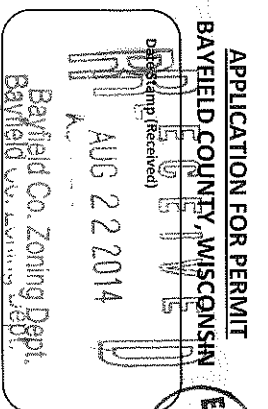


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

175



Permit #:	14-0424
Date:	11-13-14
Amount Paid:	\$175 8.00-14
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.

Bayfield Co. Zoning Dept.
 Bayfield Co. Planning & Zoning Dept.

HOW DO I FILE 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: David & Stephanie Geary Mailing Address: 15690 Scenic Lane, Burnsville, MN 55306 Telephone: 952-882-7561
 Address of Property: 65225 Hart Lake Rd. City/State/Zip: Iron River, WI 54847 Cell Phone: 152-202-1538
 Contractor: _____ Contractor Phone: _____ Plumber: David Blakeman Plumber Phone: 715-682-6058
 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: Legal Description: (Use Tax Statement) 04-024-247-0827-405-005-10000 PIN: (23 digits)
 _____ 1/4, _____ 1/4 part Gov't Lot 5 CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 27, Township 41 N, Range 8 W Town of: Iron River Lot Size 6.9 acres Average 6.9

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 in Floodplain Zone? Yes No Are Wetlands Present? Yes No
 Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 125 feet No Yes No

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 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 type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<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"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Short term rental	<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

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

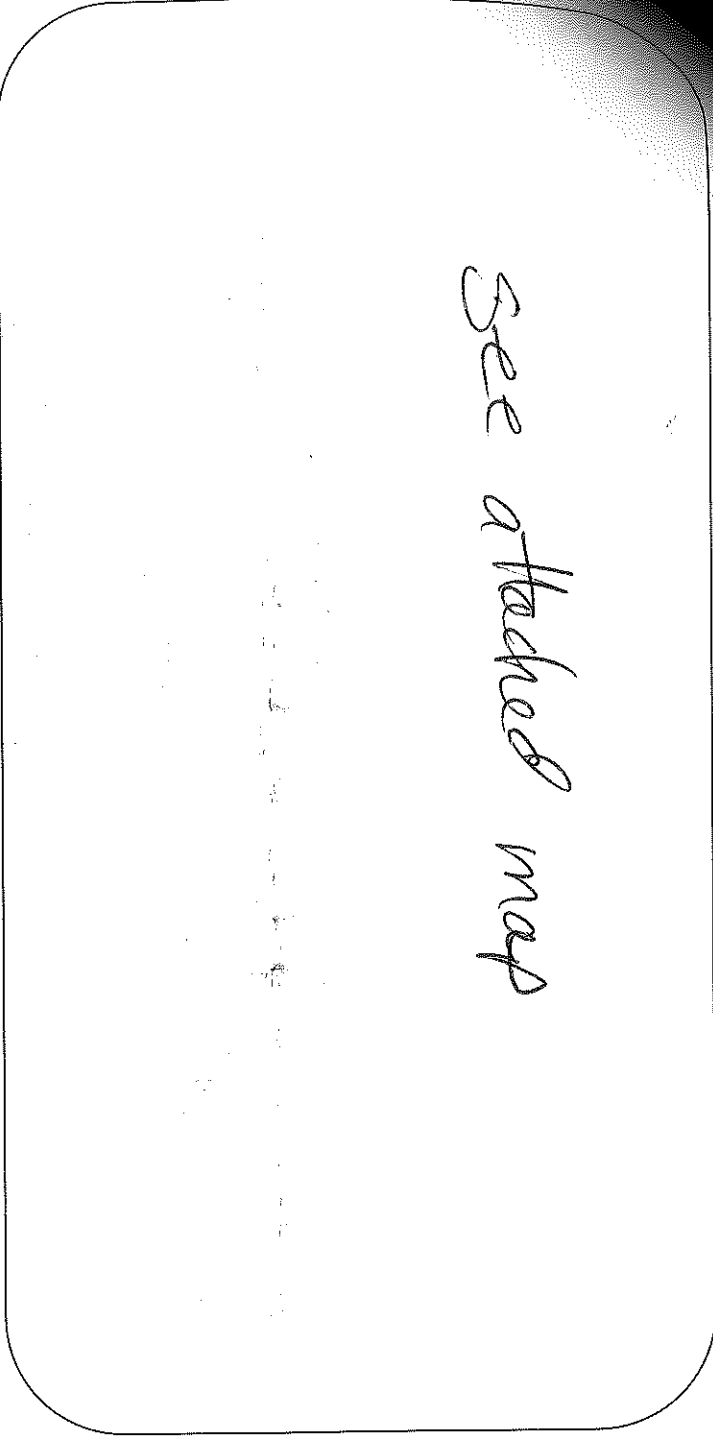
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Deck	() X ()	()
	with a Deck	() X ()	()
	with Attached Garage	() 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 ()	()
	Mobile Home (manufactured date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/> Municipal Use			
Regulator	Special Use: (explain) <u>short term rental class A</u>	() X ()	()
NOV 13 2014	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

Secretarial Staff: _____ FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (Two) designate 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.

Owners: David & Stephanie Date: 8-12-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 15690 Scenic Ln Burnsville, MN 55306 Attach
 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Location of (*):
 Substrate:
 Show any (*):
 Show any (*):

- Proposed Construction**
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from Floodplain	Feet
Setback from the East Lot Line	Feet	Setback to Well	Feet
Setback to Drain Field	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 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: 14-1025 # of bedrooms: 1 Sanitary Date: 10-29-14
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 14-0434 Permit Date: 11-13-14

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/Conjoints parts) No
 Is Structure Non-Conforming Yes Two blgs. No

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

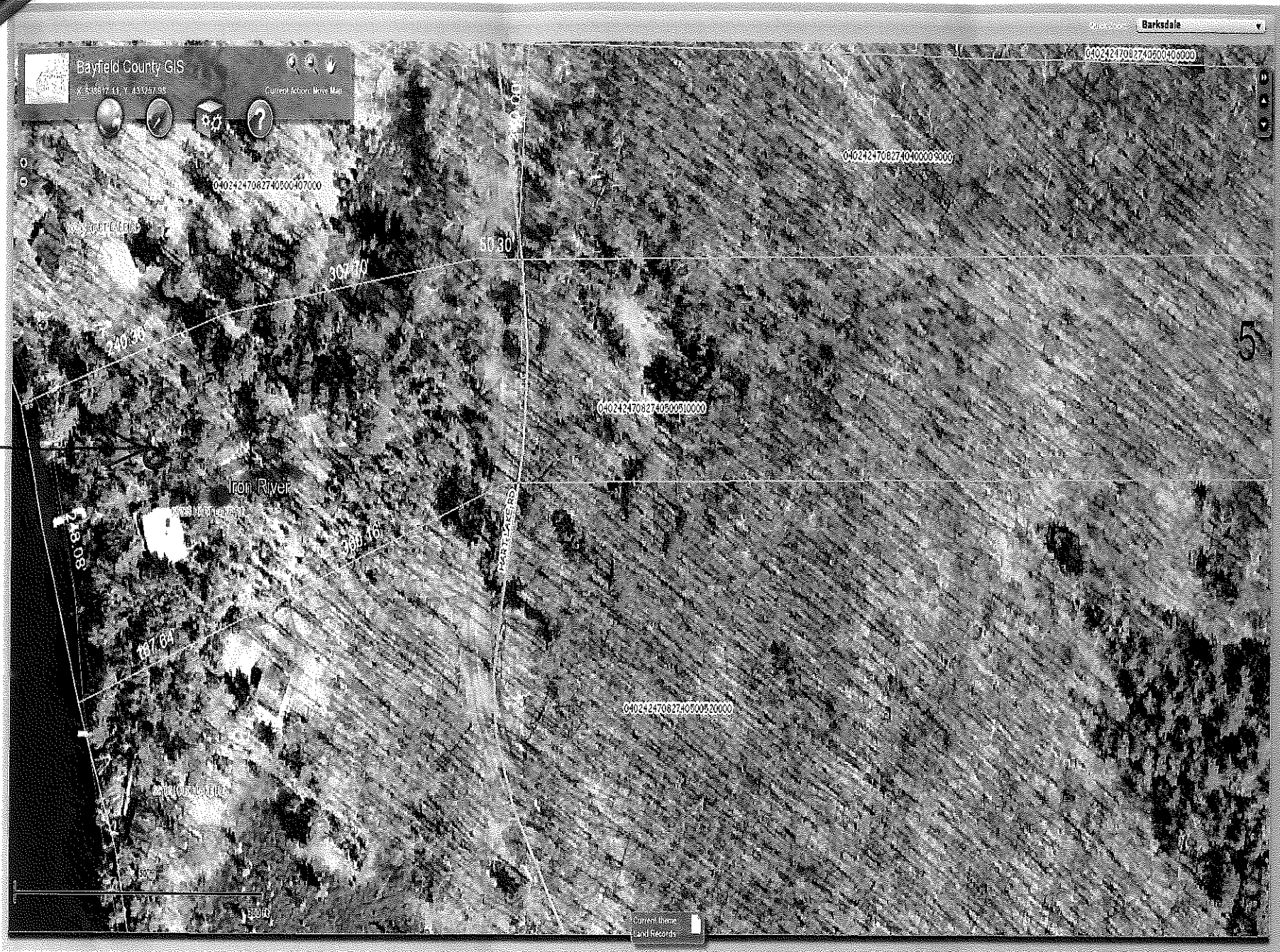
Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record:
 Structures existing. 2 rental units on property.
 Date of Inspection: 8-27-14 Inspected by: W. Fuchs Zoning District: (R-1)
 Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 Date of Re-Inspection: _____

Signature of Inspector: Michael Fuchs Date of Approval: 9-24-14
 Hold For Sanitary: Hold For TBA: 9-24-14 Hold For Affidavit: Hold For Fees:

See TBA - Must obtain Health Dept. permits/inspections.

-existing septic tank and drain field



Pit well

3 cabins