

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

Refund #4175

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)
 JUN 16 2014

Bayfield Co. Zoning Dept.

Permit #:	14-0194
Date:	7-11-14
Amount Paid:	\$600 6-17-14
Refund:	\$4175 7-11-14

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: JOHN & ANN MAHAN

Address of Property: 62510 DELTA LAKE ROAD

City/State/Zip: IRON RIVER, WI 54847

Contractor: Larson Construction

Contractor Phone: 715-292-2181

Plumber: Pliska/Isakoff

Plumber Phone: 715-862-0444

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone: [Redacted]

Agent Mailing Address (include State/Zip): [Redacted]

Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4, NW 1/4

Gov't Lot: 1

Block(s): 913

Vol & Page: 61 106

Lot(s) No.: [Redacted]

Block(s) No.: [Redacted]

Subdivision: [Redacted]

Recorded Document (i.e. Property Ownership) Volume: 1086 Page(s): 737

Section: 7 Township: Delta N. Range: 7 W

Plot Size: 24.73

Distance Structure is from Shoreline: 35 feet

Distance Structure is from Shoreline: 75 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
\$200,000	<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 checked="" 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City (New) Sanitary Specify Type: / <input type="checkbox"/> Sanitary (Exists) Specify Type: / <input type="checkbox"/> Privy (Priv) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Composite Toilet <input type="checkbox"/> None	<input type="checkbox"/> Well <input type="checkbox"/> City

Existing Structure: (If permit being applied for is relevant to it) Length: Irregular Width: 18' Height: 18'

Proposed Construction:

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) Porch with a Deck with (2 nd) Deck with Attached Garage	(22 x 36) (135 x 34) () () () () (22 x 36)	798 1565 () () () () 792
<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	() () () ()	() () () ()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() () () ()	() () () ()
	Addition/Alteration (specify)	() () () ()	() () () ()
	Accessory Building (specify)	() () () ()	() () () ()
	Accessory Building Addition/Alteration (specify)	() () () ()	() () () ()
	Special Use: (explain)	() () () ()	() () () ()
	Conditional Use: (explain)	() () () ()	() () () ()
	Other: (explain)	() () () ()	() () () ()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including an accompanying informational has been explained 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 (verbal and written) provided 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. (we) am (are) providing information 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): Ann Mahan
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Redacted Signature]
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

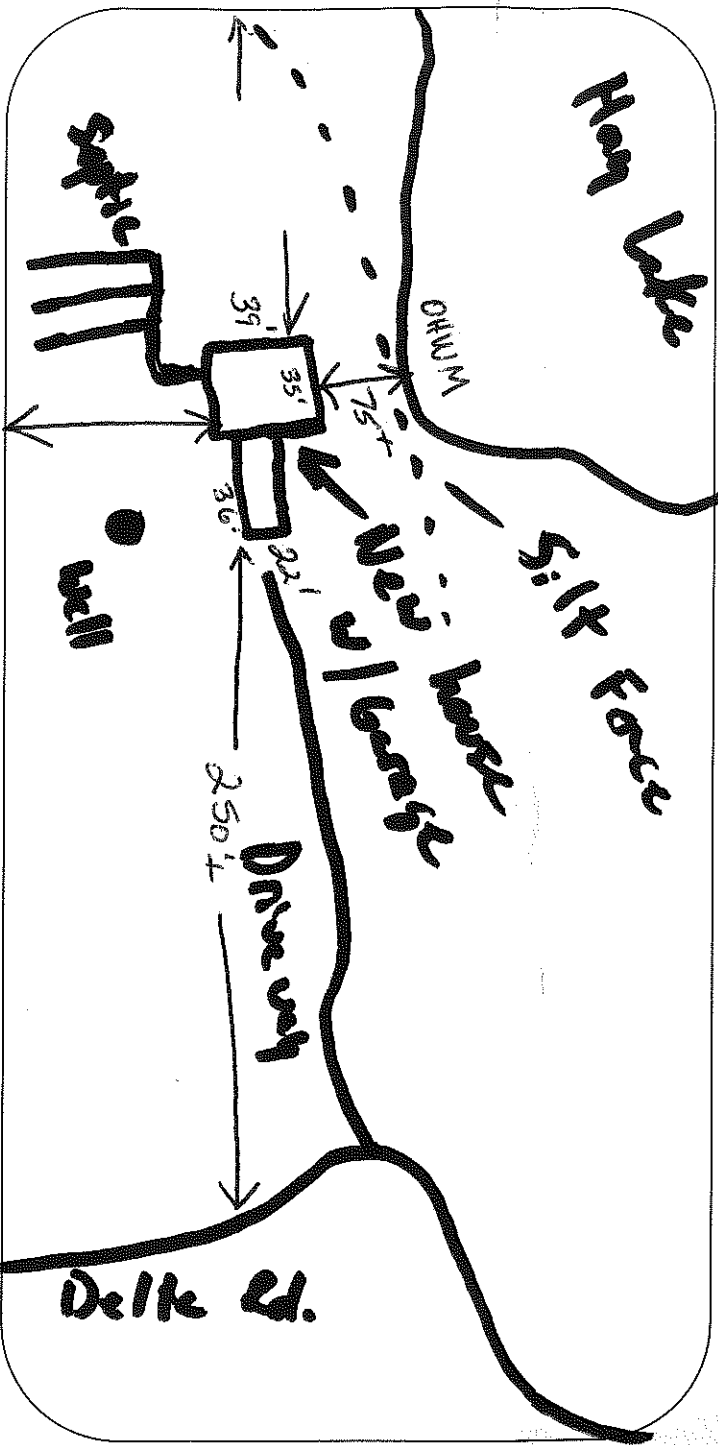
Address to send permit: Ryan Larson, 26175 St. Hwy 118, Ashland, WI 54806
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date: 5-15-14

Attach Copy of Tax Statement

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%



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	800+	Setback from the Lake (ordinary high-water mark)	75
Setback from the Established Right-of-Way	800+	Setback from the River, Stream, Creek	ATA
Setback from the North Lot Line	500+	Setback from the Bank or Bluff	ATA
Setback from the South Lot Line	N/A	Setback from Wetland	50+
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	400+	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	ATA	Setback to Well	40
Setback to Drain Field	ATA		
Setback to Privy (Portable, Composting)	ATA		

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 #: 14-0194	Permit Date: 7-11-14		
<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 type="checkbox"/> Yes (Fused/Continuous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Well staled. Metal all off back.	Date of inspection: 6-25-14	Inspected by: M. Futala	Zoning District: (ARB) Lakes Classification: (2)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached. May not be used for human habitation. No water under pressure or plum being fixtures in structure.	Signature of Inspector: Michael Futala	Date of Approval: 6-26-14	
Hold For Sanitary: <input checked="" type="checkbox"/> NA	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>