

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

Temp. \$50
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 AUG 13 2014
 Bayfield Co. Zoning Dept.



Permit #:	14-0005X
Date:	9-24-14
Amount Paid:	\$80 8-13-14
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: Bayfield Electric Cooperative
 Address of Property: 108400 District Street
 City/State/Zip: Iron River WI 54807
 Telephone: 715 882-3002
 Cell Phone:

Contractor: Kraus-Anderson Construction Company
 Contractor Phone: 715 222-5775
 Plumber: KBN Services Inc.
 Plumber Phone: 715 1082-3002
 Authorized Agent: (Person Signing Application on Behalf of Owner(s))
 Agent Phone: 715 222-5775
 Agent Mailing Address: (Include City/State/Zip):
 PIN: (23 digits) 04-084-2-47-08-08-2 00293-1200
 Volume 781
 Recorded Document: (i.e. Property Ownership) 09100
 Page(s) 38

PROJECT LOCATION: W/2 1/4, NW 1/4
 Legal Description: (Use Tax Statement)
 Gov't Lot 4
 Lot(s) 116
 CSM 7,100
 Vol & Page
 Lot(s) No. Block(s) No. Subdivision: 973
 Section 8, Township 47 N, Range 8 W
 Town of: Iron River
 Lot Size
 Acreage 2.38+1.584

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
 Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone?
 Yes
 No

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
\$5,000	<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 type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Tripartite	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input checked="" type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement			<input checked="" type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input checked="" type="checkbox"/> Const. Trailer			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction:

Length: _____ Width: _____ Height: _____
 Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> 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)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) Other: (explain)	(X) (X) (12' x 60')	

SECRETARIAL STAFF
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I/we, the undersigned, hereby acknowledge that I/we, the undersigned, have read and understand the contents of this application and the rules and regulations of the Bayfield County Zoning Ordinance. I/we, the undersigned, hereby certify that the information provided herein is true, correct and complete. I/we, the undersigned, acknowledge that I/we, the undersigned, are responsible for the detail and accuracy of all information I/we, the undersigned, are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I/we, the undersigned, further accept liability which may be a result of Bayfield County relying on this information. I/we, the undersigned, provide in or with this application, I/we, the undersigned, 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): Stiane Bruwegers - C. E.O.
 (If there are Multiple Owners, please list them on the Deed and have each Owner sign on (Deed) or have a Notary Public sign and accompany this application)
 Authorized Agent: Stiane Bruwegers Date: 9/6/14
 Address to send permit: same as above
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 (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%

See attached

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 Platted Road			
Setback from the Established Right-of-Way	NA	Setback from the Lake (ordinary high-water mark)	NA
	Feet	Setback from the River Stream Creek	NA
Setback from the North Lot Line		Setback from the Bank or Bluff	NA
	Feet		
Setback from the South Lot Line		Setback from Wetland	NA
	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line		Elevation of Floodplain	NA
	Feet		
Setback from the East Lot Line		Setback to Well	NA
	Feet		
Setback to Septic Tank or Holding Tank	NA		
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

NA = Not Applicable

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 adreced 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).

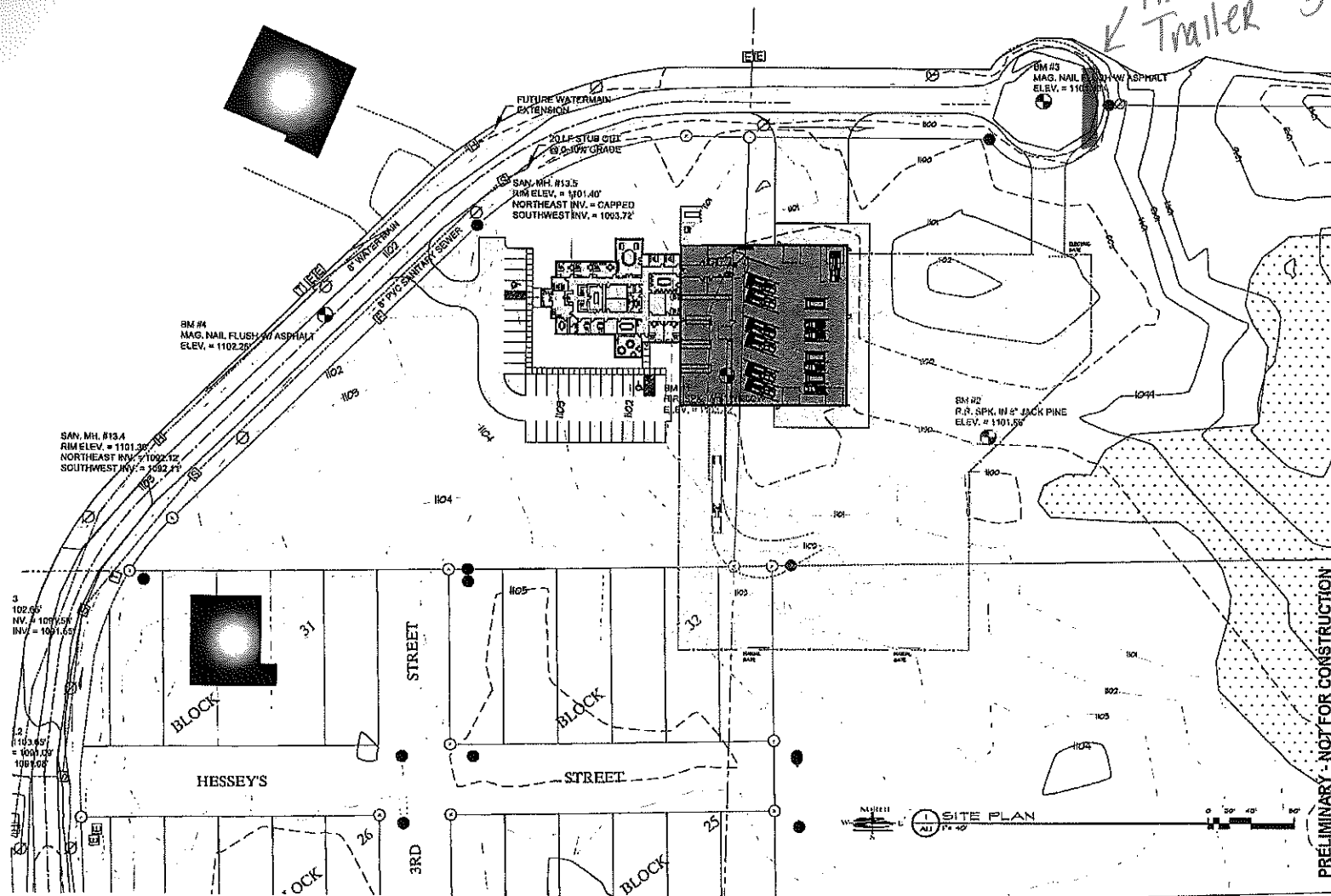
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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 #: 14-000ST	Permit Date: 9-24-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record) Is (used/contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	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:	Zoning District (R4)			
<i>Not a lot. Trailer placed during construction project.</i>		Lakes Classification (NA)		
Date of Inspection: 8-27-14	Inspected by: M. Furtak	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)				
<i>Must be removed within 1 year from the date of issuance of the permit.</i>				
Signature of Inspector: <i>Michael Furtak</i>		Date of Approval: 9-14-14		
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 checked="" type="checkbox"/> Town Authority from

*Kraus-Anderson
Trailer 39T*



100% FULL SCALE
CONSTRUCTION
DATE: 11/13/11
PROJECT NO. 11-001
www.krausanderson.com

KRAUS-ANDERSON ARCHITECTS, INC.

PRELIMINARY - NOT FOR CONSTRUCTION

BAVFIELD ELECTRIC COOPERATIVE
6500 25TH STREET
SUNBURY, OHIO 44130-3441

DATE	11/13/11
BY	AL
PROJECT NO.	11-001
SCALE	AS SHOWN
SHEET NO.	1
TOTAL SHEETS	1

SITE PLAN
11/13/11