

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

\$175
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Rec'd (Received)
 OCT 20 2014

Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0160
 Date: 10-16-14
 Amount Paid: \$175.00-14
 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.

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

Owner's Name: **NATHAN R. AND LORI S. GOVE** Mailing Address: **8400 32ND PL. N CRYSTAL, MN 55427** City/State/Zip: **CRYSTAL, MN 55427** Telephone: **763-544-0790**

Address of Property: **67800 W. DEEP LAKE RD.** City/State/Zip: **IRON RIVER, WI 54847** Call Phone: **612-718-4698**

Contractor: **BRAD RIVER BUILDERS** Contractor Phone: **318-2207** Plumber: **—** Plumber Phone: **—**

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

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4 2nd Gov't Lot** PIN: (23 digits) **04 022-2-47-09-14-205-006-50000** Volume **978** Page(s) **329**

Section **14**, Township **47** N, Range **9** W Town of: **Hughes** Lot Size: **—** Acreage: **6**

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

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Distance Structure is from Shoreline: **1004** 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
\$5,000	<input type="checkbox"/> New Construction <input checked="" 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 type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: Septic <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: **36'** Width: **36'** Height: **12'7"**
 Proposed Construction: Length: **36'** Width: **14'** Height: **12'7"**

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) Deck	() () ()	()
	with a Deck	() () ()	()
	with (2 nd) Deck	() () ()	()
<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)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) SINGLE CAR GARAGE	() () ()	()
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
	Special Use: (explain)	() () ()	()
	Conditional Use: (explain)	() () ()	()
	Other: (explain)	() () ()	()

Secretary Staff: **DEC 16 2014**

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. 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 for any reasonable time for the purpose of inspection.

Owner(s): **Nathan R. Gove / Louis Gove** Date: **10/17/14**

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

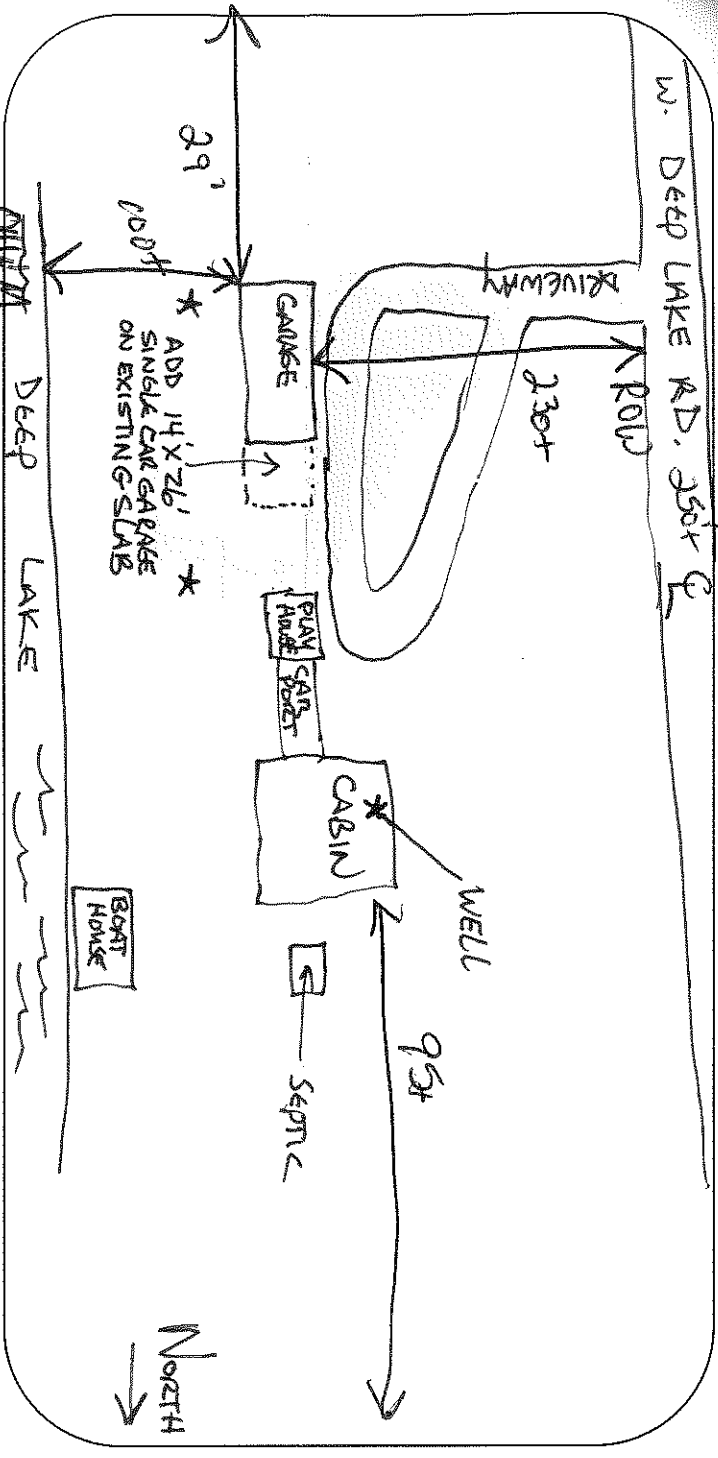
Authorized Agent: _____ Date: _____

Address to send permit: **4496 S. GO. RD. H BRAD RIVER BUILDERS WAUSAU WI 54980** Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Tax ID # **18447**

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 Platted Road	290'	Setback from the Lake (ordinary high-water mark)	160'
Setback from the Established Right-of-Way	230'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	95'	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	29'	Setback from Wetland	N/A
Setback from the West Lot Line	N/A	20% Slope Area on property	Yes
Setback from the East Lot Line	Lake	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	100'	Setback to Well	80'
Setback to Drain Field	100'		
Setback to Privy (Portable, Composting)	N/A		

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: 14-115 S	# of bedrooms: 3	Sanitary Date: 11-19-14
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-04160	Permit Date: 12-16-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	See Mitigation Affidavit			
Sds for addition & existing. Meets all setbacks				
Date of Inspection: 10-22-14	Inspected by: M. Finkel	Zoning District (BRB)	Lakes Classification (2)	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)				
Signature of Inspector:	Michael Finkel			Date of Approval: 10-29-14
Hold For Sanitary: 15 days	Hold For TRM: <input type="checkbox"/>	Hold For Affidavit: X W.F.	Hold For Fees: X \$32	<input type="checkbox"/>