

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

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.

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
10 AUG 29 2014

Bayfield Co. Zoning Dept.



Permit #:	B 175	14-0317
Date:	9-18-14	
Amount Paid:	\$175	9-1-14
Refund:		

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

Owner's Name: **DONALD P & NANCY S ZETLOW**
 Mailing Address: **N 8571 SEWARD DR BERLIN, WI 54923**
 City/State/Zip: **IRON RIVER, WI 54847**
 Telephone: **920-361-2518**
 Cell Phone:

Address of Property: **67590 W. CRYSTAL LAKE RD**
 City/State/Zip: **IRON RIVER, WI 54847**
 Plumber Phone:

Contractor: **MICRON CONST**
 Contractor Phone: **715-209-4363**
 Plumber: **N/A**
 Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s))
RON MICHAELIS
 Agent Phone: **715-209-4363**
 Agent Mailing Address (include City/State/Zip): **63305 PHANTOM IRON LAKE RD BERLIN, WI 54847**
 Attached Yes No

PROJECT LOCATION: Gov't Lot 1/4, Lot(s) 1/4, CSM 438, 221, Lot(s) No. 5, Block(s) No. 5, Volume 1.55 Page(s) 314
 Subdivision: A-38 Page(s) 231

Section 15, Township 47 N, Range 9 W Town of: **HUGHES**

Shoreland → Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue →

Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: **75'** feet
 Are Wetlands Present? Yes No

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
\$ 18,000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" 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: COMV	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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) 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	(X) (X X) (X X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunhouse w/ () sanitary, gr () sleeping quarters, or () cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) GARAGE Accessory Building Addition/Alteration (specify) _____	() () () (28 X 24) ()	
<input type="checkbox"/> Municipal Use	Rec'd for Issuance _____ Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	() (X) (X) (X)	
<input type="checkbox"/> Secretarial Staff		()	

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): _____ Date: **9/8/14**

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

Authorized Agent: _____ Attach _____

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

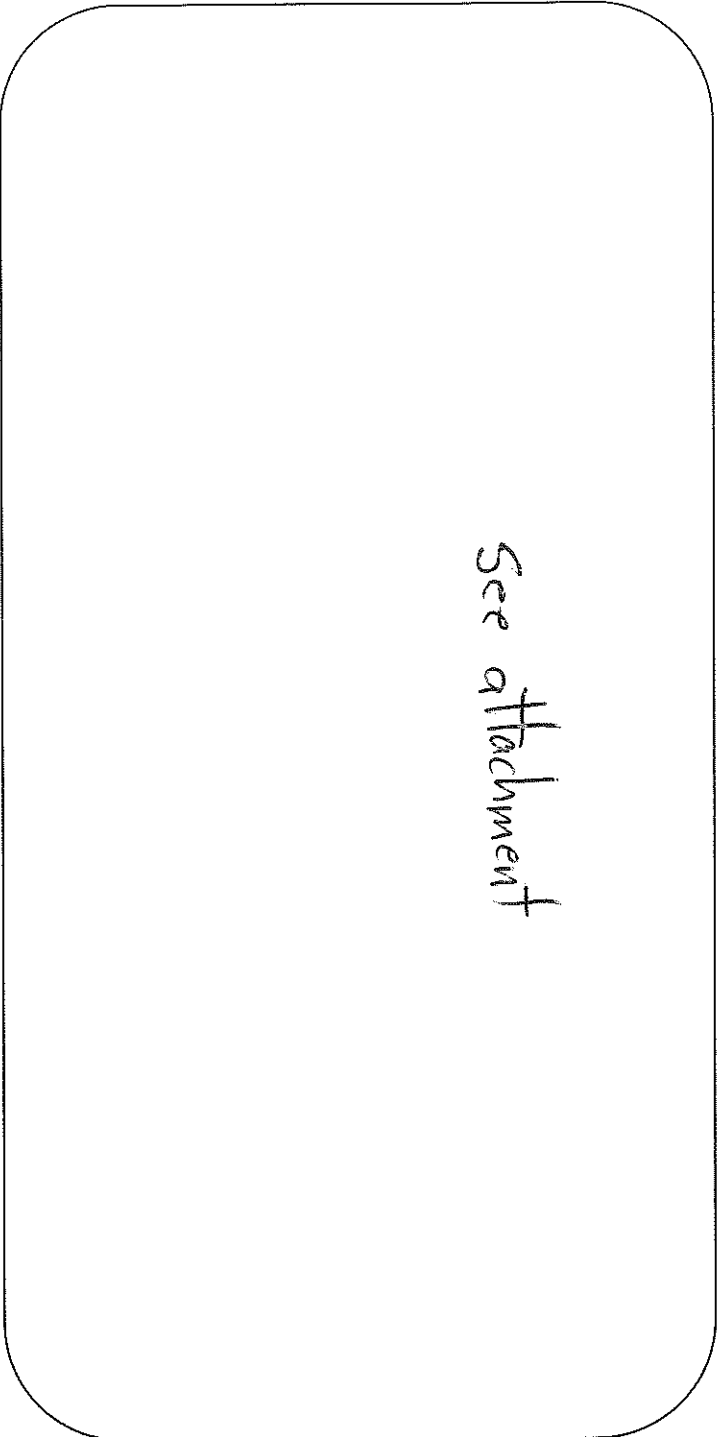
Address to send permit: **63305 Phantom Lake Rd, Iron River, WI 54847** Copy of Tax Statement

1155 P.314 If you recently purchased the property send your Recorded Deed **Tax ID 18503**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Allow: 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)
 (3) 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	66 Feet	Setback from the Lake (ordinary high-water mark)	75+ Feet
Setback from the Established Right-of-Way	47 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	Town Rd	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	Lake	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	11 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	40+ Feet
Setback to Drain Field	50+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

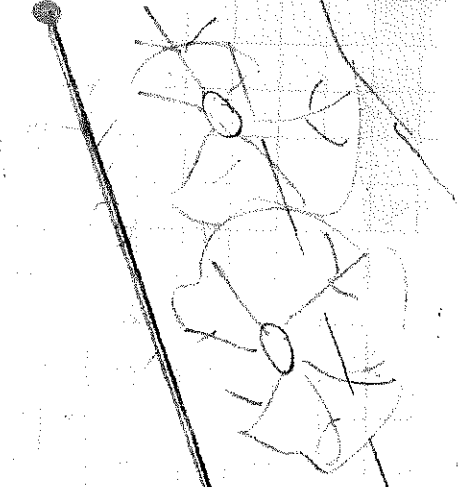
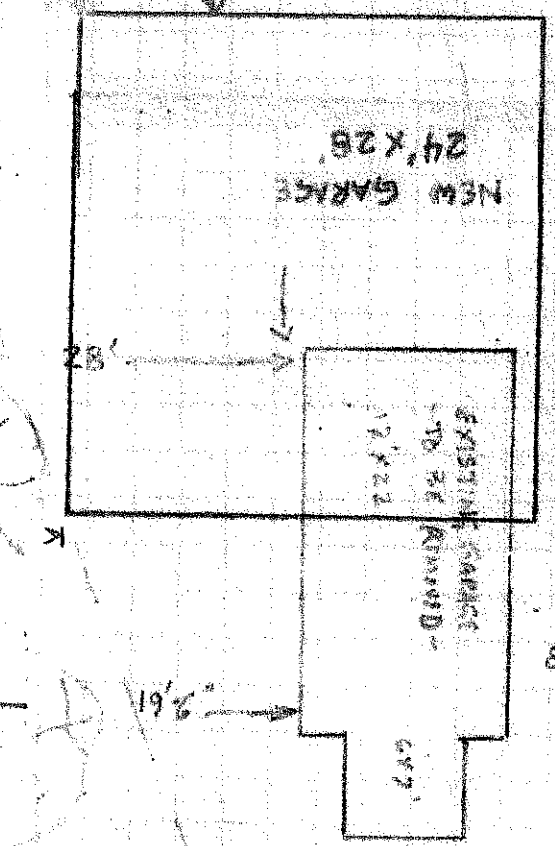
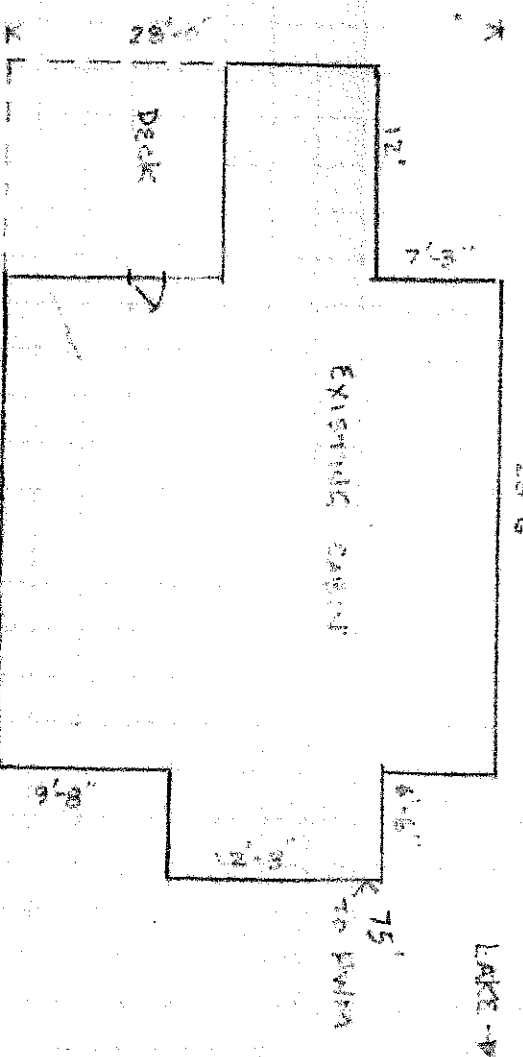
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0817	Permit Date: 9-18-14			
<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 checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" 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	<input checked="" type="checkbox"/> Zoning District (R-1) <input type="checkbox"/> Lakes Classification (2)
Date of Inspection: 9-2-14	Inspected by: M. Furtak	Date of Re-Inspection:		
Condition(s): Town, Committing or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) May not be used for human habitation, No water under pressure in structure.				
Signature of Inspector: Michael Furtak				Date Approval: 9-5-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Z1ET Low - 67500 W CRYSTAL
- MICHIGAN CONST -
8/27/14
04-022-2-47-09-15-1-05-005-88000



Dimensions	Height	Square Footage
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X
X		X

8 x 24 472

Below: Draw:
(1) Show Local
(2) Show Index
(3) Show Location
(4) Show
(5) Show
(6) Show
(7) Show

and complete. I (we) acknowledge that I (we) permit. I (we) further accept liability which the county ordinances to have access to the