

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

Stamp (Received)
 MAR 12 2015

Bayfield Co. Zoning Dept.



Permit #:	15-0155
Date:	5-07-15
Amount Paid:	\$90
Refund:	50715

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: Bradley H Strandsquist Mailing Address: 5690 2777E ST Wyaning, WI 55082 Telephone: 651-385-7749

Address of Property: 68484 EKS Long LK RD City/State/Zip: Iron River, WI 54847 Cell Phone: 612-321-2894

Contractor: Bruce Strandsquist Contractor Phone: 651-385-7749 Plumber: _____ Plumber Phone: _____

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: NW 1/4, SW 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 11, Township 47 N, Range 08 W Town of: IRON RIVER Lot Size 110x1300 Acreage 3.16

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-024-2-47-08-11-302-000-10000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet 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
\$30,000	<input checked="" type="checkbox"/> New Construction	<input 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	<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>DIAGNOSIS</u>	<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 checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it) Length: _____ Width: 96 Height: _____

Proposed Construction: Length: 50 Width: 10 FT Sidewalks Height: 16

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 nd) Porch	() ()	()
	with a Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (Specify) _____	() ()	()
	Accessory Building (Specify) <u>garage</u>	(<u>40x50</u>)	<u>2000</u>
	Accessory Building Addition/Alteration (Specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

REC'D FOR ISSUANCE MAY 27 2015

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (1) Stoppage of the 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) and/or the contractor, subcontractor and/or owner (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): Bruce Strandsquist Date 5/6/2015
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

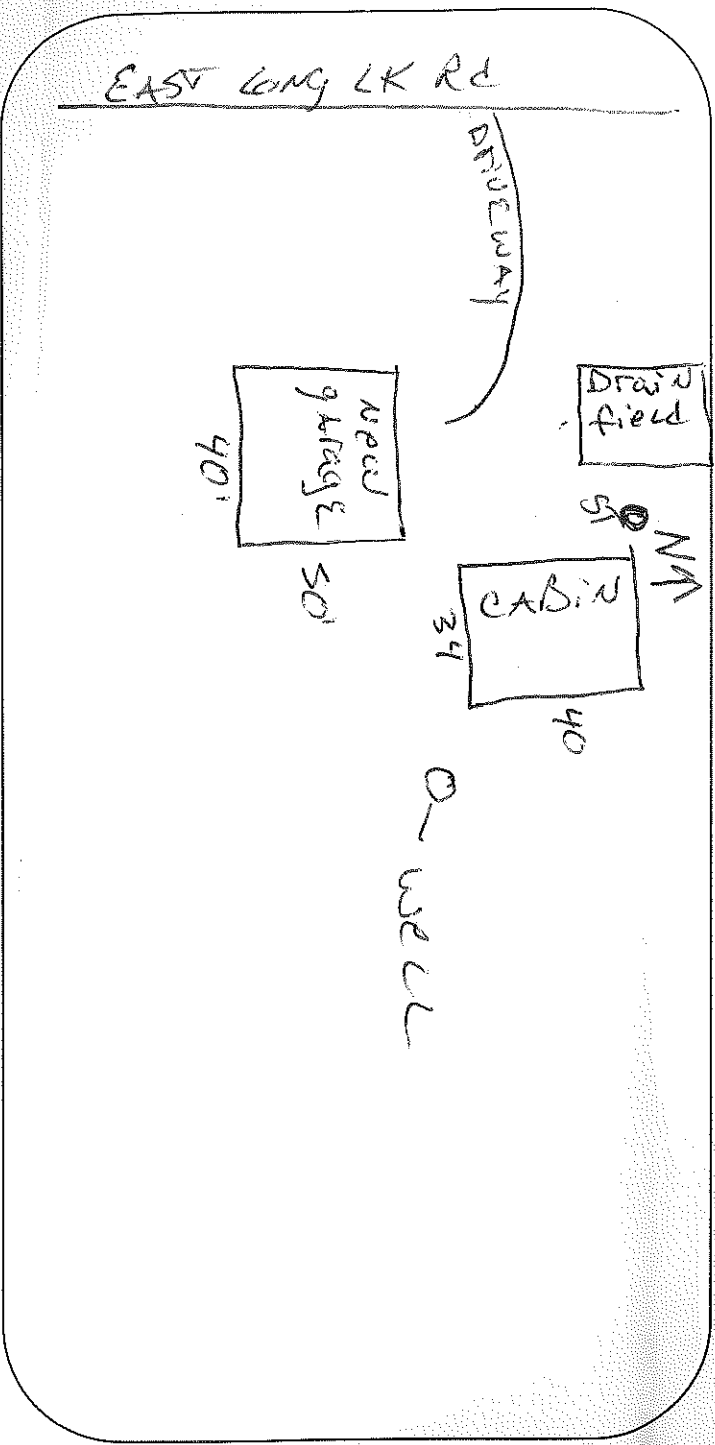
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 5690 2777E ST Wyaning, WI 55082 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	130 Feet	Setback from the Lake (Ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	120 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	900 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	120 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1160 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	80 Feet	Setback to Well	50 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	20 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).

Task service
open 6/16/15 for the construction of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
collected on 5-22-15 the local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 06-2465 # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 15-0155 Permit Date: 5-27-15

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

Is Parcel in Common Ownership Yes (Fused/Contiguous lots) No No

Is Structure Non-Conforming Yes No No

Granted by Variance (B.O.A.) Case #: Previously Granted by Variance (B.O.A.) Case #:

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No Was Property Surveyed

Was Proposed Building Site Delineated Yes No Staked Approved

Inspection Record:

Date of Inspection: 5-21-15 Inspected by: Geonberg-Munby

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

Builder shall be located in R.O.W. DISCRETION ON DEED. SHALL NOT BE USED FOR SLEEPING PURPOSES. NO window plumbing fixtures within connection to posts is permitted.

Signature of Inspector: Date of Approval: 5-26-15

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