

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 of Birth (Received)  
 MAR 11 2015  
 Bayfield Co. Zoning Dept.

ENTERED	Permit #:	15-02410
Date:	3-19-15	
Amount Paid:	\$360	
Refund:	3-19-15	

\$360

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

Owner's Name: Arne & Barb Lant Mailing Address: P.O. Box 453 Iron River, WI Telephone: 715-372-4734

Address of Property: 7925 Staples Ave City/State/Zip: Iron River, WI Contractor Phone: 715-322-3158 Cell Phone: 715-322-1050

Contractor: Iron Wickland Plumber: John Turner/GARLAND Plumber Phone: 715-322-5671

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: SE 1/4, NE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivisions: \_\_\_\_\_

Section 7, Township 47 N, Range 8 W Town of: Iron River Lot Size \_\_\_\_\_ Acreage 1.02

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-024-2-47-08-07-104-000-000 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_

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

Non-Shoreland  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 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
\$ <u>120,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" 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 type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<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"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation			<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	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( <u>28</u> x <u>44</u> )	<u>1232</u>
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> with Loft	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> with a Porch	( <u>5'</u> x <u>26'</u> )	<u>100</u>
	<input type="checkbox"/> with a Deck	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>  </u> x <u>  </u> )	<u>  </u>
<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)	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Accessory Building (specify) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Special Use: (explain) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>  </u> x <u>  </u> )	<u>  </u>
	<input type="checkbox"/> Other: (explain) _____	( <u>  </u> x <u>  </u> )	<u>  </u>

Rec'd for Issuance  
 MAR 19 2015  
 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 project at any reasonable time for the purpose of inspection.

Owner(s): Arne & Barb Lant  
 (If there are Multiple Owners list each on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Arne Lant Date 3-11-15

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)

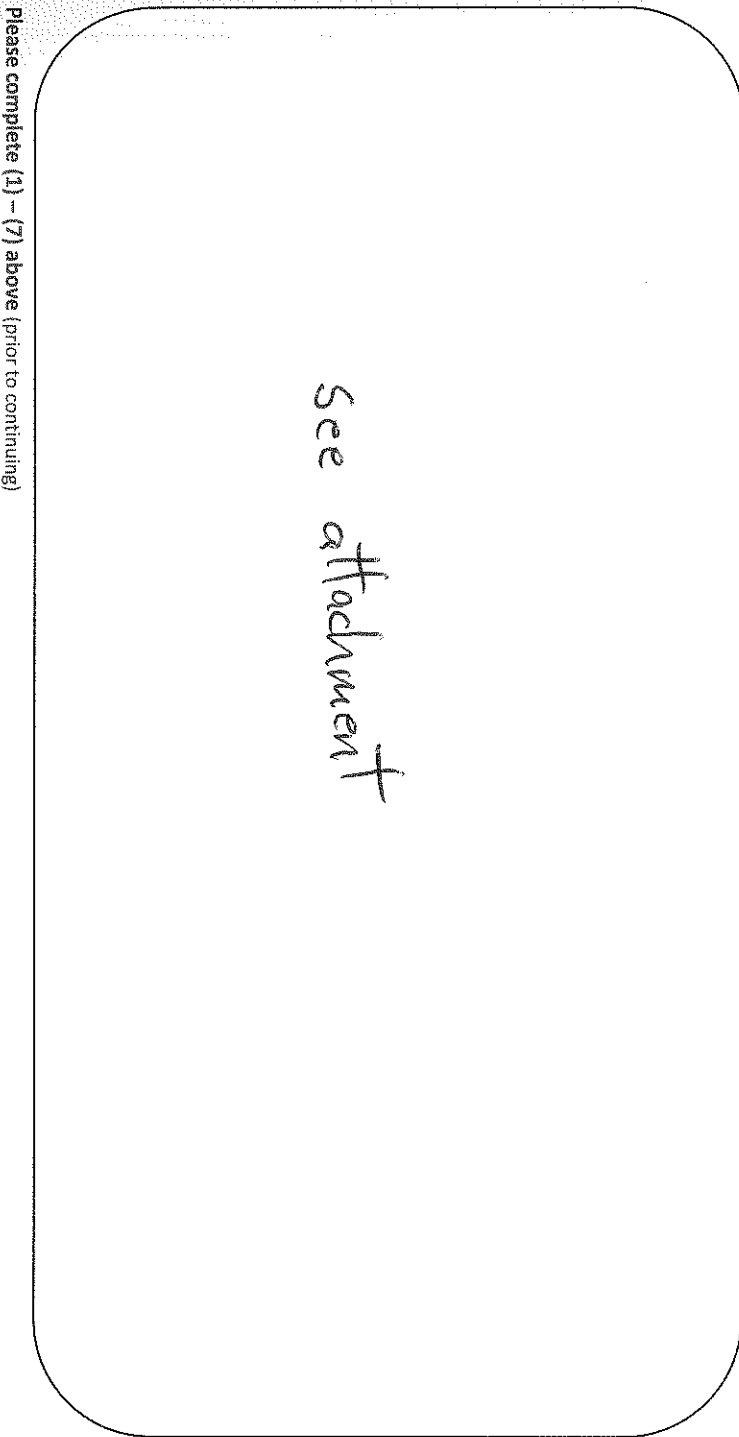
Attach  Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Need letter from Sacramento District 3-16-15

In the box below: 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 attachment



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 <i>Stades Ave</i>	70 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line <i>Four Rd</i>	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	175 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	15 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	80 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) or 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: *CTY* # of bedrooms: Sanitary Date:

Permit Denied (Date): Permit Date: *3-19-15*

Permit #: *15-0046*

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  
 Is Structure Non-Conforming  Yes  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: *Mets all setbacks.*

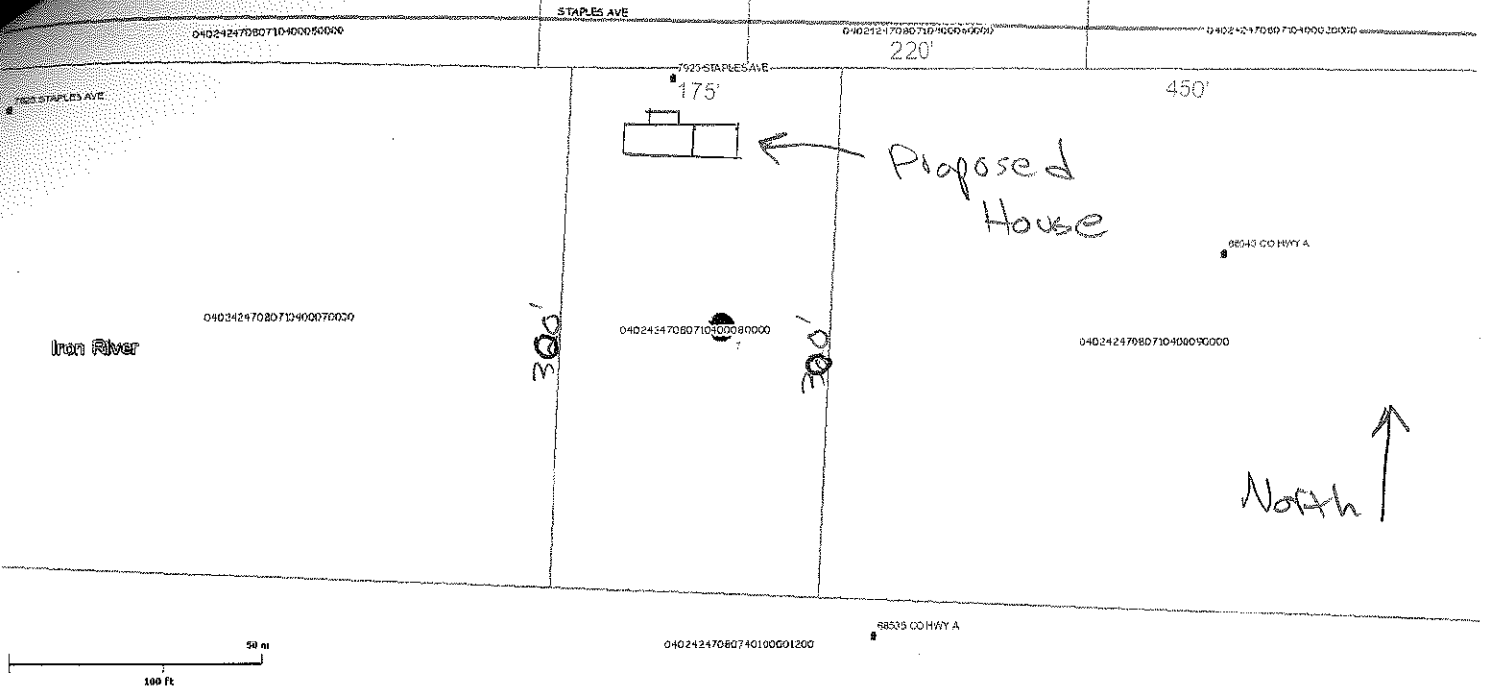
Date of Inspection: *3-13-15* Inspected by: *MM Fustak* Zoning District: *(R-4)*  
 Conditions: Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
*Existing residence (mobile home) must be removed from property and properly abandoned.* Lakes Classification: *(NA)*

Signature of Inspector: *Michael Smith* Date of Approval: *3-16-15*

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

*He from sanitary district*  
 @ October 2013

# Waukesha County, WI



© Copyright 2009 ESRI. All rights reserved. Printed on Tue Mar 10 2015 09:15:24 AM.

