

**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 13 2014**  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #: 14-0161  
 Date: 6-27-14  
 Amount Paid: \$505  
 Refund: 6-13-14

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. 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:** MATTHEW NORTON & SOZANNE NIEMI  
**Address of Property:** 214 W. LAKESHORE DR, OAKWOOD HILLS, IL 60013  
 66695 CROOKED LAKE ROAD  
**City/State/Zip:** IRON RIVER, WI 54877 (KEYSTONE)  
**Contractor:** POLKOSKI PLUMBING  
**Authorized Agent:** (Person Signing Application on behalf of Owner(s))  
**Agent Phone:** 715-372-4156  
**Agent Mailing Address (include City/State/Zip):** POLKOSKI PLUMBING  
**Plumber:** POLKOSKI PLUMBING  
**Plumber Phone:** 715-372-4156  
**Written Authorization Attached:**  Yes  No

**PROJECT LOCATION:** SW 1/4, NW 1/4  
 LAKE W. OF CROOKED LAKE RD. 19  
 Section 19, Township 4T, N Range 7, W  
**Legal Description:** (Use Tax Statement) SW 1/4, NW 1/4 of Lake W. of Crooked Lake Rd. 19, Township 4T, N Range 7, W  
**Gov't Lot:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **CSM:** \_\_\_\_\_ **Vol & Page:** \_\_\_\_\_ **Lot(s) No.:** \_\_\_\_\_ **Block(s) No.:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_  
**Legal Description:** (Use Tax Statement) SW 1/4, NW 1/4 of Lake W. of Crooked Lake Rd. 19, Township 4T, N Range 7, W  
**Gov't Lot:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **CSM:** \_\_\_\_\_ **Vol & Page:** \_\_\_\_\_ **Lot(s) No.:** \_\_\_\_\_ **Block(s) No.:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_  
**PIN:** (23 digits) 04-028247071920300010000  
**Recorded Document:** (i.e. Property Ownership) Volume 1162 Page(s) 175  
**Lot Size:** \_\_\_\_\_ **Acres:** 13

**Shoreland**  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If Yes---continue  If Yes---continue   
**Distance Structure is from Shoreline:** \_\_\_\_\_ feet  
**Distance Structure is from Shoreline:** (NEW) 105 feet  
**Is Property in Floodplain Zone?**  Yes  No  
**Are Wetlands Present?**  Yes  No  
 b building site moved 15 ft

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
\$ 130,000	<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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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: 32' Width: 48' Height: 30'  
**Proposed Construction:** INCL. DECK & STAIRS

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with Attached Garage	( 26' x 29' ) ( 14' x 14' ) ( ) ( 8' x 31' ) ( 8' x 16' )	754 196  248 128
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	( ) ( ) ( )	( ) ( ) ( )

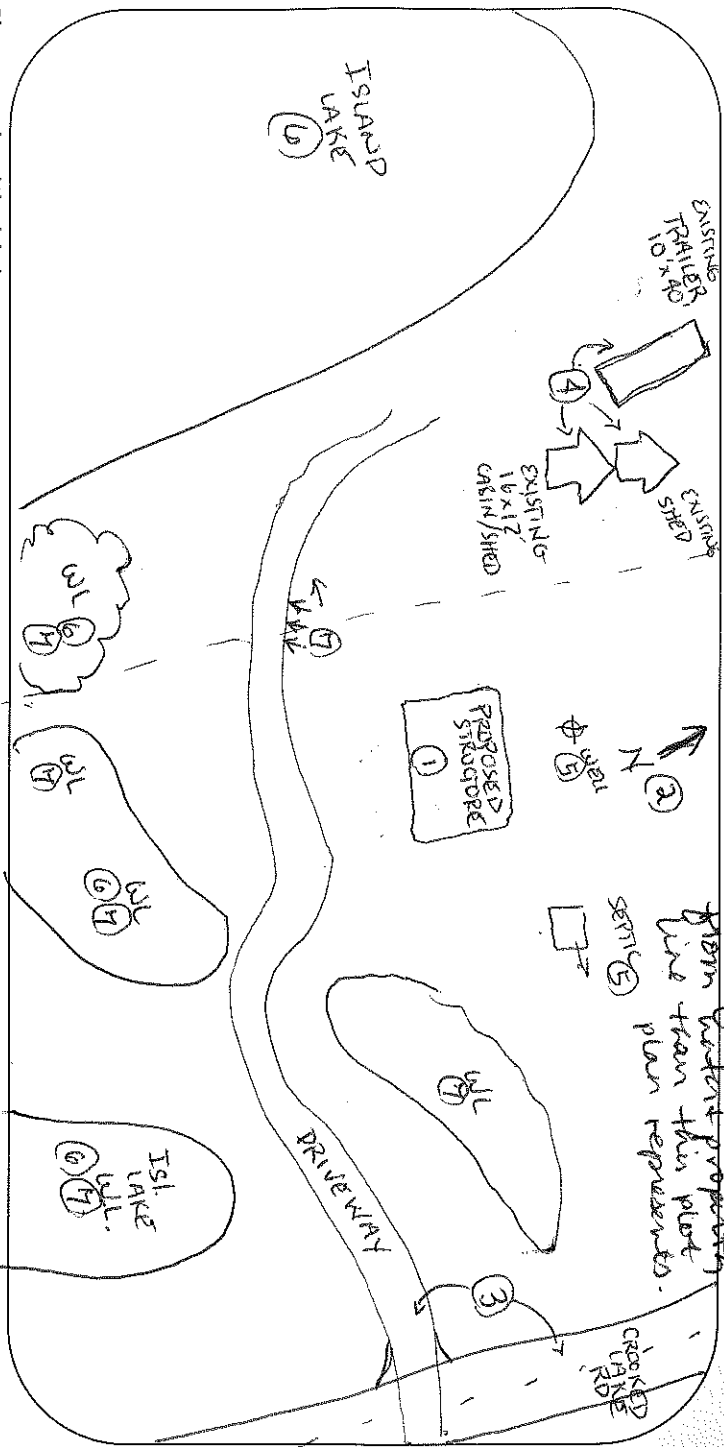
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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):** Matthew Norton & Sozanne Niemi  
 (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: 10-30-2014

**Address to send permit:** 214 WEST LAKESHORE DR, OAKWOOD HILLS, IL 60013  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
**APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE**  
 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 (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show any (\*): (\* ) 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	> 250 Feet	Setback from the Lake (ordinary high-water mark)	> 105 Feet
Setback from the Established Right-of-Way	> 150 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	> 200 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	> 200 Feet	Setback from Wetland	> 105 Feet
Setback from the West Lot Line	> 105 Feet	Setback from 20% Slope Area	> 30 Feet
Setback from the East Lot Line	> 250 Feet	Elevation of Floodplain	> 30 Feet
Setback to Septic Tank or Holding Tank	50 + Feet	Setback to Well	25 Feet
Setback to Drain Field	60 + Feet		
Setback to Privy (Portable, Composting)	NA 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: 14-322 # of bedrooms: 2 Sanitary Date: 6-25-2014  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: 14-0161 Permit Date: 6-29-14

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  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: owner present to represent property lines  
+ building site. Site marked with 15' for street

Date of Inspection: 6-23-14 Inspected by: J. KENNEDY - MURPHY  
 Conditions: Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

uniform dwelling code permit shall be obtained prior to start of construction. Building shall be located at least 100 ft to shoreline of Island Lake. No other structure  
100 ft to shoreline of Island Lake. No other structure

Signature of Inspector: on property approved for human habitation. Date of Approval: 6-23-14

Hold For Sanitary:  \_\_\_\_\_ Hold For Tax:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

@January 2012 no trailer on site during inspection, just a small outdoor living or residential parcel.