

ATF

APPLICATION FOR RECREATIONAL VEHICLE

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

RECEIVED ENTERED JUL 09 2014 Bayfield Co. Zoning Dept.

Office Use: Zoning District/Lakes Class F-1 Application No. 14-0283 Date 8-20-14 Fee Paid \$25 7-9-14

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

Property Owner Glenn L. Schmidt
Mailing Address N 2694 Mitchell Ave
Wausau, WI 54981
Telephone 715-258-2378

Property Address XXX Co. Hwy A
Iron River, WI 54847
Agent:
Written Authorization Attached: Yes ( ) No (X)

Accurate Legal Description involved in this request:

N/2 NE 1/4 of NW 1/4 of Section 13 Township 46 N. Range 9 W. Town of Hughes

Gov't Lot Lot Block Subdivision CSM #
Volume 954 Page 40 of Deeds Parcel I.D. # 04-022-2-46-09-13-2 01-000-12000 Acreage 20

Additional Legal Description:

ATTACH Copy of Tax Statement [check]

Is your RV in a Shoreland Zone? Yes [ ] No [X] If Yes, Distance from Shoreline: 75' or greater [ ] < 75' to 40' [ ] less than 40' [ ]

RV: New [X] Replacement [ ] Year: 2006 Vin #: 1UJAJ01D161BA0385
Make of RV: Jayco Model of RV: 806 Pop-up

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only Zoning District/Lakes Class: F-1

Permit Issued: Sanitary Number PRIVY Date
Issuance Date Permit Number Permit Denied (Date)

Reason for Denial:

Inspection Record: Meets all requirements.
By M Fustak Date of Inspection 7-25-14

Variance (B.O.A.) #

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: 11-28-15

Signed Michael Fustak 7-28-14
Inspector Date of Approval

Rec'd for Issuance

AUG 19 2014

Secretary Staff

Hold for soil boring ATF? (waived by Rob)

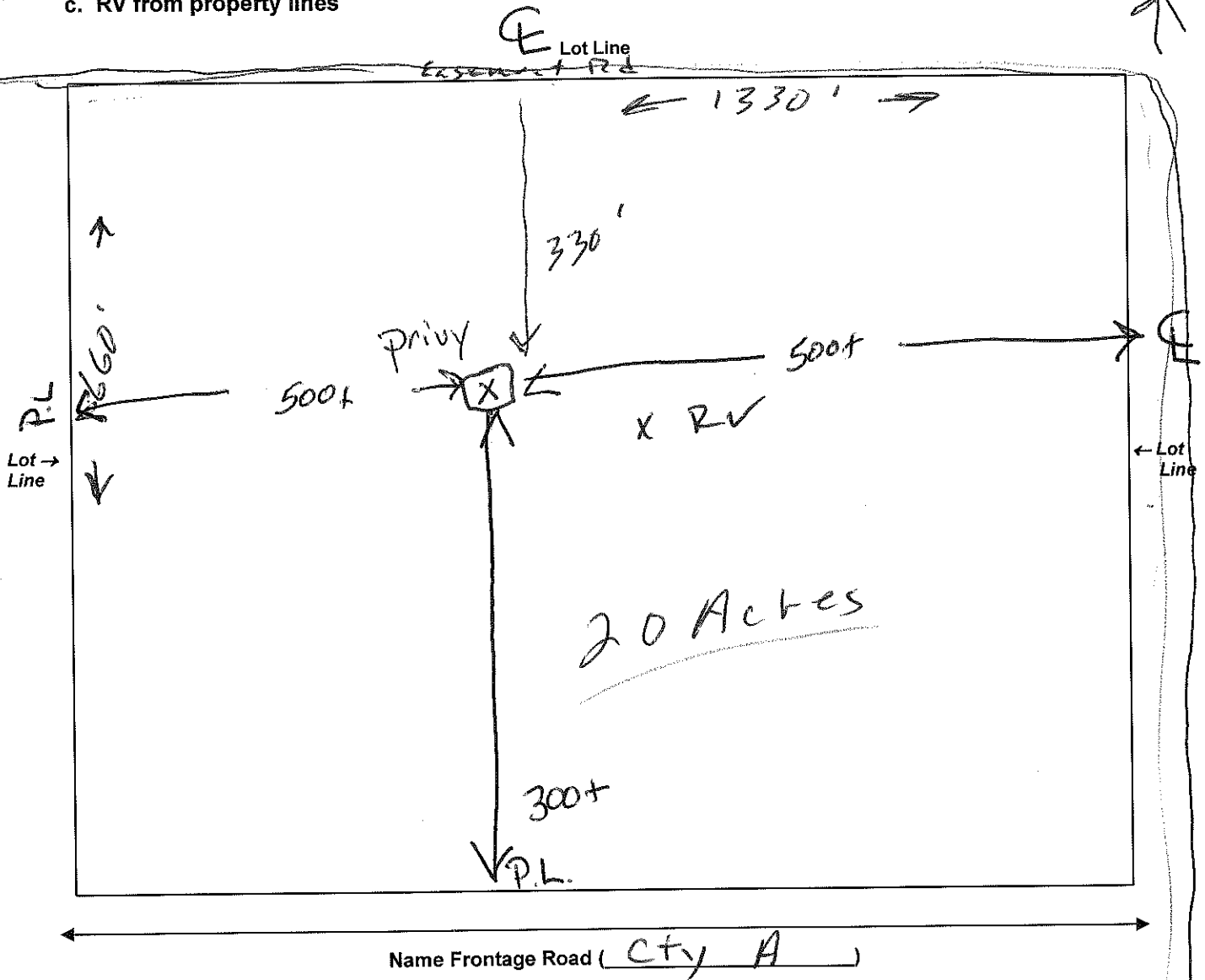
and use frontage road as a guideline, and indicate North (N) on plot plan

Show the RV (Recreation Vehicle) location

**IMPORTANT**  
Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:

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



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

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 or Authorized Agent Blair J. Schmitt Date 7-9-14

Address to send permit N 2694 Mitchell Ave

Waupaca, WI 54981

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

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APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 ENTERED  
 Date: JUL 24 2014  
 Bayfield Co. Zoning Dept.

Permit #: 14-02884  
 Date: 8-20-14  
 Amount Paid: \$3000  
 Refund: 7.05.14

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Sharon L. Schmidt Mailing Address: N2694 Mitchell Ave, Waupesa, WI City/State/Zip: 54981 Telephone: 715 258-2378

Address of Property: XXX G. Hwy A City/State/Zip: Iron River WI 54847 Contractor Phone: Plumber: Plumber Phone:

Contractor: SELF Agent Phone:  Agent Mailing Address (include City/State/Zip):  Written Authorization Attached  Yes  No

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

PROJECT LOCATION: NE 1/4, NW 1/4 Gov't Lot:  Lot(s):  CSM:  Vol & Page:  Lot(s) No.:  Block(s) No.:  Subdivision:  Recorded Document: (i.e. Property Ownership) 40 Pages(s) 40

Section 13, Township 46 N, Range 9 W Town of: Hughes Lot Size:  Acreage: 20

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? → Distance Structure is from Shoreline:  feet

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

If Yes--continue → If Yes--continue →

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
\$ 25,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" 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: <u></u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>PIT PUMP</u>	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 28 Width: 16 Height: 12

Proposed Construction: Length: 28 Width: 16 Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>16</u> x <u>28</u> )	<u>448</u>
<input type="checkbox"/> Residential Use	with Loft	( <u></u> x <u></u> )	<u></u>
	with a Porch	( <u></u> x <u></u> )	<u></u>
	with (2 <sup>nd</sup> ) Porch	( <u></u> x <u></u> )	<u></u>
	with a Deck	( <u></u> x <u></u> )	<u></u>
	with (2 <sup>nd</sup> ) Deck	( <u></u> x <u></u> )	<u></u>
<input type="checkbox"/> Commercial Use	with Attached Garage	( <u></u> x <u></u> )	<u></u>
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u></u> x <u></u> )	<u></u>
	Mobile Home (manufactured date) _____	( <u></u> x <u></u> )	<u></u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( <u></u> x <u></u> )	<u></u>
	Accessory Building (specify) _____	( <u></u> x <u></u> )	<u></u>
	Accessory Building Addition/Alteration (specify) _____	( <u></u> x <u></u> )	<u></u>
	Special Use: (explain) _____	( <u></u> x <u></u> )	<u></u>
	Conditional Use: (explain) _____	( <u></u> x <u></u> )	<u></u>
	Other: (explain) _____	( <u></u> x <u></u> )	<u></u>

Secretarial Staff: AUG 19 2014

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

I, the undersigned, in 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): Sharon L. Schmidt Sharon & S Schmidt Date: 7-23-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Same as above Date:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Sharon L. Schmidt 6309 mail.com Copy of Tax Statement Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

THIRY ON SITE - NO PERMIT CAN BE FOUND - 50 gal barrels under it

Stamp Here

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 (\*): **(\*) 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	NA	Setback from the Lake (Ordinary high-water mark)	NA
Setback from the North Lot Line	300+	Setback from the River, Stream, Creek	NA
Setback from the South Lot Line	300+	Setback from the Bank or Bluff	NA
Setback from the West Lot Line	450+	Setback from Wetland	NA
Setback from the East Lot Line	760+	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback to Septic Tank or Holding Tank	NA	Elevation of Floodplain	NA
Setback to Drain Field	NA	Setback to Well	NA
Setback to Privy (Portable, Composting)	30+		

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 #: 14-0084 Permit Date: 8-20-14

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)

Is Parcel in Common Ownership  Yes  No (Fused/Contiguous Lots)

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Previously Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: Well Staked. Meets all setbacks.

Date of Inspection: 7-25-14 Inspected by: M. Futala

Zoning District: (F-1)

Lakes Classification: NA

Date of Re-Inspection: \_\_\_\_\_

Condition(s) of own, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

No water under pressure in structure. No plumbing fixtures in

Structure: Michael Futala

Signature of Inspector: \_\_\_\_\_ Date of Approval: 7-28-14

Hold For TBA:  OK

Hold For Affidavit: X None

Hold For Fees:

Michael Futala  
7-30-14

7-30-14

N ↑

