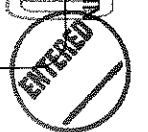


**SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN



Date Rec'd (Revised)  
 MAR 11 2015  
 Bayfield Co. Zoning Dept.

*GOES W/ PERMIT 150047*

Permit #:	15-00108
Date:	4.9.15
Amount Paid:	\$880 4/9/15
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 →	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Gregg & Kathleen Skoraczewski		Mailing Address:	Sawze		City/State/Zip:	
Address of Property:	6080 Iron Lake Rd.		City/State/Zip:	Iron River, WI 54847		Telephone:	(715) 372-4546
Contractor:	self		Contractor Phone:	Plumber: Rasmussen		Cell Phone:	(715) 892-0669
Authorized Agent:	(Person Signing Application on Behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):		Plumber Phone:	(715) 798-3355
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-032-2-47-09-24-2-05-002-01000	Recorded Document: (i.e. Property Ownership) Volume 1120	Subdivisions:	Pages) 229	Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1/4, ___ 1/4	Gov't Lot 2	Lot(s)	GSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivisions:
Section 24, Township 47 N, Range 09 W	Town of: Hughes		Lot Size	Acres		6.8	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes---continue →	Distance Structure is from Shoreline: 100' + feet				

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
\$ 1,000.00	<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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: ___ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv. <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 checked="" 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"/> 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> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( ) ( ) ( ) ( ) ( ) ( )	( ) ( ) ( ) ( ) ( ) ( ) ( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, gr ( ) sleeping quarters, gr ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	( )	( )
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	( )	( )
Rec'd for Issuance			
APR 09 2015	Special Use: (explain) Class 'A' RV Extension	( )	( )
Secretarial Staff	Conditional Use: (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 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): Gregg & Kathleen Skoraczewski  
 (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 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  
 If you recently purchased the property send your Recorded Deed \_\_\_\_\_

See 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	190+ Feet	Setback from the Lake (Ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	180+ Feet	Setback from the River, Stream, Creek	114 Feet
Setback from the North Lot Line	114 Feet	Setback from the Bank or Bluff	85 Feet
Setback from the South Lot Line	114 Feet	Setback from Wetland	114 Feet
Setback from the West Lot Line	25' Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	150' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	20+ Feet
Setback to Drain Field	20' 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 149806	# of bedrooms: 6	Sanitary Date: 5-17-91
Permit Denied (Date):	Reason for Denial:			
Permit #: 15-00063	Permit Date: 4-9-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.)	<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	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	X Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	X Yes <input type="checkbox"/> No	
Inspection Record: Maestral set-backs.				Zoning District (R-1) Lakes Classification (2)
Date of Inspection: 3-18-15	Inspected by: M. Fustak			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
See TBA, May not be used as a year round residence.				
Signature of Inspector: Michael Fustak				Date of Approval: 3-19-15
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"/>

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

3. Show dimensions in feet on the following:

**IMPORTANT**  
**Detailed Plot Plan is Necessary**

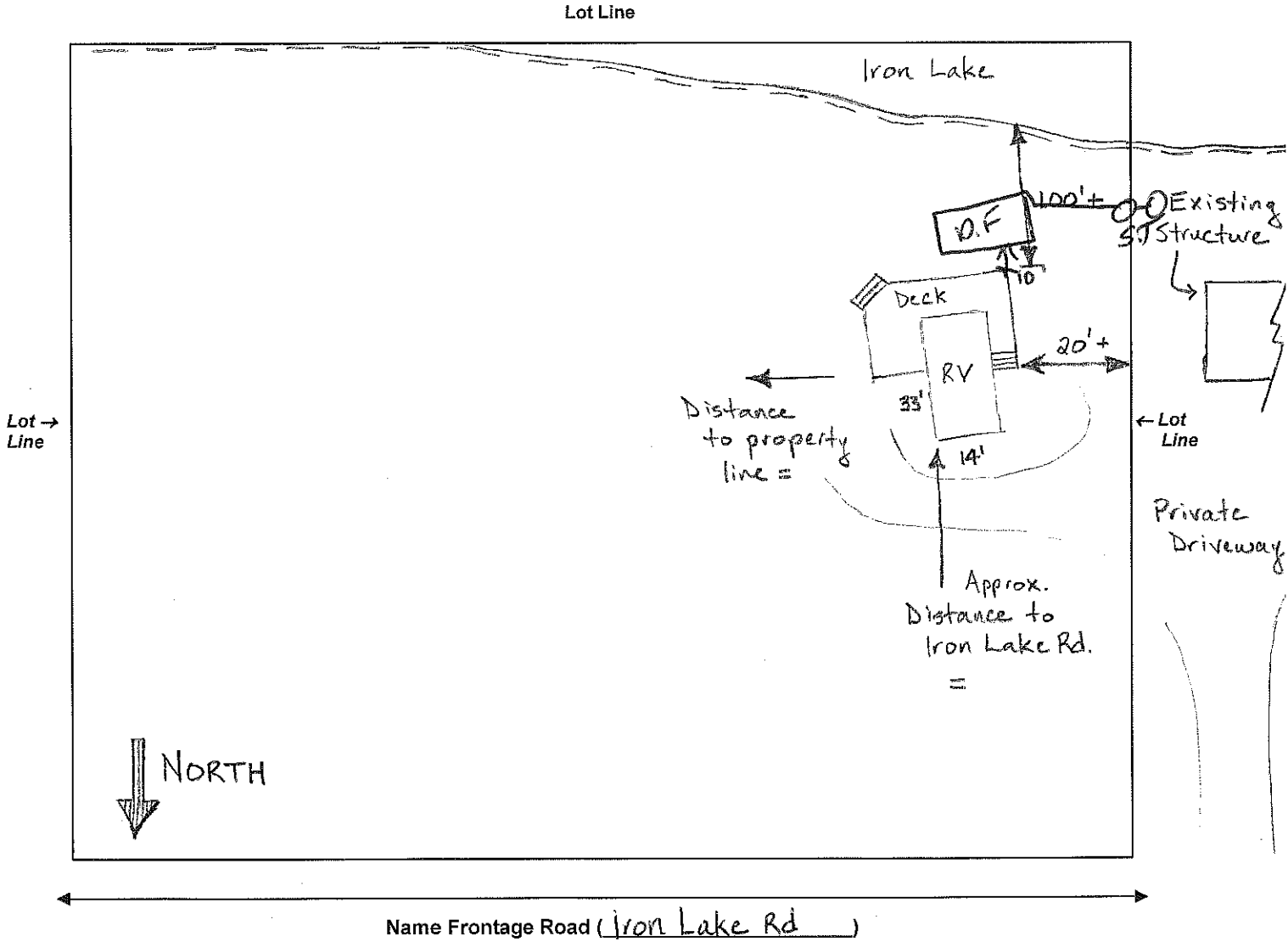
a. RV from centerline of road(s).

d. RV from lake, river, stream or pond

b. RV from right-of-way line

e. RV from Privy

c. RV from property lines



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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Owner or Authorized Agent Alyssa Del. [Signature] Date 3-11-15

Address to send permit same as front