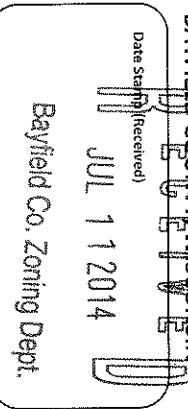


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN

Date Stamp (Received)
 JUL 11 2014

Bayfield Co. Zoning Dept.



Permit #:	14-00000
Date:	7-28-14
Amount Paid:	\$ 75 7-11-14
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.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Richard & Kelly Russell Mailing Address: 5620 US HWY 2 Iron River/WI 54847 Telephone: 715 372-6428

Address of Property: 5620 US HWY 2 City/State/Zip: Iron River/WI 54847 Cell Phone: 715 372-5825

Contractor: Self Contractor Phone: 715 372-6428 Plumber: None Plumber Phone: _____

Authorized Agent: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM W911P732 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) _____ Page(s) 732

Section 11, Township 47 N, Range 9 W Town of: Hughes Lot Size _____ Acreage 32

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: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue → Distance Structure is from Shoreline: 105 feet

Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>18,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" 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 Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic Tank</u> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> 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
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing obj)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement				
	<input type="checkbox"/> Foundation					

Existing Structure: (if permit being applied for is relevant to it) Length: 70' (max) Width: 40' (max) Height: 85' (max)

Proposed Construction: Length: 27' Width: 14' Height: 16'

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	() () ()	()
<input type="checkbox"/> Commercial Use	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)	() () ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Porch (4 season)</u>	(<u>14'</u>) (<u>27'</u>)	()
	Accessory Building (specify) _____	() () ()	()
	Accessory Building Addition/Alteration (specify) _____	() () ()	()
	Special User: (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 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): Richard Russell Stacy Russell Date 9 July 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)

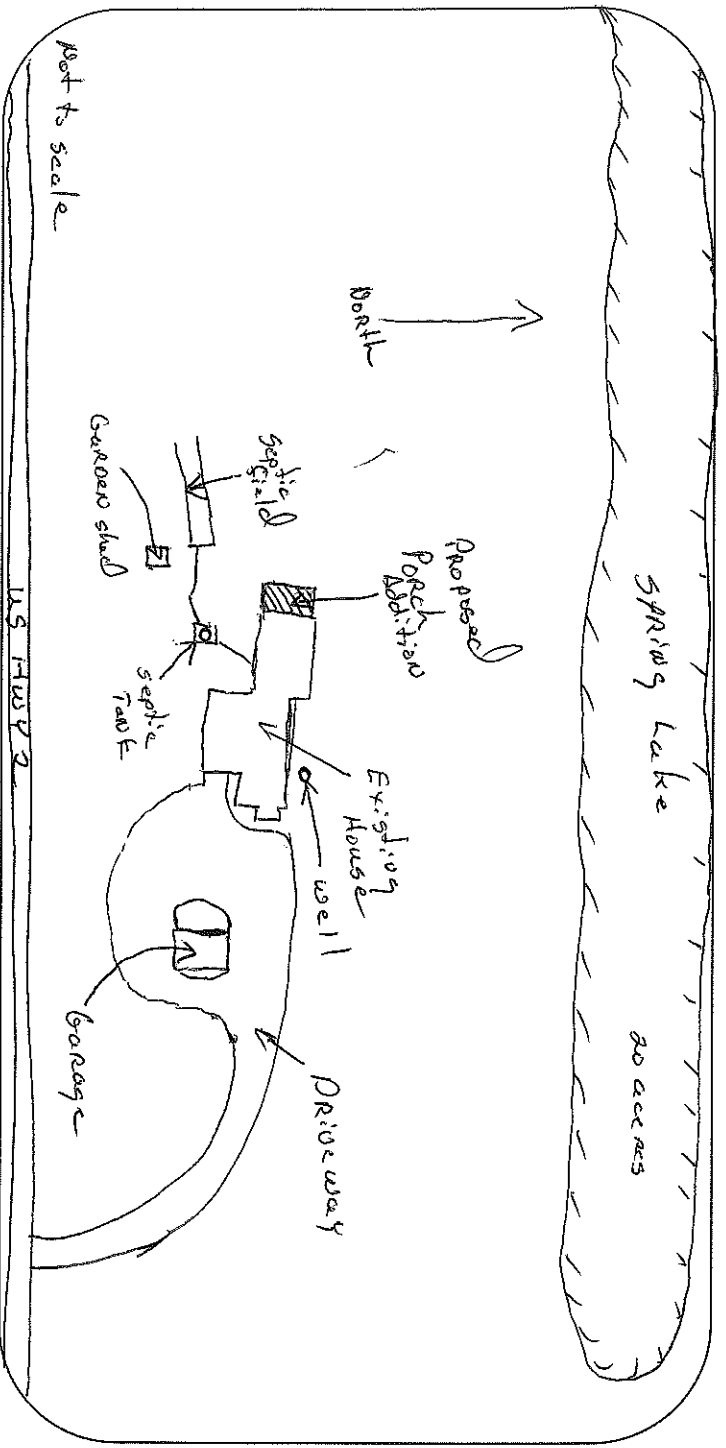
Address to send permit: 5620 US HWY 2, Iron River, WI 54847 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**



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	342 Feet	Setback from the Lake (ordinary high-water mark)	90 Feet
Setback from the Established Right-of-Way	225 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1065 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	226 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	428 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	872 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	32 Feet	Setback to Well	42 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	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 Dwelling: 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: 09-358	# of bedrooms:	Sanitary Date: 6-19-09
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0392	Permit Date: 7-28-14			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Ruled/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes 40' From Driveway	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Well staked. Met all setbacks.	Inspected by: M. Fuchs			
Date of Inspection: 7-23-14	Inspected by: M. Fuchs		Zoning District (RR3)	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.)				
Addition may not be closer to the lake than the existing structure.				
(Notes addition)				
Signature of Inspector: M. Fuchs	Date of Approval: 7-23-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	