

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
 Date Stamp (Received)
MAY 11 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: **15-0147**
 Date: **5-19-15**
 Amount Paid: **\$185**
 Refund: **S-19-15**

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: GARY R. PELLE **Mailing Address:** 10910 South Long Lake Rd, Iron River, WI 54847 **City/State/Zip:** IRON RIVER, WI 54847 **Telephone: (res)** 378-8961

Address of Property: 5635 Simpson Lake Rd **City/State/Zip:** IRON RIVER, WI 54847 **Cell Phone:** (262) 348-5829

Contractor: _____ **Contractor Phone:** _____ **Plumber:** _____ **Plumber Phone:** _____

Authorized Agent: (person Signing Application on behalf of Owner(s)) **Agent Phone:** _____ **Agent Mailing Address (include City/State/Zip):** Burdette, WI **Written Authorization Attached:** Yes No

PROJECT LOCATION: E 1/4 of W 370 of S 160 1/4 of W 1/2 SW SE on **Legal Description:** (Use Tax Statement) 04-022-2-47-09-14-1-05-001- **PIN:** (23 digit) 022-2-47-09-14-1-05-001- **Volume:** 1130 **Page(s):** 394

Section: S11, **Township:** T47 N, **Range:** R09 W **Town of:** LUGUES

Lot Size: _____ **Acage:** 5.78 **Is Property in Floodplain Zone?** Yes No **Ave Wetlands Present?** Yes No

Shoreland **Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?** **Is Property/Land within 1000 feet of Lake, Pond or Flowage** **Distance Structure is from Shoreline:** _____ **feet** **Distance Structure is from Shoreline:** 175 **feet**

Non-Shoreland **Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?** **Is Property/Land within 1000 feet of Lake, Pond or Flowage** **Distance Structure is from Shoreline:** _____ **feet** **Distance Structure is from Shoreline:** _____ **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
\$ <u>10,000</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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> garage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

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

Proposed Construction: **Length:** 32' **Width:** 26' **Height:** 14' 0"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>garage</u> <u>shrig</u> <u>(32 x 26)</u>	<u>832</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	<input type="checkbox"/> with Loft	()	()
	<input type="checkbox"/> with a Porch	()	()
	<input type="checkbox"/> with 2nd Porch	()	()
	<input type="checkbox"/> with a Deck	()	()
	<input type="checkbox"/> with 2nd Deck	()	()
<input 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)	()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	()	()
	<input type="checkbox"/> Addition/Alteration (specify) _____	()	()
	<input type="checkbox"/> Accessory Building (specify) _____	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	()	()
	<input type="checkbox"/> Conditional Use: (explain) _____	()	()
	<input type="checkbox"/> Other: (explain) _____	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including a copy of the 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 design and accuracy of information I (we) provide, 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 seeking county condemnation. I (we) am (are) providing, in or with this application, 1 (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): GARY R. PELLE Rosalind Spangul Johnson-Pelle JOHANSON-PELLE **Date:** 5/10/15

(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:** _____

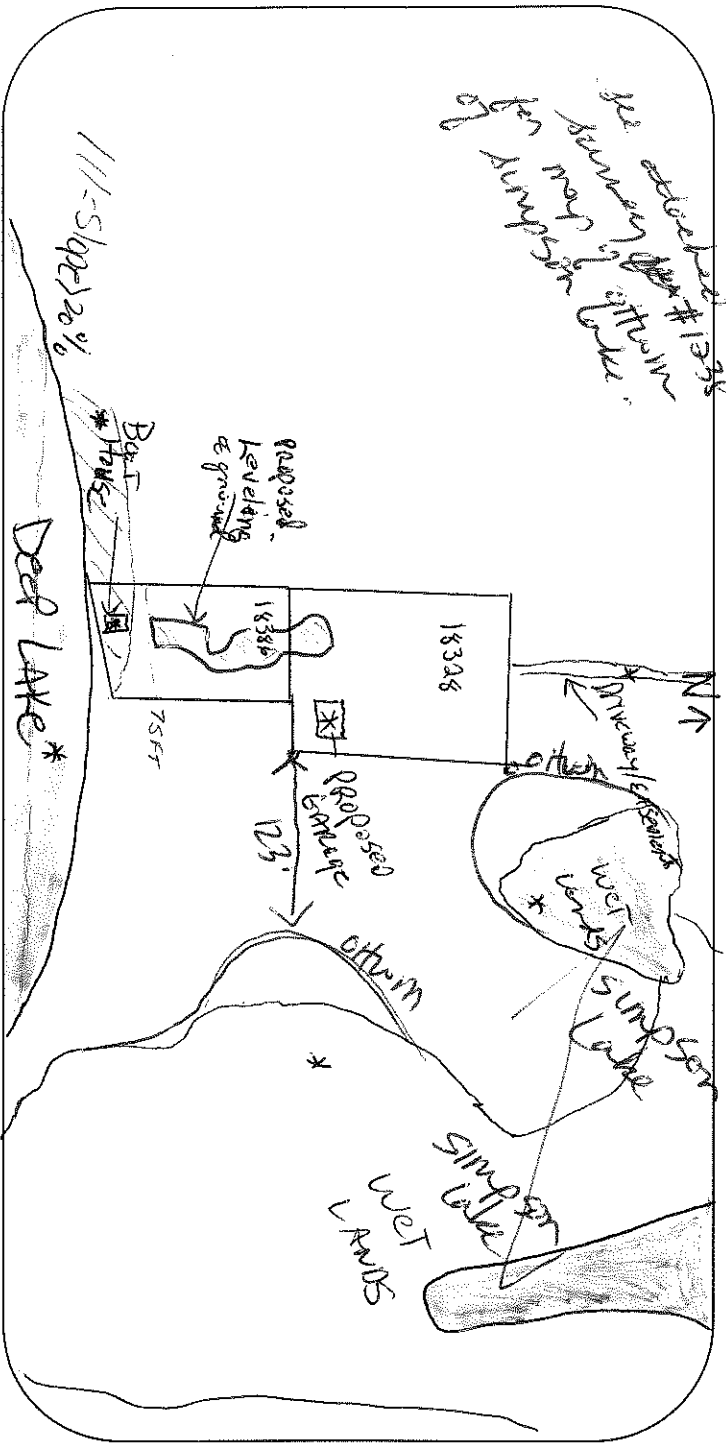
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 10910 South Long Lake Rd Iron River, WI 54847 **Copy of Tax Statement**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE **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%



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	1300 Feet	Setback from the Lake (Ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	260 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	260 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	20 Feet	Setback from Wetland	150 Feet
Setback from the West Lot Line	94 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	20 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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.

Issuance Information (County Use Only) Permit Denied (Date): _____ Reason for Denial: NA Sanitary Number: NA # of bedrooms: _____ Sanitary Date: _____		Permit #: 15-0147 Issued Date: 5-19-15 Expiration Date: 5-19-16	
Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is Parcel in Common Ownership <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is Structure Non-Conforming <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____	Deed of Record <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Easement/Contiguous Lots <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <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 #: _____	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We're Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: SURVEY MARKERS CLEARLY MARKED. TREES CLEARED FOR VIEW TO DEEP LAKE UPON INSPECTION. NO GRADING. Date of Inspection: 5-12-15 Inspected by: CELESTINE MURPHY Zoning District: RRBTR-1 Lakes Classification: (2)		Condition(s) Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Building shall not be used for habitation or septic purification purposes. Grading shall not occur w/o approved vegetation protection. Area removal of trees 50' from ohm prohibited. 30' viewline. Proposed shall remain vegetated w/ selective cutting for view. Signature of Inspector: _____ Date of Approval: 5-20-15 Hold For Sanitary: <input type="checkbox"/> Hold For TRM: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>	

© October 2013 No grading or filling allowed in any wetland. ←