

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  
 ENTERED  
 FEB 23 2015  
 Bayfield Co. Zoning Dept.

Permit #: 15-0058A  
 Date: 3-27-15  
 Amount Paid: \$1195  
 Refund: 3-27-15

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Donald & Barbara Olson  
 Address of Property: 65950 North Pt. Dr.  
 Contractor: SAFE  
 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) 1/4, 1/4  
 Section 28, Township 47 N, Range 8 W  
 PIN: (23 digits) 04-024-2-47-08 28-105-021-31000  
 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_  
 Volume \_\_\_\_\_  
 Subdivisions: \_\_\_\_\_  
 Lot Size \_\_\_\_\_  
 Acreage 3.57

City/State/Zip: Iron River, WI 54847  
 City/State/Zip: Iron River, WI 54847  
 Contractor Phone: \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 16 feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Value at Time of Completion: \$2,000  
 \*Include donated time & material

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input 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 checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<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>HT</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 <input type="checkbox"/> 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"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<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"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 36' Width: 33' Height: 22'  
 Proposed Construction: \_\_\_\_\_

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 <sup>nd</sup> ) Deck	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>enclose deck - entryway / bathroom</u>	( 4 X 10 )	40
	Accessory Building (specify)	( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
	Special Use: (explain)	( ) ( )	( )
	Conditional Use: (explain)	( ) ( )	( )
	Other: (explain)	( ) ( )	( )

Rec'd for Issuance: MAR 27 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 property at any reasonable time for the purpose of inspection.

Owner(s): Donald & Barbara Olson Date: 3-4-15  
 (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: P.O. Box 123, Iron River, WI 54847  
 Attach  Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

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)

(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			
Setback from the Established Right-of-Way	100+	Setback from the Lake (Ordinary high-water mark)	10
Setback from the North Lot Line	200+	Setback from the River, Stream, Creek	NA
Setback from the South Lot Line	250+	Setback from the Bank or Bluff	NA
Setback from the West Lot Line	NA	Setback from Wetland	NA
Setback from the East Lot Line	NA	20% Slope Area on property	X Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback to <del>Septic Tank</del> or Holding Tank	19	Elevation of Floodplain	NA
Setback to Drain Field	NA	Setback to Well	50
Setback to Privy (Portable, Composting)	NA		

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 13-965	# of bedrooms: 2	Sanitary Date: 9-4-13
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0050	Permit Date: 3-27-15			
<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 checked="" type="checkbox"/> Yes (Easement/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input checked="" type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: 11071 - can forming structure, addition on existing foot print.	Date of Inspection: 2-25-15	Inspected by: M. Furtak	Zoning District (R-1)	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.		See mitigation affidavit. My increase in structures' foot print. Attention is being paid to existing foot print.		
Signature of Inspector: Michael Furtak	Date of Approval: 3-27-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Donald Olson  
Lake Millicent

**BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1723**

A PARCEL OF LAND LOCATED IN GOVERNMENT LOT 1, SECTION 28, T. 47 N., R. 8 W., IN THE TOWN OF IRON RIVER, BAYFIELD COUNTY, WISCONSIN

V10 csm P146-147

PATRICIA A. GIBSON  
BAYFIELD COUNTY  
REGISTER OF DEEDS

2010R-535134  
10/14/2010 01:30PM

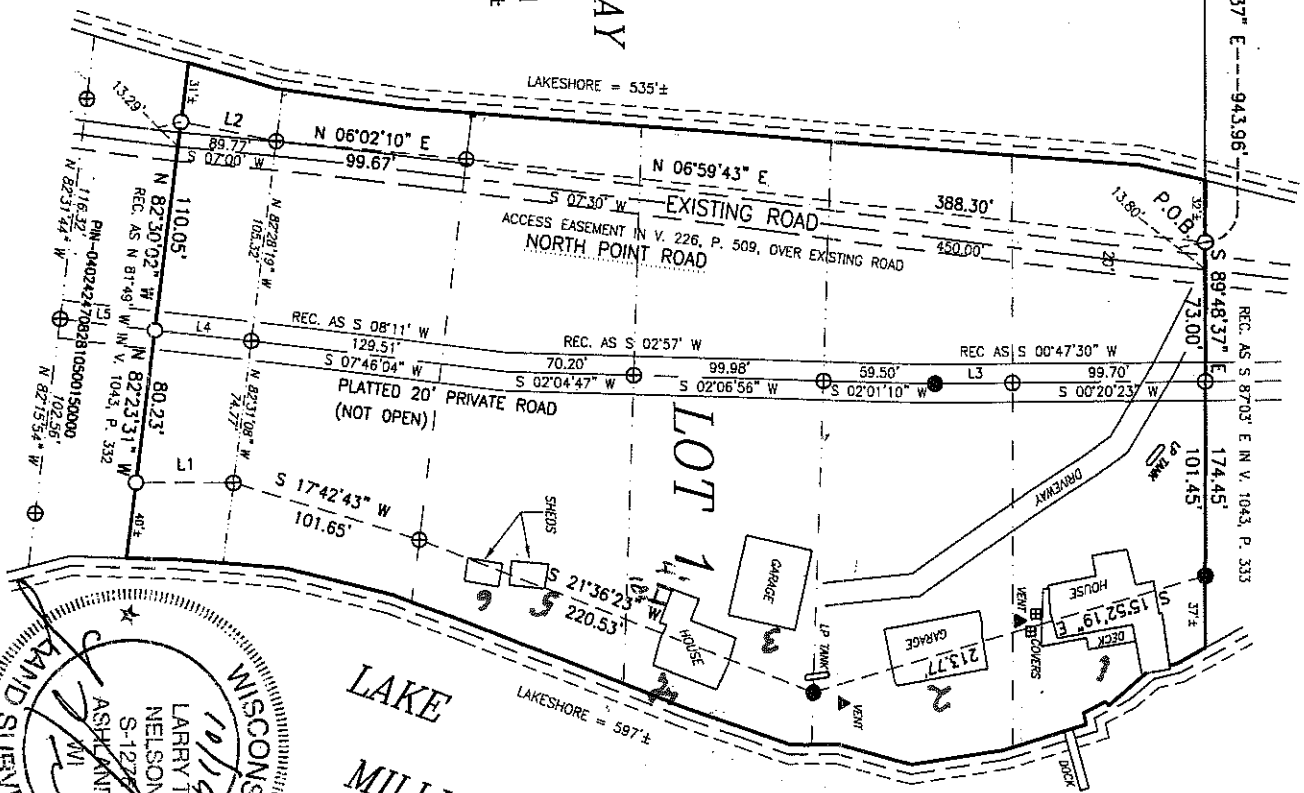
TF EXEMPT #: \_\_\_\_\_  
RECORDING FEE: 30.00  
PAGES: 2

REC. AS S 89°46'31" E ON CSM NO. 1672  
SEC. 21 S 89°17'39" E 690.54' M.C.  
1/4 CORNER SQUARE CONCRETE MONUMENT  
3/4 IRON ROD SEC. 28

BEARINGS ARE BASED ON THE NORTH LINE OF GOVERNMENT LOT 8 OF SECTION 28, ASSUMED AS S 89°17'39" E



**BUSKEY BAY**  
TOTAL AREA 155,700 SQ. FT.±  
3.57 ACRES±



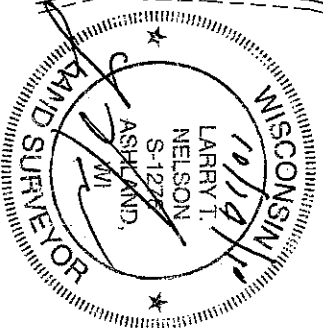
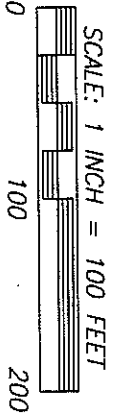
**LINE TABLE**

LINE	BEARING	DISTANCE
L1	S 01°22'40" W	50.57
L2	N 12°57'31" E	50.38
L3	S 06°06'07" E	40.53
L4	S 07°34'17" W	50.10
L5	S 07°34'17" W	50.10

PIPE DIMENSIONS ARE OUTSIDE DIAMETER

- LEGEND**
- ⊕ 2" IRON PIPE FOUND
  - 1" SQ. HEAD IRON BOLT FOUND
  - 1-1/4" x 18" IRON PIPE SET THIS SURVEY, WEIGHT=1.68 LB/FT

**CLIENT: DONALD OLSON**  
JOB NO.: N10/124  
DRAFTED BY: P. NELSON  
OCTOBER 7, 2010  
SCALE: 1 INCH = 100 FEET  
FILEN/DATA/T47N/R8W/SEC28/  
ACAD&SPDATA/N10\_124  
MR. 381 PG. 79  
SHEET 1 OF 2 SHEETS



**NELSON SURVEYING INCORPORATED**  
101 W. MAIN STREET  
SOUTH AUSTIN, WISCONSIN 54806  
(715) 882-2892  
FAX: (715) 882-5100  
SURVEYING NORTHERN WISCONSIN SINCE 1864  
MAP NO. CSM 2059