

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 (Required)
 OCT 03 2014
 Bayfield Co. Zoning Dept.

ENTERED permit #: 14-0445
 Date: 11-19-14
 Amount Paid: \$185.03-44
 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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: BAYFIELD COUNTY **City/State/Zip:** WASHBURN/WI/54891 **Telephone:** 715-373-6125

Address of Property: 7080 N. MAIN STREET **City/State/Zip:** IRON RIVER/WI / 54847 **Cell Phone:**

Contractor: LIPKA CONSTRUCTION **Contractor Phone:** 715-685-0855 **Plumber:**

Authorized Agent: MARY WATKINS (Person Signing Application on behalf of Owner(s)) **Agent Phone:** 715-373-6125 **Agent Mailing Address (include City/State/Zip):** PO Box 832 Washburn, WI 54891 **Written Authorization Attached:** Yes No

PROJECT LOCATION: SW 1/4, SW 1/4 **Legal Description:** (Use Tax Statement) **PLN:** (23 digits) 04- **Recorded Document:** (i.e. Property Ownership) Volume 63 Page(s) 448

Section: 06, **Township:** 47 N, **Range:** 08 W **Town of:** Iron River **Lot Size:** **Acreage:** 34.75

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

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → **Distance Structure Is from Shoreline:** **feet** 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
\$60,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HI-T ST</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

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"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/>	with (2 nd) Porch	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input checked="" type="checkbox"/>	Accessory Building (specify)	(90 X 66)	5,940
<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>Arena</u>	(90 X 66)	5,940
<input type="checkbox"/>	Special Use: (explain)	(X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/>	Other: (explain)	(X)	

Rec'd for Issuance NOV 17 2014

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:** _____

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

Authorized Agent: Mary Watkins **Date:** 9/19/14

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

Address to send permit: PO Box 832, Washburn, WI 54891 **Attach** **Copy of Tax Statement**

(If you recently purchased the property send your Recorded Deed)

- 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)

(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 Paved Road	106.61 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	73.61 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	1,116.89 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	1,422.73 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	73.61 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	966.78 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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 Dwelling: 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 #: 14-0445	Permit Date: 11-17-14			
<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 type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
Date of Inspection: 10-6-14	Inspected by: M. Finkel	Zoning District: (M)	Lakes Classification: (NA)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached!				
<p><i>May not be used for human habitation. No water under pressure in structure.</i></p> <p><i>No plumbing fixtures in structure.</i></p> <p><i>Michael Finkel</i></p>				
Signature of Inspector:	Date of Approval: 10-6-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

