Feet
Setback from the North Lot Line	100+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	1000+ Feet
Setback from the West Lot Line	300+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Lake	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	200+ Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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.

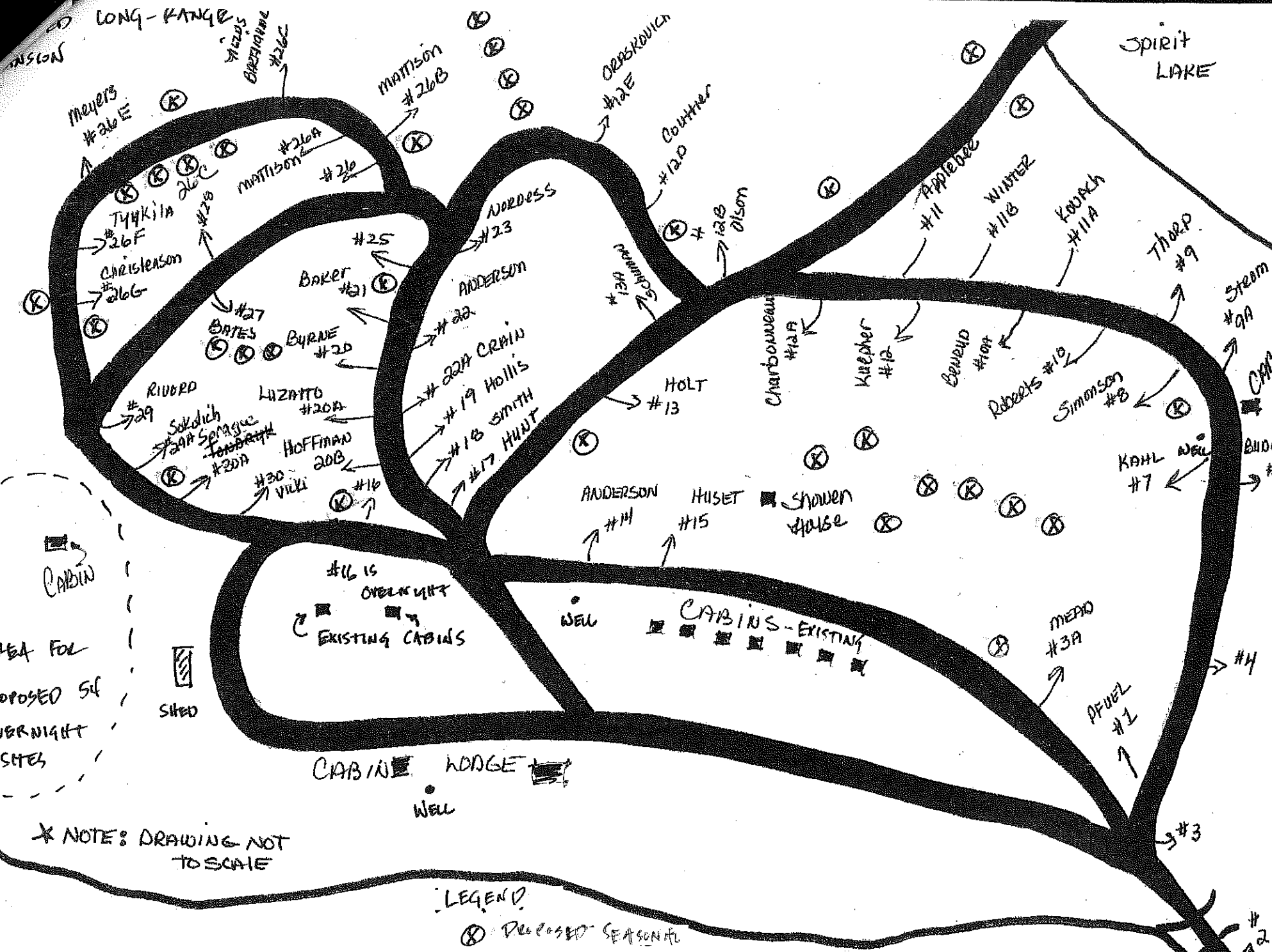
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-00021	Permit Date: 3-4-14				
<input type="checkbox"/> Is Parcel a Sub-Standard lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Meets all requirements (RFB) (3)				
Date of Inspection: 1-29-14	Inspected by: M. Furtak	Zoning District: (RFB)			Date of Re-Inspection: (3)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)					
Signature of Inspector: Michael Furtak					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 3-3-14	



BASSWOOD LAKE

WEST FORK OF
MOUNT DUFFER

LEGEND
 ⊗ PROPOSED SEASONAL

* NOTE: DRAWING NOT TO SCALE

AREA FOR
 PROPOSED SEASONAL
 OVERNIGHT
 SITES

SIBBO

CABIN WIDGE

WELL

#16 IS
 OVERNIGHT
 EXISTING CABINS

WELL
 CABINS - EXISTING

SHOWER
 HOUSE

KAHL
 #7

SIMMONSON
 #8

ROBERTS
 #10

BENEVO
 #10A

KREPKER
 #12

CHARBONNEAU
 #1A

HOLT
 #13

ANDERSON
 #14

HUSET
 #15

#17 HUNT

#18 SMITH

#19 HOLLIS

#20A CABIN

HOFFMAN
 #20B

LIZATTO
 #20A

SOLDICH
 #20A

RIVERO
 #20A

BATES
 #27

BYRNE
 #20

BAKER
 #21

WARDRESS
 #23

MATTISON
 #26

TYKKILA
 #26F

MEYERS
 #26E

MATTISON
 #26B

OROSKOVICH
 #26E

COUTHER
 #120

OLSON
 #128

APPLEBYE
 #11

WINTER
 #11B

KOONCH
 #11A

THURP
 #9

STEAM
 #9A

CABIN

BUD
 #

#4

MEAD
 #3A

PIVEL
 #2

#3

#2

SPIRIT LAKE

INSION

LONG-RANGE

MEYERS
 #26E

#26C

#26D

#26F

#26G

#26A

#26B

#26C

#26D

#26E

#26F

#26G

#26H

#26I

#26J