

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)
JUN 05 2014
 Bayfield Co. Zoning Dept.

\$ 125 + \$ 225

| | |
|---------------|--------------|
| Permit #: | 14-0140 |
| ENTERED Date: | 6-18-14 |
| Amount Paid: | \$300 6-6-14 |
| 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: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | Owner's Name: The North Enterprises LLC | Mailing Address: 62410 Dahlstrom Rd Ashland WI 54806 | City/State/Zip: Iron River, WI 54847 | Telephone: Cell phone: 715 413-0431 Plumber Phone: 413-0431 |
| Address of Property: XXX FR 242 | Contractor: Sele Mike Wiebe | Contractor Phone: Plumber: | Agent Phone: Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Wiebe | PROJECT LOCATION ALE 1/4, NW 1/4, P339 | Legal Description: (Use Tax Statement) 1555 5 sec. 14 NW 1/4, P339 | PIN: (23 digits) 04-024-2-47-08-12-201-000-40000 | Recorded Document: (i.e. Property Ownership) Volume 1006 Page(s) 329 |
| Section 12 , Township 47 N, Range 8 W | Distance Structure is from Shoreline: Shoreland → <input 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 → | Distance Structure is from Shoreline: feet _____ | Distance Structure is from Shoreline: feet 200 → | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland | Value at Time of Completion *Include donated time & material \$ 5,000 | Project (What are you applying for) <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property | Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> # of Stories and/or basement | <input type="checkbox"/> # of bedrooms | What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | Water <input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None |
| | Existing Structure: (if permit being applied for is relevant to it) Proposed Construction: | Length: 16 Width: 13 Height: 10 | Length: 16 Width: 10 Height: 10 | Square Footage |

| 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 Attached Garage Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) Living room Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____ | (16 x 12) (X x X) (X x X) (X x X) (X x X) (X x X) (10 x 16) (X x X) (X x X) (X x X) | 192 |
| <input type="checkbox"/> Commercial Use | | | |
| <input type="checkbox"/> Municipal Use | | | |
| Rec'd for Issuance | Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____ | (X) (X) (X) | (X) (X) (X) |

Secretarial Staff: FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES 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.

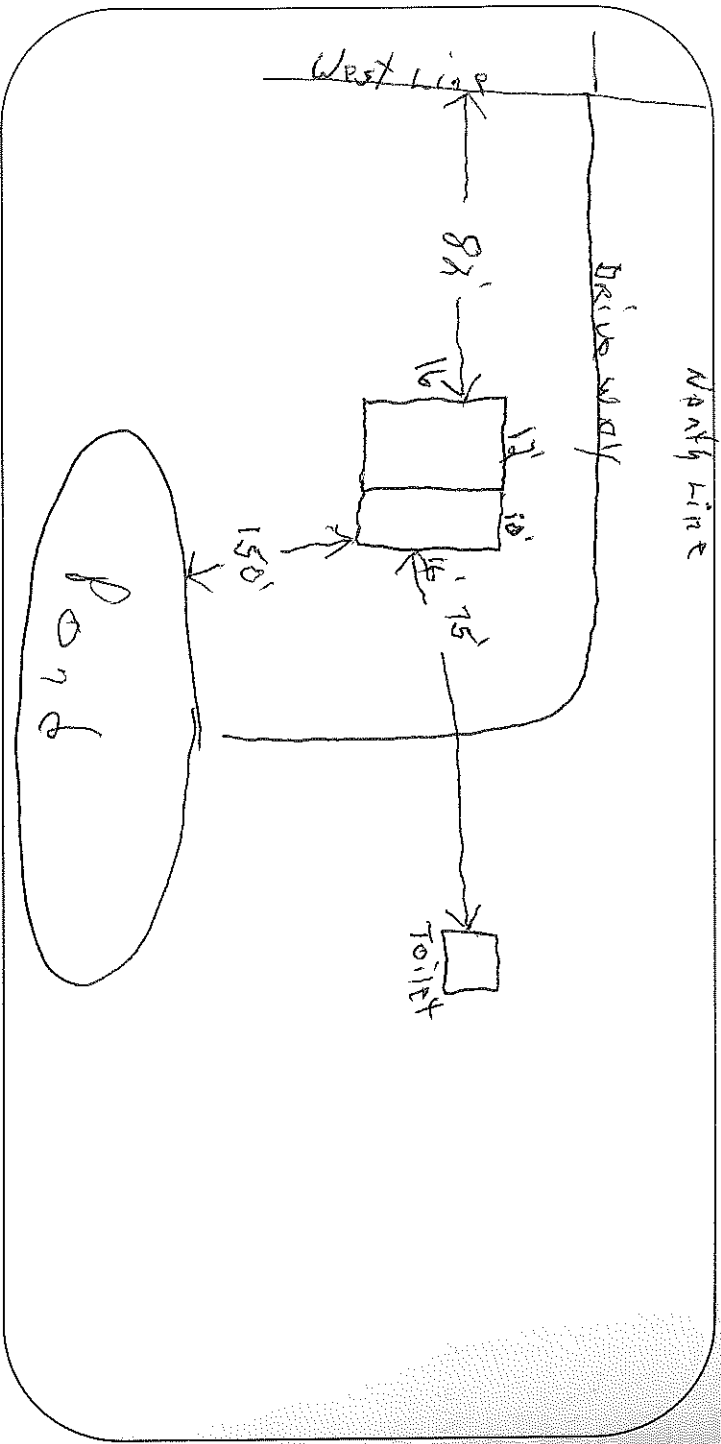
Owner(s): **Michael & Wiebe**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date **6-5-14**
 (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**
 Copy of Tax Statement Attached ✓

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 (*): (**) 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 | 550+ | Setback from the Lake (ordinary high-water mark) | 200+ |
| Setback from the Established Right-of-Way | 550+ | Setback from the River, Stream, Creek | N/A |
| Setback from the North Lot Line | 250+ | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | N/A | Setback from Wetland | 600+ |
| Setback from the West Lot Line | 75' | Setback from 20% Slope Area | N/A |
| Setback from the East Lot Line | 500+ | Elevation of Floodplain | |
| Setback to Septic Tank or Holding Tank | | Setback to Well | |
| Setback to Drain Field | | | |
| Setback to Privy (Portable, Composting) | | | |

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 #: 14-014D | Permit Date: 6-18-14 | | | | | |
| <input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming | <input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No | <input checked="" type="checkbox"/> No <input type="checkbox"/> No <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"/> No | <input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No |
| Granted by Variance (B.O.A.) | | Case #: | Previously Granted by Variance (B.O.A.) | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Was Parcel Legally Created | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Were Property Lines Represented by Owner | | |
| Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Was Property Surveyed | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: | | Zoning District (F-1) | | | | |
| Meets all setbacks. | | Lakes Classification (3) | | | | |
| Date of Inspection: 6-5-14 | | Inspected by: M. Furtak | | Date of Re-Inspection: | | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.) | | | | | | |
| Property owner is responsible for contacting UDC. | | | | | | |
| Signature of Inspector: Michael Furtak | | Date of Approval: 6-6-14 | | | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: 6-18-14 | | Hold For Fees: <input type="checkbox"/> | | |
| | | Hold For Affidavit: <input type="checkbox"/> | | Hold For Fees: <input type="checkbox"/> | | |

APPLICATION FOR SIGN

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138



RECEIVED JUN 03 2014

Bayfield Co. Zoning Dept.

Office Use:
Application No. 14-0141
Date 6-18-14
Fee Paid \$50 6-5-14
\$175 6-5-14

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.
Changes in plans must be approved by the Zoning Department

Applicant IRON RIVER COOPERATIVES, INC. Contractor Glen Webner 769-3220 SIGNATURE SIGN + GRAPHICS INC.
Address 68375 N. MAIN ST. Authorized Agent Patrick Dooley
IRON RIVER, WI 54847 Agent's Telephone 715-372-4264
Telephone 715-372-4264 Written Authorization Attached: Yes (X) No (X)

Accurate Legal Description involved in this request: Zoning District: C
SE 1/4 of NW 1/4 of Section 7 Township 47 N. Range 8 W. Town of Iron River
Gov't Lot Lot 1 Block 2 Subdivision Original Plat of I.R. CSM #
Volume 1008 Page 434 of Deeds Parcel I.D. # 04-024-2-47-08-07-4 00-198-01700 ACREAGE .075

Additional Legal Description: ATTACH Copy of Tax Statement [check]

Sign: On-premise [X] Off-premise [] Sign: New [X] Replacement []
Size of Sign: 5 Feet by 8 Feet Height of Sign: 20 Feet from grade to top of Sign

If this sign is off-premise, owner of property must complete the following:
I, _____, owner of the above described property, do hereby give my authorization for _____ to erect and maintain a sign on my property.

Rec'd for Issuance JUN 18 2014
Secretarial Staff

Signed _____ Date _____
Property Owner
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

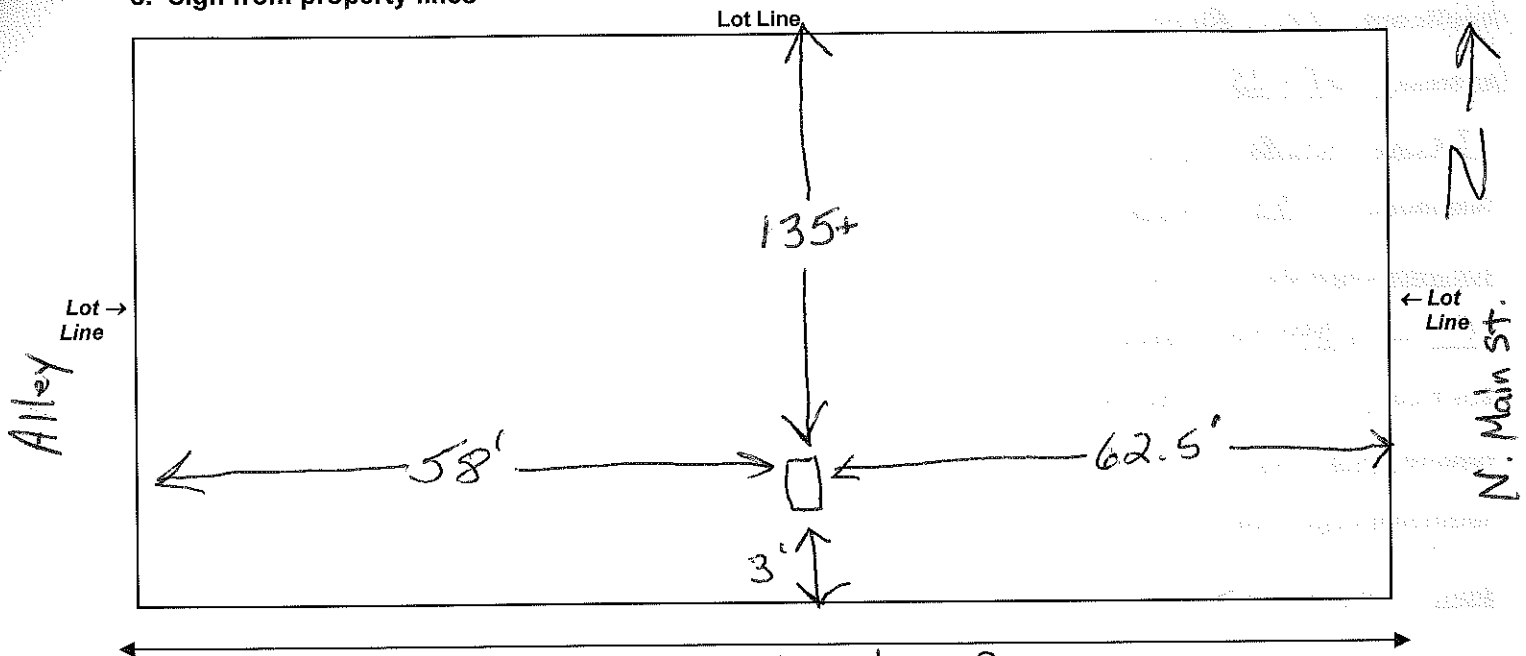
For Office Use Only

Permit Issued:
Date 6-18-14 Permit Number 14-0141 Permit Denied (Date)
Reason for Denial:
Inspection Record: Meets all setbacks
By M. Fritsch Date of Inspection 6-3-14
Variance (B.O.A.) #
Condition
Signed Michael Fritsch Inspector Date of Approval 6-4-14

... and use frontage road as a guideline, and indicate North (N) on plot plan
 show the sign location
 3. Show dimensions in feet on the following:

IMPORTANT
Detailed Plot Plan is Necessary

- a. Sign from centerline of road(s).
- b. Sign from right-of-way line
- c. Sign from property lines
- d. Sign from lake, river, stream or pond
- e. Sign from other signs



NOTICE: The local town, village, city, state or federal agencies may also require permits.
Sign Plan
 (Fill in Information Desired on Sign)

See attachment

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.

I, the undersigned, attest that the information contained herein is accurate and true.

Patrick J. Dwyer 6/3/14
 Applicant's Agent's Signature Date
P.O. Box Iron River, WI 54847
 Address to Mail Permit to