

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 MAR 09 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	150044
Date:	3-16-15
Amount Paid:	\$95
Refund:	376.15

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: DUME J. & BARBARA K. LAHT TRUSTEE Mailing Address: 4890 CO HWY B City/State/Zip: Iron River, WI 54947 Telephone: 715-372-4793

Address of Property: 5555 CO HWY B City/State/Zip: Iron River, WI 54947 Contractor Phone: 715-877-6569 Cell Phone: 715-877-6569

Contractor: KELLY SANDERLIN - RENTER Agent Phone: 715-234-0495 Plumber: N/A Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) KELLY SANDERLIN Agent Mailing Address (include City/State/Zip): N/A

PROJECT LOCATION: NW1/4, NE 1/4 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section 26, Township 48 N, Range 9 W Town of: Iron River Lot Size: _____ Acreage: 40

PROJECT LEGAL DESCRIPTION: (Use Tax Statement) 04-038-2-48-09-26-10x200-1W0 PIN: (23 digits) 04-038-2-48-09-26-10x200-1W0 Recorded Document: (i.e. Property Ownership) D67 Volume 835 Page(s) 835

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: 850+ feet

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>3,000.00</u>	<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 Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>5 FTITE</u>	<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"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> _____

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

Proposed Construction: Length: 24' Width: 20' Height: 12'

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	() ()	()
<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 type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	() ()	()
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>HORSE SHELTER</u>	(<u>24' x 20'</u>)	<u>480</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() ()	()
Rec'd for Issuance	<input type="checkbox"/> Special User: (explain)	() ()	()
	<input type="checkbox"/> Conditional User: (explain)	() ()	()
	Other: (explain)	() ()	()

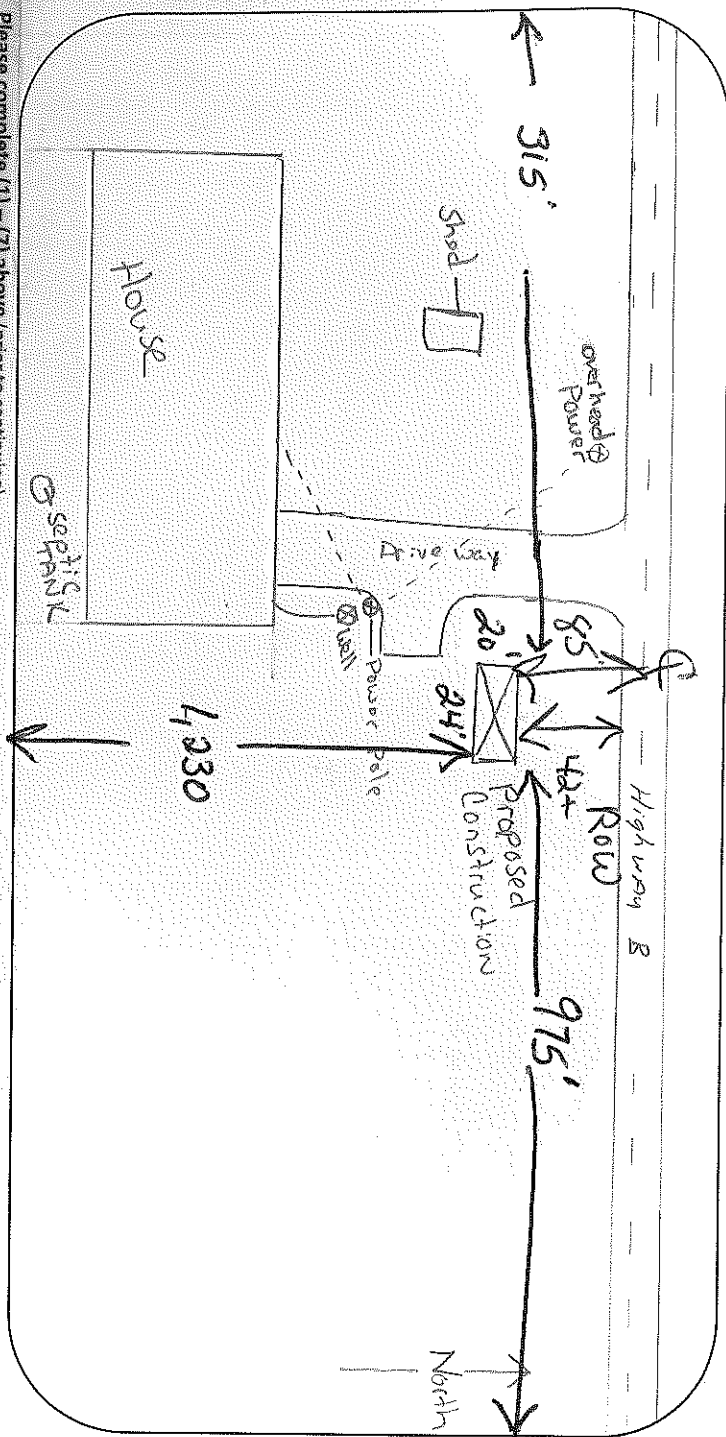
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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 I will be held upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County acting upon the information I (we) am (are) providing in or w/out an application. I (we) consent to court costs being charged with administering county ordinances to have access to the above described property a very reasonable time for the purpose of inspection.

Owners: Dume J & Barbara K Laht Subscribed By: Kelly Sanderlin
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters) of authorization must accompany this application)
 Authorized Agent: Kelly Sanderlin Date: 12/1/14
 (If you are signing on behalf of the Owner(s) a letter of authorization must accompany this application)
 Address to send permit: 4890 Co Hwy B Iron River, WI 54947 Date: 12/1/14
 Attached: Copy of Tax Statement If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- 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%**



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	85' Feet	Setback from the Lake (Ordinary high-water mark)	850' Feet
Setback from the Established Right-of-Way	142' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	70' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1230' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	315' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	975' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	141' Feet	Setback to Well	61' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:				
Permit #: <u>15-0044</u>	Permit Date: <u>3-16-15</u>				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	Is Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<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:	Inspected by: <u>M. Fuchs</u>				
Date of Inspection: <u>3-13-15</u>	Zoning District: <u>(A-1)</u>				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)	Lakes Classification: <u>(3)</u>				
Date of Re-Inspection:					
Signature of Inspector: <u>Michael Fuchs</u>					
Date of Approval: <u>3-16-15</u>					
Hold For Sanitary: <input type="checkbox"/> _____					
Hold For TBA: <input type="checkbox"/> _____					
Hold For Affidavit: <input type="checkbox"/> _____					
Hold For Fees: <input type="checkbox"/> _____					

May not be used for human habitation. No water under pressure in structure.