

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  
 RECEIVED  
 MAY 07 2015  
 Bayfield Co. Zoning Dept.

Permit #: 15-0139  
 Date: 5-14-15  
 Amount Paid: \$375  
 Refund: \$14.15

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: **TOWN OF IRON RIVER** Mailing Address: **PO BOX 485 IRON RIVER, WI 54847** Telephone: **9157**

Address of Property: **7735 Pettinail** City/State/Zip: **IRON RIVER WI 54847** Cell Phone: **715-817-0650**

Contractor: **TOM TRUDEAU** Contractor Phone: **715-209-3920** Plumber: **B Polkoski** Plumber Phone: **715-817-0650**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **SELE SCHWARTZ** Agent Phone: **715-209-3920** Agent Mailing Address (include City/State/Zip): **IRON RIVER, WI 54847** Written Authorization Attached  Yes  No

PROJECT LOCATION: **NW 1/4, NE 1/4** Gov't Lot: **1** Lot(s): **1** CSM: **1** Vol & Page: **1** Lot(s) No.: **1** Block(s) No.: **15**

Legal Description: (Use Tax Statement) **Section 18, Township 47 N, Range 08 W** Town of: **IRON RIVER**

Legal Description: (Use Tax Statement) **PNL: (23 digits) 04-** Recorded Document: (i.e. Property Ownership) Volume: **281** Page(s): **388** Subdivision: **524** Lot Size: **7.03** Acreage: **26.82**

Shoreland  Non-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/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
\$150,880.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <b>Septic</b>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<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"/> _____	<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"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: **50'** Width: **32'** Height: **16'**

Proposed Construction: Length: **50'** Width: **32'** Height: **16'**

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"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <b>COMPRESSION STACK RESTROOMS</b>	( <b>32' X 28'</b> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <b>WOODEN PORCHES, STAIRS</b>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

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): \_\_\_\_\_ Date: \_\_\_\_\_

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

Authorized Agent: **Sele Schwartz** Date: **5/7/2015**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_

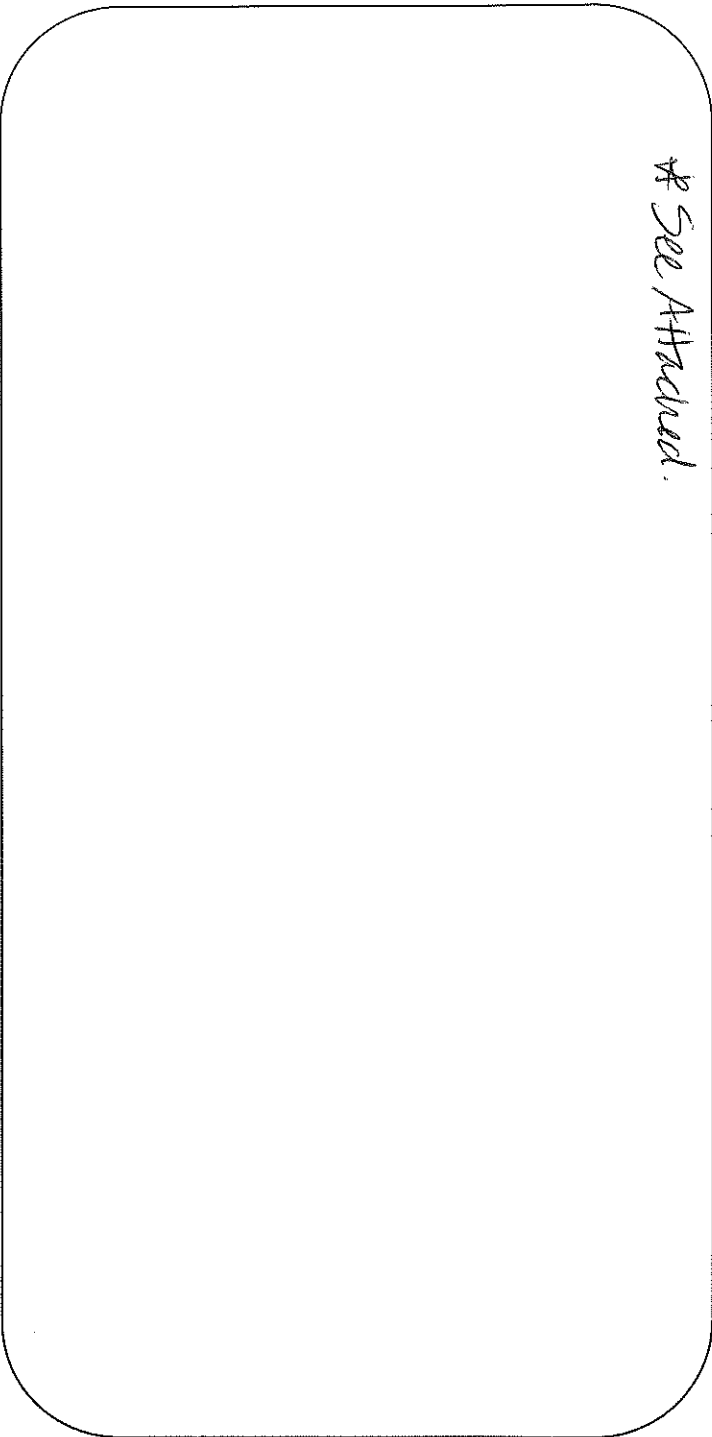
Copy of Tax Statement

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 Attached.



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	330 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	321.09 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	407.25 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	302.04 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	375.84 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	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.

**NEED MINUTES** For The Construction Of New One & Two Family Dwellings. **DISRICT OK.**

ISSUANCE INFORMATION (County Use Only) Sanitary Number: PENDING # of bedrooms: 2 Sanitary Date: 5/12-15

Permit Denied (Date): 5/12-15 Reason for Denial: PERMITS BUT MAY BE REVIEWED TO SAN. DISTRICT. Permit Date: 5/12-15

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  No  No

Is Parcel in Common Ownership  Yes (Used/Contiguous Lot(s))  No  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  No  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No  No  No

Inspection Record: SPUD LIFT + BORDERS FOR SOME FORMS ONLY. NO CONCRETE, NO ATF.

Date of Inspection: 5-12-15 Inspected by: J. DEANER - MURPHY Date of Re-Inspection:                     

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)

IF POINTS IS CONSIDERED A DISTANCE BY SANITARY DISTRICT FOR I.R. THEN CONNECTION TO THE DISTRICT IS REQUIRED FOR SANITATION.

USE FOR PRIVATE AESTHETIC FIELD/COMMUNITY EVENTS ESTABLISHED IN PREVIOUS

Signature of Inspector: [Signature] Date of Approval: 5-13-14

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

PERMIT HISTORY. (REVIEWED BY R. SCHENKMAN AT APPLICATION SUBMITTED FOR ZENIRA CHANGE TO MUNICIPALITY - WEN)

