

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 12 2014
 Bayfield Co. Zoning Dept

ENTERED
 Permit #: 14-0116
 Date: 6-10-14
 Amount Paid: \$755.510-14
 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: Victoria Elonen Mailing Address: 7385 Eloner Rd Iron River, WI 54847 Telephone: 715 372-4341
 Address of Property: East View Rd City/State/Zip: Iron River WI 54847 Contractor Phone: _____ Plumber Phone: _____
 Contractor: Clarry Bldgs Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
 Authorized Agent (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: NE 1/4, NW 1/4 Gov't Lot _____ Lots) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 35, Township 48 N, Range 9 W Town of: Oulu Lot Size _____ Acreage 40

Legal Description: (Use Tax Statement) 04-0382-48-00-35-2 01-000-10000 Recorded Document: (i.e. Property Ownership) Volume 703 Page(s) 128

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: 700 ft Is Property in Floodplain Zone? Yes No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

Non-Shoreland

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
\$14,000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

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)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<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)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/> Accessory Building (specify) _____	(30 x 56)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(30 x 30)	
Rec'd for Issuance			
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(X)	

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 and any responsible time for the purpose of inspection.

Owner(s): Victoria Elonen Date 5-7-2014
 (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 _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

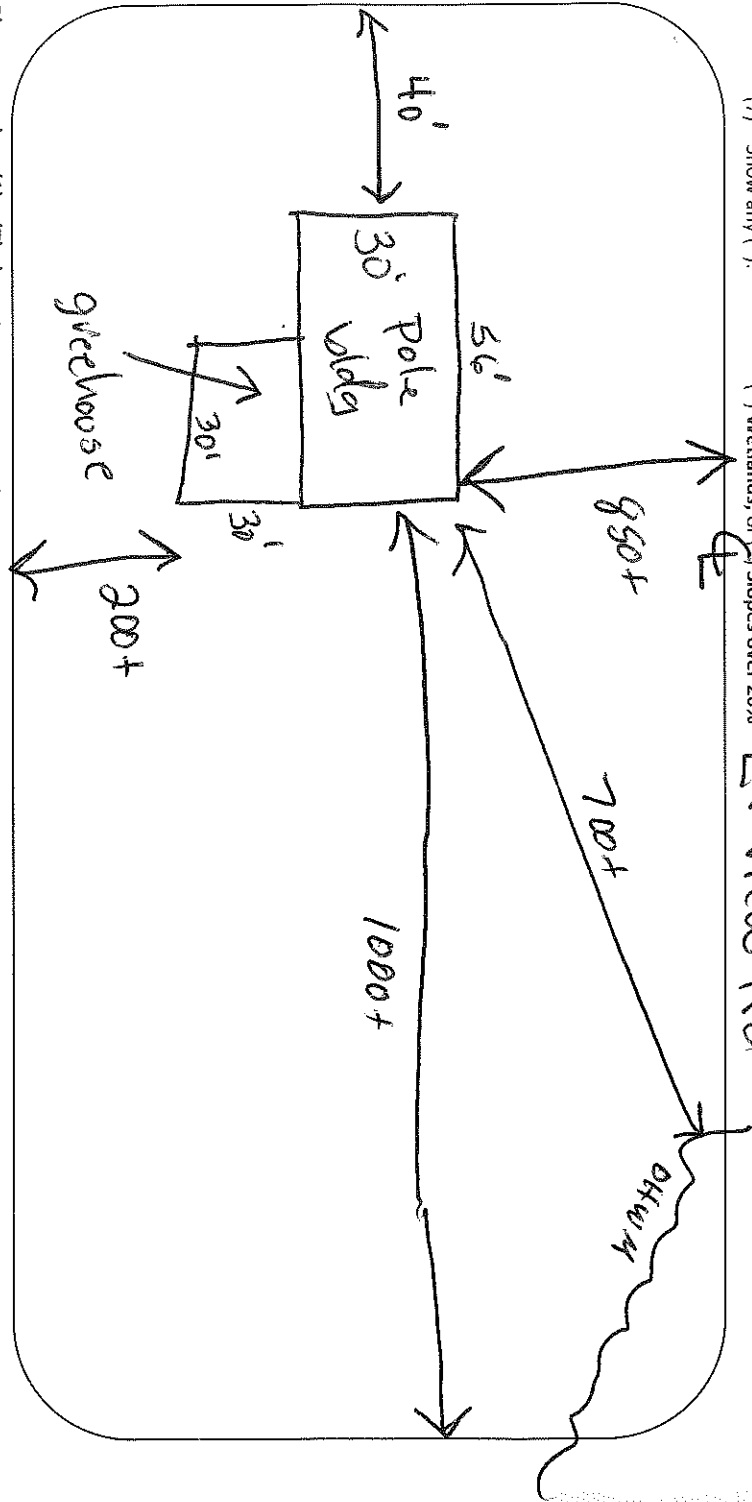
Address to send permit _____
 (If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach 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)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



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	850'	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	450'	Setback from the River, Stream, Creek	200'
Setback from the North Lot Line	NA	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	300'	Setback from Wetland	NA
Setback from the West Lot Line	40'	Setback from 20% Slope Area	NA
Setback from the East Lot Line	1,000'	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank		Setback to Well	NA
Setback to Drain Field			
Setback to Privy (Portable, Composting)	NA		NA

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 marked by a licensed surveyor at the owner's expense.
 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 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 #: 14-0116 Permit Date: 6-10-14

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____
 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: Well staked. Metal setbacks.
 Date of Inspection: 6-9-14 Inspected by: M. Furtak
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
May not be used for human habitation.
No water under pressure in structure.
 Signature of Inspector: Michael Furtak Date of Approval: 6-10-14
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (facelined)
 MAY 29 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-0111
 Date: 6-10-14
 Amount Paid: \$755 5-29-14
 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: Wayne & Nancy Murray Mailing Address: 1990 G. HUYFF Buley, WI 54820 Telephone: 715 372-6400

Address of Property: same City/State/Zip: same City/State/Zip: same Cell Phone: same

Contractor: self 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: SE 1/4, SE 1/4 Gov't Lot: _____ Lot(s): _____ GSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume 903 Page(s) 246

Section 18, Township 48 N, Range 9 W Town of: 0010 Lot Size: _____ Acreage 5.282

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: 100+ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet 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
\$ 12,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bids) <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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T.</u> <input type="checkbox"/> Privy (Pit) or 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: 25 Width: 50 Height: 16

Proposed Construction: Length: 25 Width: 70 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) Deck	() ()	()
	with a 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 checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>entryway porch</u>	() ()	()
	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain)	() ()	()

Rec'd for Issuance: JUN 10 2014

Secretarial Staff: _____
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I/we, the undersigned, hereby 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 the 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 all reasonable times for the purpose of inspection.

Owner(s): Wayne & Nancy Murray Date 5-28-14
 (If there are multiple Owners listed on the Deed All Owners must sign in letters) of authorization must accompany this application

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

Address to send permit same as above Attach _____
 If you recently purchased the property send your Recorded Deed

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)
 (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			
Setback from the Established Right-of-Way	N/A	Setback from the Lake (ordinary high-water mark)	N/A
		Setback from the River Stream, Creek	100+
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	250+		
Setback from the south Lot Line	110+	Setback from Wetland	N/A
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	225+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	15'	Setback to Well	82+
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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.

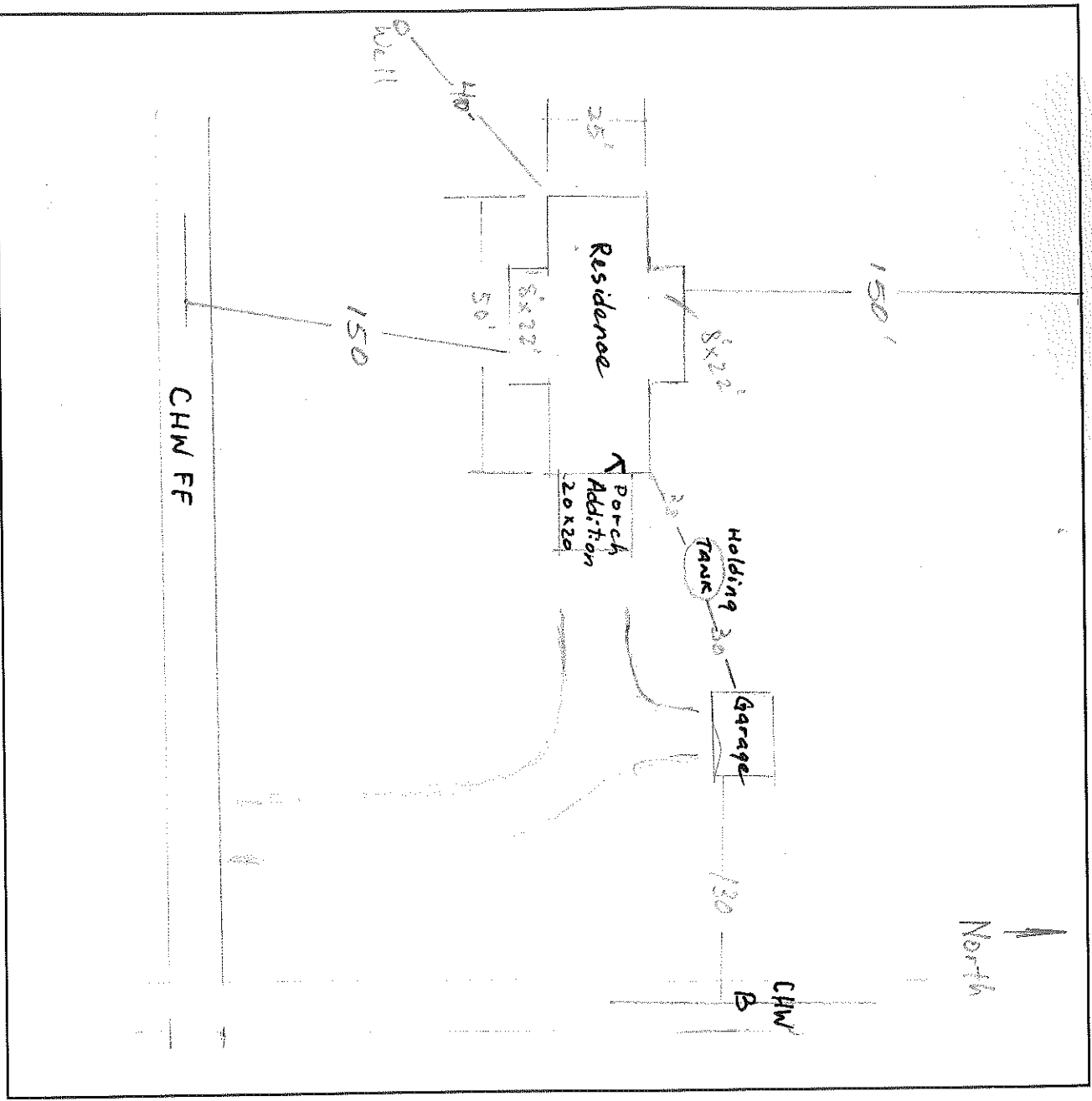
Issuance Information (County Use Only) Sanitary Number: 404374 # of bedrooms: 2 Sanitary Date: 8-8-03
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 14-0111 Permit Date: 6-10-14

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____
 Is Parcel in Common Ownership Yes No (Used/Contiguous Lot(s)) _____
 Is Structure Non-Conforming Yes _____
 Granted by Variance (B.O.A.) Yes No Case #: _____
 Was Parcel Legally Created Yes No _____
 Was Proposed Building Site Delineated Yes No _____
 Were Property Lines Represented by Owner Was Property Surveyed Yes No _____
 Affidavit Required Yes No
 Affidavit Attached Yes No

Inspection Record: well staked. Meets all setbacks.
 Date of Inspection: 6-10-14 Inspected by: _____
 Condition(s), Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached.)

Signature of Inspector: Michael Fuchsle Date of Approval: 6-29-14
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

Lot Line



Name of Frontage Road (CHW FF)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.