

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)  
 MAY 05 2014

Permit #:	14-00660	WI 3225
Date:	5-9-14	
Amount Paid:	162.50	82
Refund:		

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:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Sure Site Consulting Mailing Address: 8770 Bryn Mawr Suite 1300 Chicago IL 60631 City/State/Zip: Chicago IL 60631 Telephone: 773 867 2961  
 Address of Property: Hart Lake Road City/State/Zip: Iron River WI City/State/Zip: Chicago IL 60631 Cell Phone: 6165100608  
 Contractor: Will GAY TEL Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 773 867 2961 Agent Mailing Address (include City/State/Zip): 8770w Bryn Mawr Ste 1300 Chicago IL 60631 Written Authorization Attached:  Yes  No

PROJECT LOCATION: NW 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04-024247081520200010000 P.L.N. (23 digits) 1061 Recorded Document: (i.e. Property Ownership) 787  
 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 15, Township 47 N, Range 08 W Town of: Iron River Lot Size \_\_\_\_\_ Acreage 40

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: \_\_\_\_\_ feet  
 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

Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>65,000</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 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 type="checkbox"/> Seasonal <input checked="" 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 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: 3001  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	( ) ( )	( )
<input type="checkbox"/>	Residential Use with a Porch	( ) ( )	( )
<input type="checkbox"/>	Residential Use with (2 <sup>nd</sup> ) Porch	( ) ( )	( )
<input type="checkbox"/>	Residential Use with a Deck	( ) ( )	( )
<input checked="" type="checkbox"/>	Commercial Use with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date) _____	( ) ( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Antenna replacement</u>	( ) ( )	( )
<input type="checkbox"/>	Accessory Building (specify) _____	( ) ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
<input type="checkbox"/>	Special Use: (explain) _____	( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain) _____	( ) ( )	( )
<input type="checkbox"/>	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: 4-14-14  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Will GAY Date: 4-14-14  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit Virginia Roth, Sure Site Consulting, 8770W. Bryn Mawr Ste 1300 Chicago IL 60631 Attach  Copy of Tax Statement  
 Email: vroth@sure-site.com APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**

*to be provided*



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	750'±	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	730'±	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	750'±	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	400'±	Setback from Wetland	NA
Setback from the West Lot Line	850'±	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	350'±	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	50'±	Setback to Well	500'±
Setback to Drain Field	500'±		
Setback to Privy (Portable, Composting)	NA		

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).

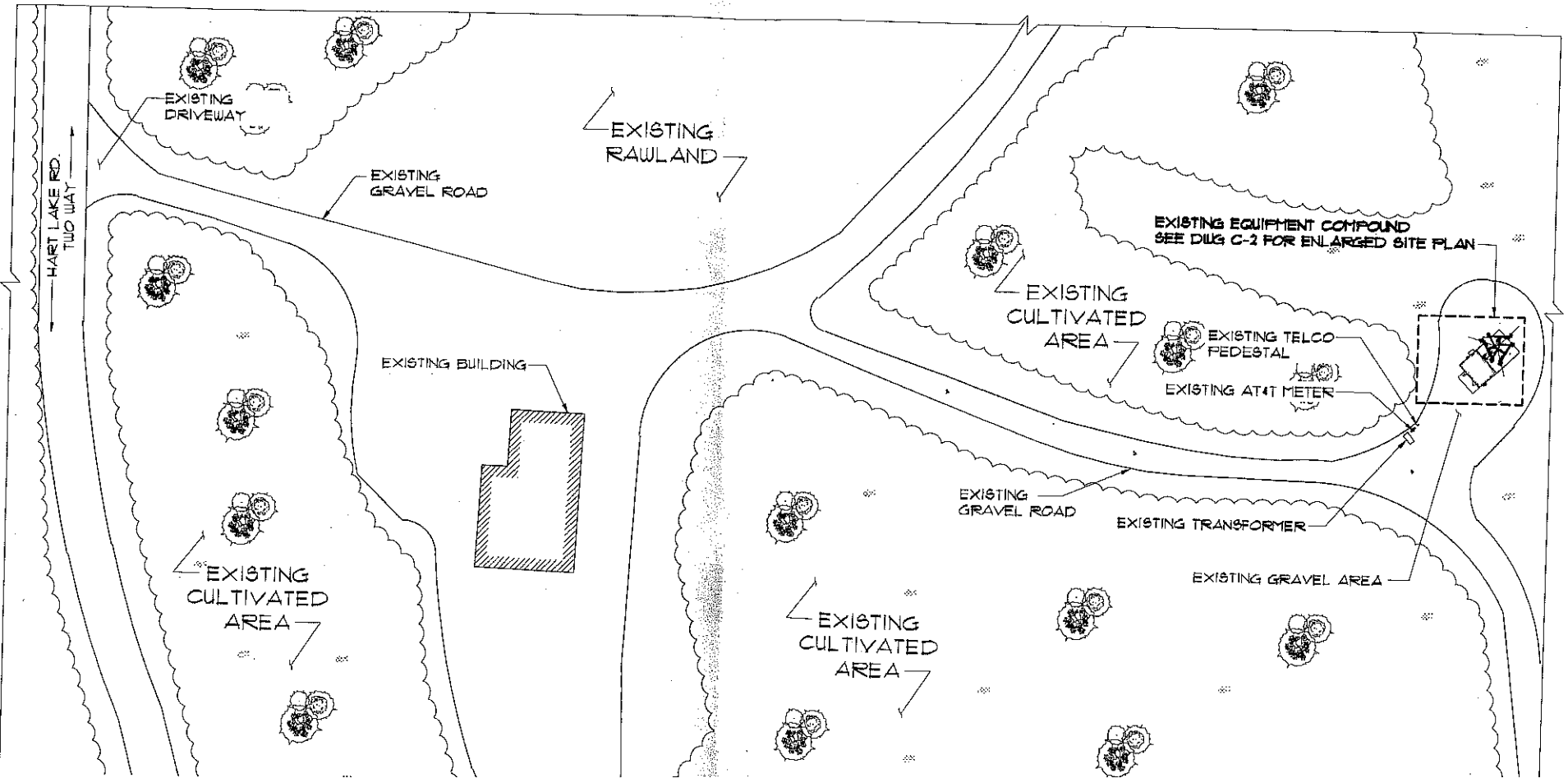
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>14-00060</b>	Permit Date: <b>5-9-14</b>			
<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 checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input 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"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <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
Inspection Record: <b>Tower is operating. PLU 6039-97</b>	Inspected by: <b>MM Furbata</b>	Zoning District (I)	Date of Re-Inspection:	
Date of Inspection: <b>4-30-14</b>		Lakes Classification (NA)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <b>No increase in tower height.</b>				
Signature of Inspector: <b>Michael Furbata</b>	Date of Approval: <b>5-9-14</b>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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COA# 3670-II  
www.FullertonEngineering.com

CHECKED BY:	AG		
APPROVED BY:	MB		
REV.	DATE	DESCRIPTION	INT
A	2/13/12	90% REVIEW	LA
0	04/27/12	FINAL	DZ

**WISCONSIN**  
HENRY D.  
BELLAGAMBA  
36381-006  
ROSEMONT,  
IL  
**PROFESSIONAL ENGINEER**

SITE NAME  
**DBS  
-IRON RIVER  
-WI**

SITE NO.  
**WI3225**

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