

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

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)
 NOV 13 2013
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #

Permit #	14-0088
Date:	3-5-14
Amount Paid:	\$75
Refund:	11-19-13

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 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: Lorraine S. Duder Mailing Address: 64805 G Hwy H Iron River, WI 54847 Telephone: 715 372-8290

Address of Property: Some City/State/Zip: Iron River, WI 54847 Call Phone: 372-8290

Contractor: Self Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: _____ Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) RD 1/4, NE 1/4 PIN: (23 digits) 04-024-3-47-08-33-103-000-3000 Recorded Document: (i.e. Property Ownership) Volume 975 Page(s) 24

Section 33, Township 47 N, Range 8 W Town of: Iron River

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 79' 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
\$15,000	<input checked="" type="checkbox"/> New Construction <input 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"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>CONV</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 24 Width: 24 Height: 16

Proposed Construction: Length: 24 Width: 30 Height: 16

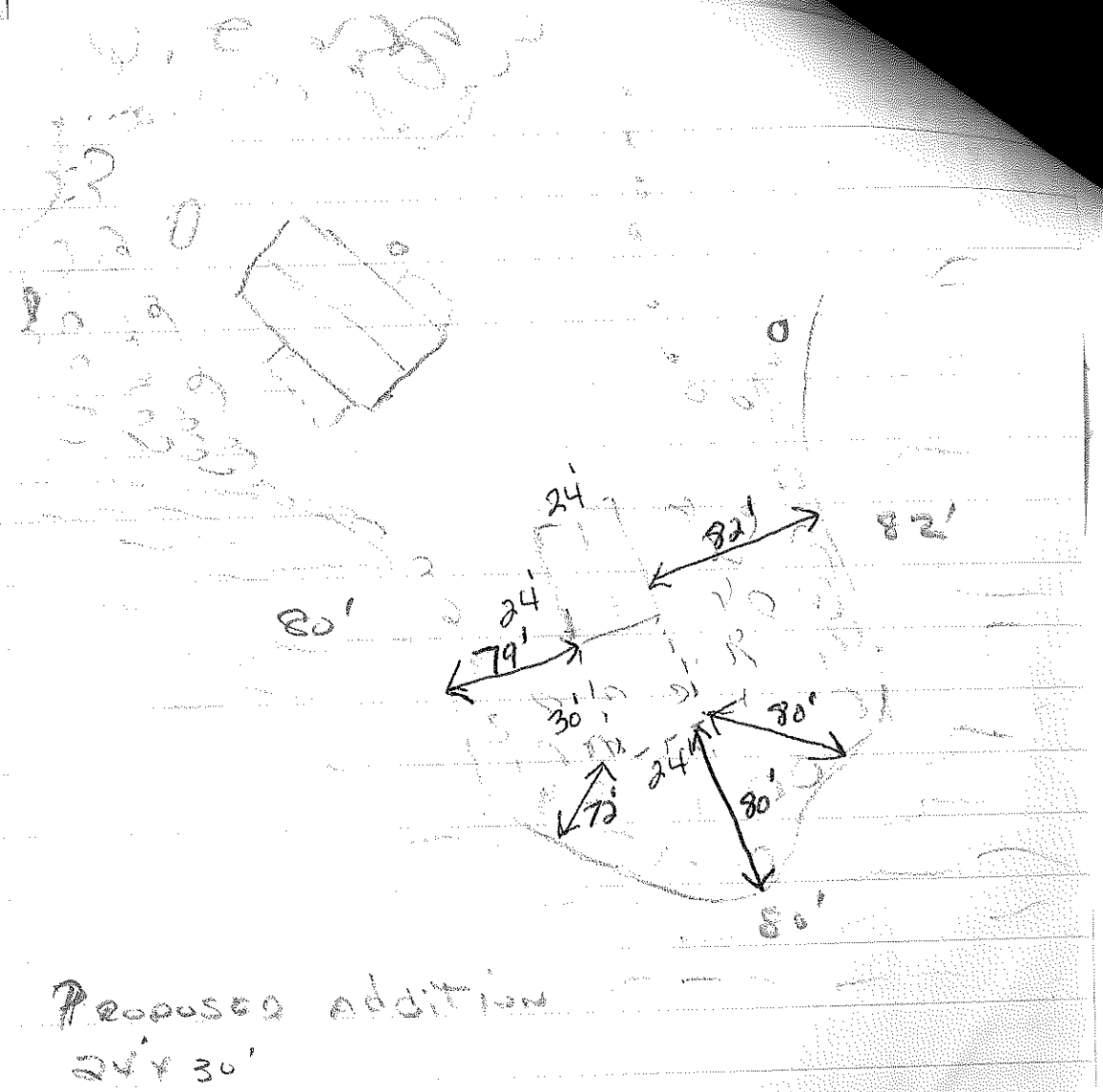
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	() () () () () () () ()	() () () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) <u>garage addition</u>	() () () () ()	() () () () ()
<input type="checkbox"/> Municipal Use	Rec'd for Issuance <input checked="" type="checkbox"/> MAR 05 2014 Secretarial Staff	() () ()	() () ()

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): Lorraine S. Duder Lorraine S. Duder
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 11-13-13

Address to send permit: Some as above Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed



Setback from the Centerline of Platted Road	245	Feet	Setback from the Lake (ordinary high-water mark)	79	Feet
Setback from the Established Right-of-Way	200+	Feet	Setback from the River, Stream, Creek	N/A	Feet
Setback from the North Lot Line	Co Hwy N	Feet	Setback from the Bank or Bluff	N/A	Feet
Setback from the South Lot Line	Lake owner	80'	Setback from Wetland	N/A	Feet
Setback from the West Lot Line	Lake owner	72	Setback from 20% Slope Area	N/A	Feet
Setback from the East Lot Line	Co Hwy N	N/A	Elevation of Floodplain	N/A	Feet
Setback to Septic Tank or Holding Tank	70+	Feet	Setback to Well	48'	Feet
Setback to Drain Field	80+	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: 1038A # of bedrooms: 3 Sanitary Date: 11-9-77

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

Permit #: 14-0038 Permit Date: 3-5-14

Is Parcel a Sub-Standard Lot Yes (beed of record) No

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

Was Property Surveyed Yes No

Inspection Record:

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Inspected by: M. Fuchs, Rob Schwanman

Date of Inspection: 11-30-13

Inspected by: M. Fuchs, Rob Schwanman

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

Inspection Record: Well staked. Property in Peninsula.

Date of Re-Inspection: 3

Zoning District: (R-1)

Lake Classification: (3)

Signature of Applicant: Michael Smith

Signature of Inspector: _____

Signature of Approver: _____

Date of Approval: 3-11-14

Head for Sanitary: Head for Tank: Head for Atrium: Head for Feet:

See BOA decision & affidavit

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

ENTERED
 Permit #

14-00025

Date Stamp (received)
 MAR 05 2014

Date:

3-6-14

Amount Paid:

\$175

Refund:

3-6-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
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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: John Arnold Rautio Mailing Address: PO Box 41 Iron River, WI, 54847 Telephone: 715-370-5646

Address of Property: 7043 West Mill St. City/State/Zip: Iron River, WI, 54847 Call Phone: 715-992-2646

Contractor: _____ 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) 1/4, 1/4 PIN: (23 digits) 04-024-2-47-08-07-400-198-0000 Recorded Document: (i.e. Property Ownership) Volume 1051 Page(s) 176, 934

Section 01, Township 47 N, Range 08 W Town of: Iron River Subdivision: Original plot of Iron River Lot Size _____ Acreage 0.298

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: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

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>1,000</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"/> DECK	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 46'6" Width: 20' Height: 16'4"

Proposed Construction: Length: 20' Width: 12' Height: 2'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input 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 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"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)		() X ()	()
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	()
<input type="checkbox"/> Addition/Alteration (specify) <u>deck</u>		(<u>20</u> X <u>12</u>)	<u>240</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) <u>DECK</u>		(<u>20' X 12'</u>)	<u>240</u>

REC'D FOR ISSUANCE
 MAR 07 2014
 Secretarial Staff

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 in any reasonable time for the purpose of inspection.

Owner(s): John Arnold Rautio
 (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 3-5-2014
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

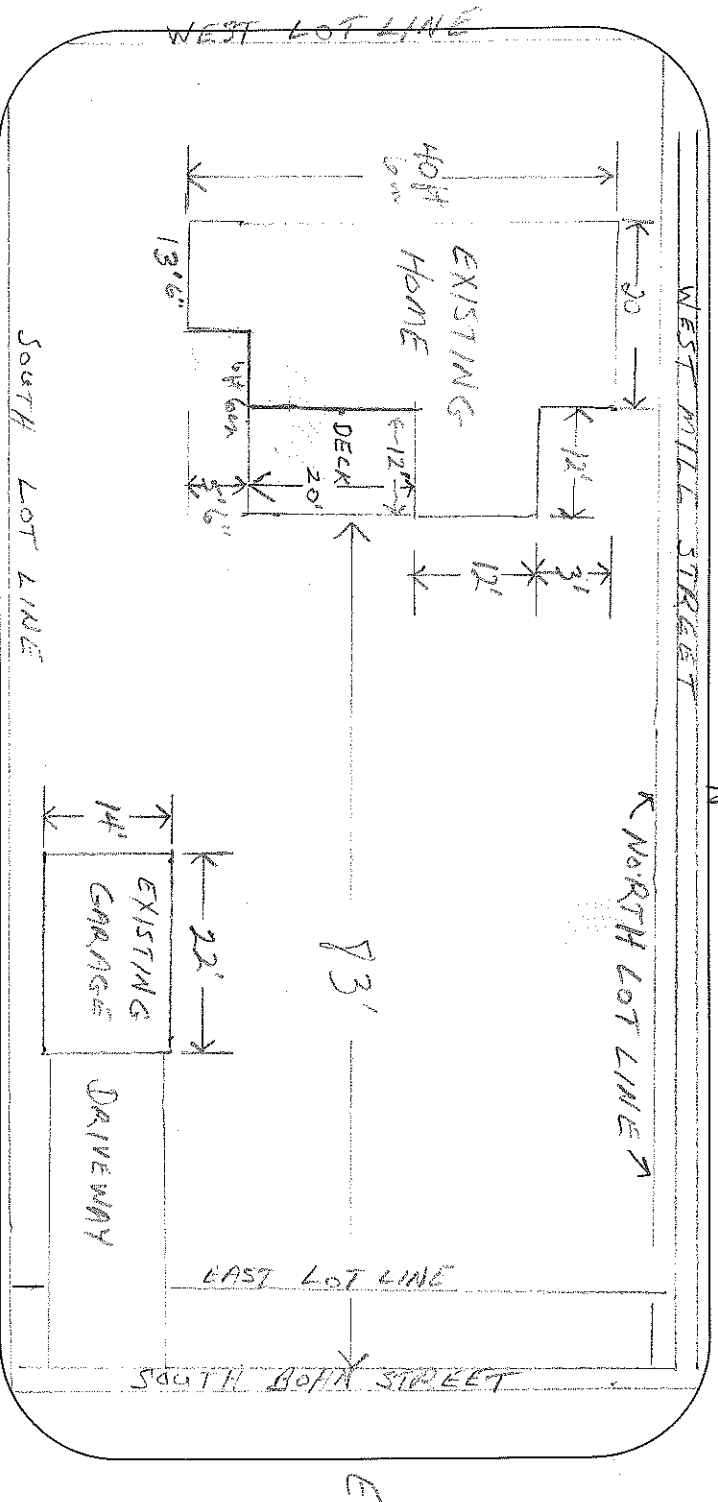
Address to send permit PO Box 41 Iron River, WI 54847 Attach
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

715-372-4438 - Father

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box 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)

(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	83 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	50 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	44 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	39 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	54 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	49 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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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 #: 14-0085		Permit Date: 3-6-14		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	Meets all setbacks.			
Date of Inspection: 3-5-14	Inspected by: MM. Fuchs	Zoning District: (R-4)	Lakes Classification: (N/A)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: Michael Swick	Date of Approval: 3-6-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	