

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 JUN 02 2014
 Bayfield Co. Zoning Dept.



Permit #:	14-0091	\$75
Date:	6-2-14	
Amount Paid:	\$75	6-2-14
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.
 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: Greg & Kathleen Skoczewski
 Address of Property: Same as above
 City/State/Zip: Iron River, WI 54847
 Telephone: 715 372-4546

Contractor: Mark Jacobson (715) 379-8724
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 379-8724
 Plumber: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, _____ 1/4 WVA 2
 Legal Description: (Use Tax Statement) 04-083-2-47-09-24-2 05-002-10000
 PINE (23 digits) 04-083-2-47-09-24-2 05-002-10000
 Recorded Document (i.e. Property Ownership) Volume 1120 Page(s) 229
 Subdivision: site # 50

Section 24, Township 47 N, Range 9 W
 Town of: Hughes
 Lot Size _____ Acreage 20.18

Shoreland Non-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
 Distance Structure is from Shoreline: 800+ 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
\$2,000	<input 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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input 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 <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 checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> RV				<input checked="" type="checkbox"/> None	Dump Station

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	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	() X () () X () () X () () X () () X () () X () () X ()	() () () () () () ()
<input type="checkbox"/> Commercial Use	<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) _____	() X () () X ()	() ()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) deck <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X () (14 X 32) () X ()	() (448) ()
<input type="checkbox"/> Special Use: (explain) _____		() X ()	()
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	()
<input type="checkbox"/> Other: (explain) _____		() X ()	()

Rec'd for Issuance JUN 02 2014
 Secrelarial Staff

FAILURE TO OBTAIN A PERMIT OF 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.

Owners: Greg Skoczewski
 (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: 5-27-14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 6080 Iron Lake Rd, Iron River, WI 54847
 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%

See
attachment

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	150 + Feet	Setback from the Lake (ordinary high-water mark)	800+ Feet
Setback from the Established Right-of-Way	150+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	100+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	450+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-0091	Permit Date: 6-8-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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:	Inspection Inspected by: MM. Furtals Date of Inspection: 5-27-14 Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)		Zoning District: RRB Lakes Classification: 2	Date of Re-Inspection:
Signature of Inspector: Michael Furtals	Signature of Applicant: Michael Furtals		Date of Approval: 6-2-14	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

N
W E
S

Larsen
Peteresen
Nelson
NEW
X 152

Soderstrom
X 37

Machonesi
X 55

DeBruyne
X 50

M. Johnson
X 49

Behrendt
X 48

Edge
X 47

Hubbard
X 46

open
51

Kolenda
X 58

Lenihan
X 20

Tollers
open
59

Lundquist
X 62

Krisk
X 61

NEW
X 19

VOLLEYBALL

GROUP SITE

40

42

Wahfo
X 41

Betterman
X 40

NEW
X 39

Bazinski
X 38

Flaherty
X 37

DeKraai
X 36

Brokaw
X 35

Konthy
X 38

open
37

Franzwa
X 35

Mrozak
X 10

Meier
X 7

Bodin
X 8

MILANDERS

X 6

X 5

X 4

X 3

X 2

NEW Westergren
X 25

Stolarzyk
X 5

NEW
X 4

NEW
X 21

NEW
X 22

BRONCH
X 23

Kouba
X 12

LEGG
X 11

LP

LOBBY/ENTRANCE

FISH HOUSE

BOAT LANDING

SWIM BRANCH

PLAY YARD

HOUSE

REST ROOM

CHANGING

Ritch
X 34

Neubauer
X 33

30

31

32

33

7
6
5
4
3
2
1

2 3 4