

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 AUG 11 2014

Bayfield Co. Zoning Dept.



Application No.: 14-0879  
 Date: 8-19-14  
 Zoning District: R-1  
 Amount Paid: \$75 8-11-14

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. Changes in plans must be approved by the Zoning Department.

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description 1/4 of NW 1/4 of Section 22 Township 47 North, Range 8 West Town of Iron River  
 Gov't Lot 3 Block NW Subdivision V.P. 380 Acreage 11.14  
 Volume 1102 Page 41 of Deeds 040342-47-08-22-203-000-30000 Parcel ID 1249 CSM # 30000

Property Owner DAN & CYNDFE BERTSCH BE ADVISED  
 Address of Property FROM RIVER WI 54847 Contractor LW Const (Phone) 715-292-3158  
66235 HART LAKE RD Plumber WA  
 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 28-393-1073 (Home) SAVANE (Work) Written Authorization Attached: Yes  No

Is your structure in a Shoreland Zone? Yes  No  If Yes, Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Fair Market Value 20,000.00 Square Footage 1000  
 USE: \_\_\_\_\_  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) Garage 284 sq  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (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 or Authorized Agent (Signature) Dan Bensch Date 8-2-14

Address to send permit 2006 E 3RD ST SUPERIOR WIS 54880 ATTACH \_\_\_\_\_

\* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 8-19-14 Permit Number 14-0879 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well Stopped. Must be backflowed.

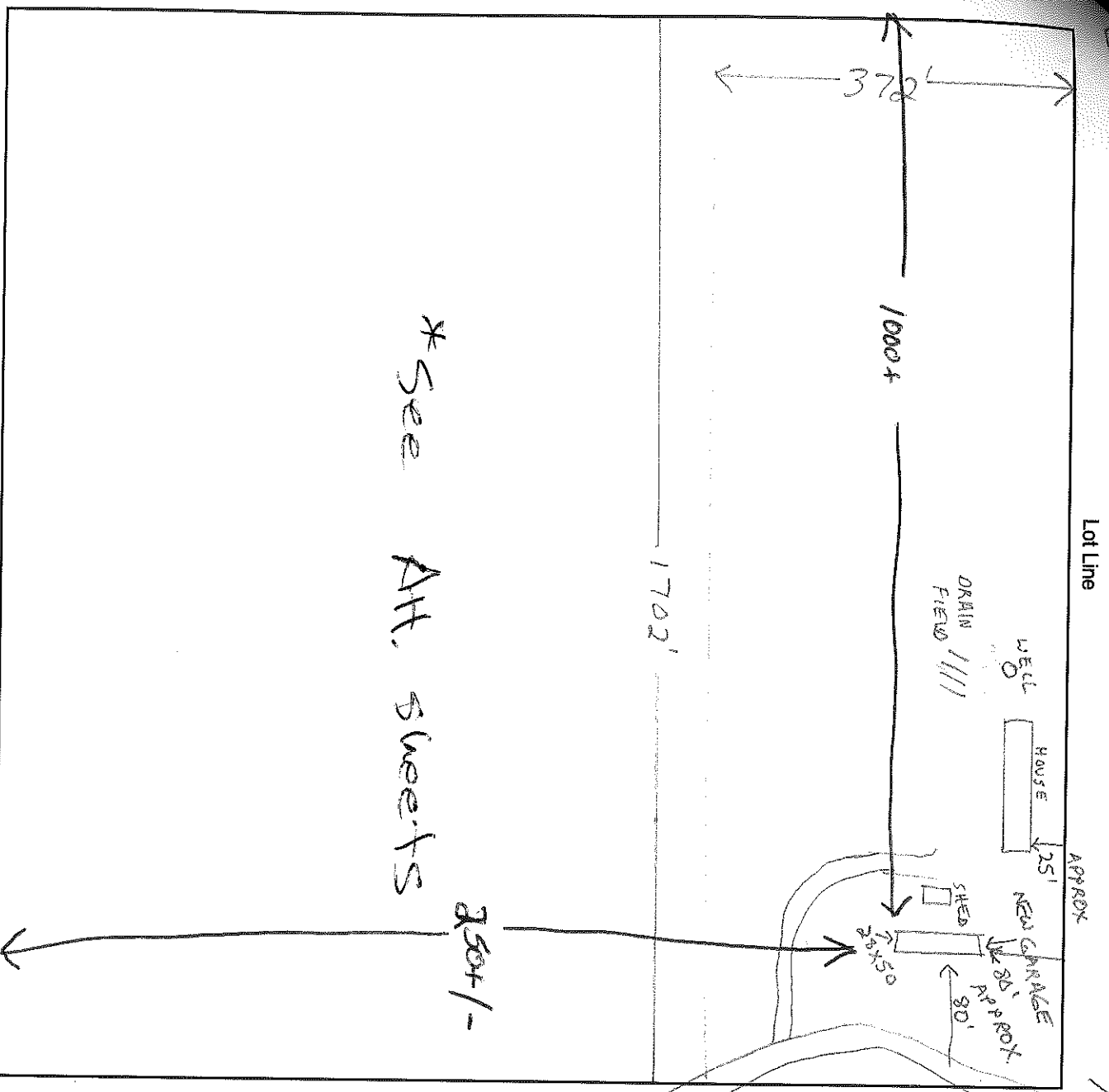
Mitigation Plan Required: Yes  No   
 By M. Fustak Date of Inspection 8-13-14  
 Variance (B.O.A.) # \_\_\_\_\_

Condition: May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.

Rec'd for Issuance: AUG 19 2014  
 Signed Michael Fustak Date of Approval \_\_\_\_\_  
 Inspector \_\_\_\_\_

Secretarial Staff

DAN & CIVDÉE  
1477' BEAULIEU



Name of Frontage Road (West Lake Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Holding tank to closest lot line
  - e. Holding tank to building
  - f. Holding tank to well
  - g. Holding tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Septic Tank and Drain field to closest lot line
  - l. Septic Tank and Drain field to building
  - m. Septic Tank and Drain field to well
  - n. Septic Tank, and Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-8 (a-o) COMPLETELY

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Holding tank to closest lot line
- e. Holding tank to building
- f. Holding tank to well
- g. Holding tank to lake, river, stream or pond
- h. Privy to closest lot line
- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Septic Tank and Drain field to closest lot line
- l. Septic Tank and Drain field to building
- m. Septic Tank and Drain field to well
- n. Septic Tank, and Drain field to lake, river, stream or pond.
- o. Well to building

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

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

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

**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)  
 AUG 05 2014  
 Bayfield Co. Zoning Dept.

**PERMIT**  
 Permit #: 14-0880  
 Date: 8-00-14  
 Amount Paid: \$175  
 Refund: \$175  
 \$175

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: **BRETT HOMICH** Mailing Address: **342 S. CO. RD. A SUPERIOR, WI. 54880** Telephone: **715 392-5346**

Address of Property: **67308 WAYSIDE RD.** City/State/Zip: **IRON RIVER, WI. 54847** Cell Phone: **218 349 1893**

Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

**PROJECT LOCATION** NE 1/4, SW 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 16, Township 47 N, Range 8 W Town of: **IRON RIVER, WI.** Lot Size \_\_\_\_\_ Acreage **6 ACRES**

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: \_\_\_\_\_ feet

Non-Shoreland **SEE PLOT PLAN FOR DISTANCE**

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
\$ _____	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for, is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X X )	
	with Loft	( X X )	
	with a Porch	( X X )	
	with (2 <sup>nd</sup> ) Porch	( X X )	
	with a Deck	( X X )	
	with (2 <sup>nd</sup> ) Deck	( X X )	
<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)	( X X )	
	Mobile Home (manufactured date)	( X X )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( X X )	
	Accessory Building (specify) _____	( X X )	
	Accessory Building Addition/Alteration (specify) _____	( X X )	
Rec'd for Issuance	Special Use: (explain) <b>Class A RV Extension 3RDs</b>	( X X )	
	Conditional Use: (explain) _____	( X X )	
	Other: (explain) _____	( X X )	

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

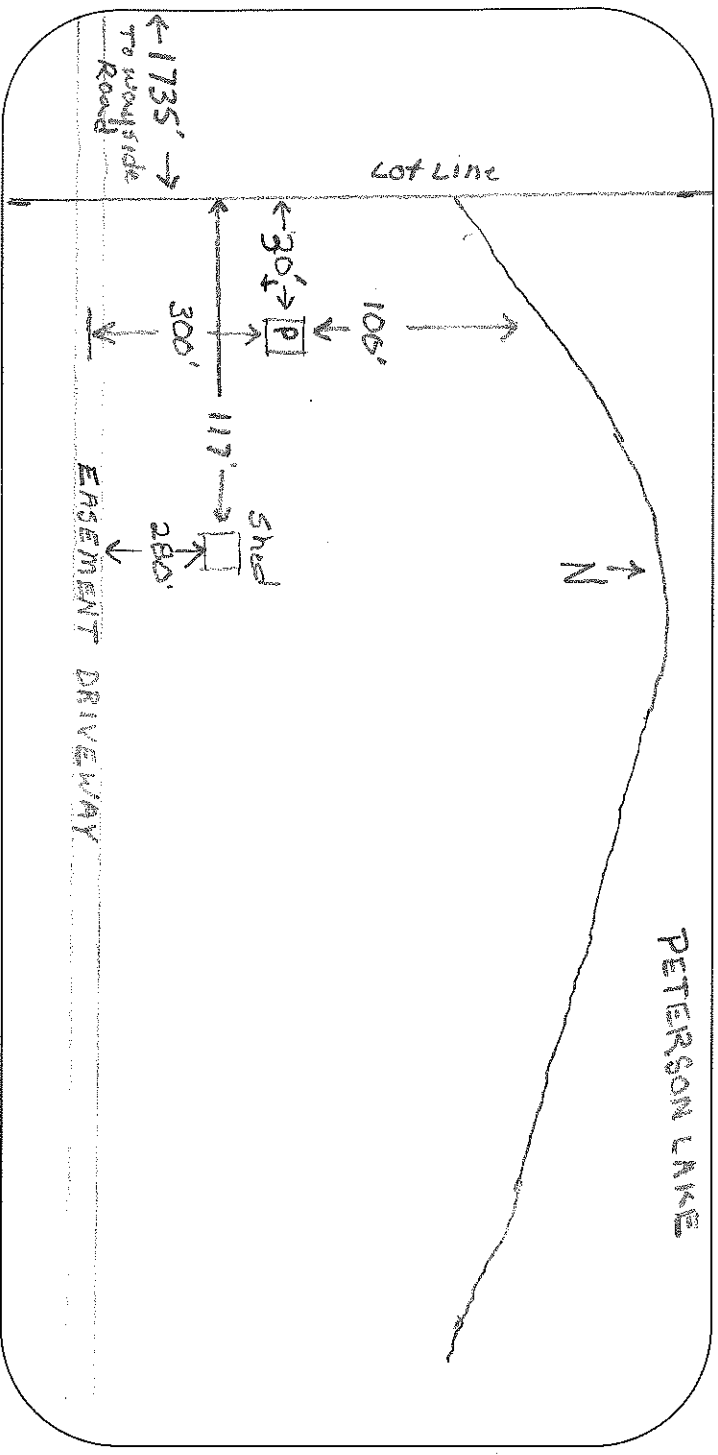
Authorized Agent: \_\_\_\_\_ Date **7-24-14**  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **same as above** Attach  Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

The 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%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Paved Road	1700 ± Feet	Setback from the Lake (ordinary high-water mark)	100± Feet
Setback from the Established Right-of-Way	1700± Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	400± Feet	Setback from Wetland	N/A
Setback from the West Lot Line	40± Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	140± Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	30± 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>18-0211</u>	# of bedrooms: _____	Sanitary Date: _____	
Permit Denied (Date): _____	Reason for Denial: _____				
Permit #: <u>14-02880</u>	Permit Date: <u>8-20-14</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	<u>Meets all setbacks.</u>			Zoning District	<u>(R-1)</u>
Date of Inspection:	<u>8-13-14</u>	Inspected by:	<u>M. Fuchs</u>	Lakes Classification ( )	<u>(3)</u>
Condition(s) Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If No they need to be attached.)		Date of Re-Inspection:	
<u>Permit to be revised by Town Board in 3 years.</u>					
Signature of Inspector:	<u>Michael Fuchs</u>			Date of Approval:	<u>8-19-14</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		