

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
 JUN 01 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0168
 Date: 6-4-15
 Amount Paid: \$75 #100
 Refund: 6-4-15

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.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: KAREN AUSTIN
 Address of Property: 14155 COUNTY HWY H
 City/State/Zip: IRON RIVER WI 54847
 Telephone: 715 372 4838
 Cell Phone: 305 395 2985

Mailing Address: SAME
 City/State/Zip: IRON RIVER
 Telephone: 715 372 4838

Contractor: SELF
 Contractor Phone: _____
 Plumber: POLKOWSKI
 Plumber Phone: 305 395 2985

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
 Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-016-2-46-07-08-3 02-000 7000
 Volume 751 Page(s) 392

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 8, Township 46 N, Range 7 W
 Town of: DELTA
 Lot Size _____ Acreage 4.2

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 in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue
 Distance Structure is from Shoreline: 49 feet
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$6000.	<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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: DRYVEL <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 type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 44 Width: 20 Height: 26
 Proposed Construction: Length: 15 Width: 10 Height: 10

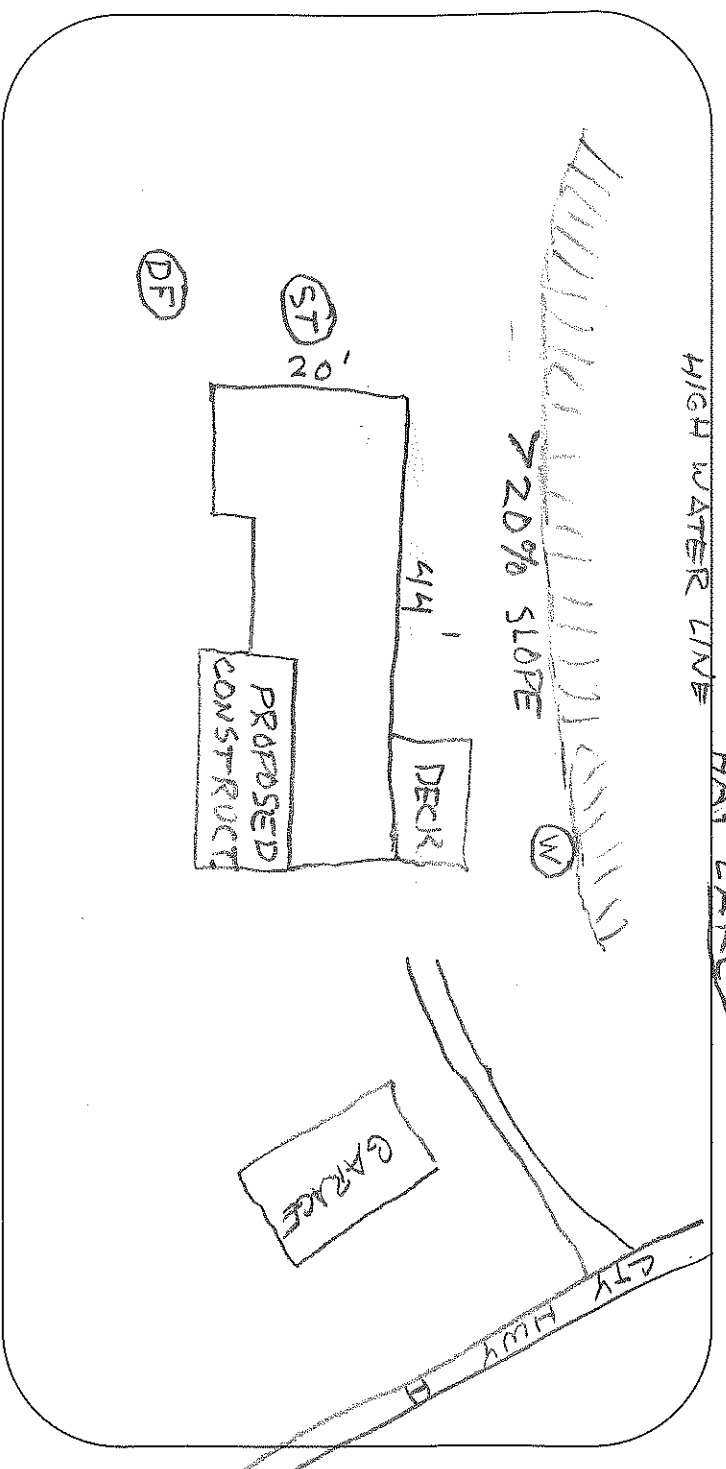
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X) (X)))))))))
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____	(X) (X) (X) (X)))))
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	(X))
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) ENTRY, MUDROOM, STORAGE	(X) (X) (10 X 15)))) 150

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): KAREN AUSTIN
 (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: 5/25/2015
 (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
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (* 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)

(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	200 Feet	Setback from the Lake (Ordinary high-water mark)	70 Feet
Setback from the Established Right-of-Way	165 Feet	Setback from the River, Stream, Creek	20 Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	20 Feet
Setback from the South Lot Line	350 Feet	Setback from Wetland	70 Feet
Setback from the West Lot Line	250 Feet	Setback from 20% Slope Area	30 Feet
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	1050 Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	30 Feet
Setback to Drain Field	40 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)

Sanitary Number: 4501's (1972) # of bedrooms: 2 Sanitary Date: 1972

Reason for Denial:

Permit #: 15-0168 Permit Date: 10-4-15 Septic Tank in Soil Test 12/09

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No

Case #: Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Previously Granted by Variance (B.O.A.) Yes No

Case #: Mitigation Required Yes No

Mitigation Attached Yes No

Affidavit Required Yes No

Affidavit Attached Yes No

Inspected by: [Signature] Date of Re-Inspection: 6/3/15

Inspection Record: 15-0168-10

Date of Inspection: 6/3

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

Signature of Inspector: [Signature]

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

Date of Approval: 6/3/15

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: JAN 16 2015
 Bayfield Co. Zoning Dept.

ENTERED Permit # 15-011
 Date: 10-5-15
 Amount Paid: 195.00
 Refund: 9-26-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: JAMES E SAUER JR Mailing Address: N12554 HILLS ROAD City/State/Zip: ARLIEDO WI 54824 Telephone: 715 5251246

Address of Property: 16810 WHITE RIVER RD City/State/Zip: MASON, WI 54856 Contractor Phone: 54856 Plumber: 54856 Plumber Phone: 54856

Contractor: SELF Agent Phone: 54856 Agent Mailing Address (include City/State/Zip): 54856 Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: 300 on E side of Town Rd PIN: (23 digits) 0406-2-46-07-22-2-01-000-1040 Volume 1136 Page(s) 598

NE 1/4, NW 1/4 Gov't Lot: Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage 4.59

Section 22, Township 46 N, Range 7 W Town of: DELTA

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->

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

Distance Structure is from Shoreline: feet Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>12,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + 1Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u>	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input checked="" type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 16' Width: 16' Height: 13'

Proposed Construction: Length: 16' Width: 16' Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>16</u> x <u>16</u>)	<u>256</u>
	Residence (i.e. cabin, hunting shack, etc.)	(<u>18</u> x <u>8</u>)	<u>64</u>
	with Loft	(<u>8</u> x <u>16</u>)	<u>128</u>
	with a Porch	(<u> </u> x <u> </u>)	<u> </u>
	with (2 nd) Deck	(<u> </u> x <u> </u>)	<u> </u>
	with a Deck	(<u> </u> x <u> </u>)	<u> </u>
	with (2 nd) Deck with Attached Garage	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> or <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> x <u> </u>)	<u> </u>
	Mobile Home (manufactured date) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>
	Accessory Building (specify) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>
	Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>
	Special Use: (explain) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>
	Conditional Use: (explain) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>
	Other: (explain) <u> </u>	(<u> </u> x <u> </u>)	<u> </u>

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): James Sauer Jr Date 1-15-15

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

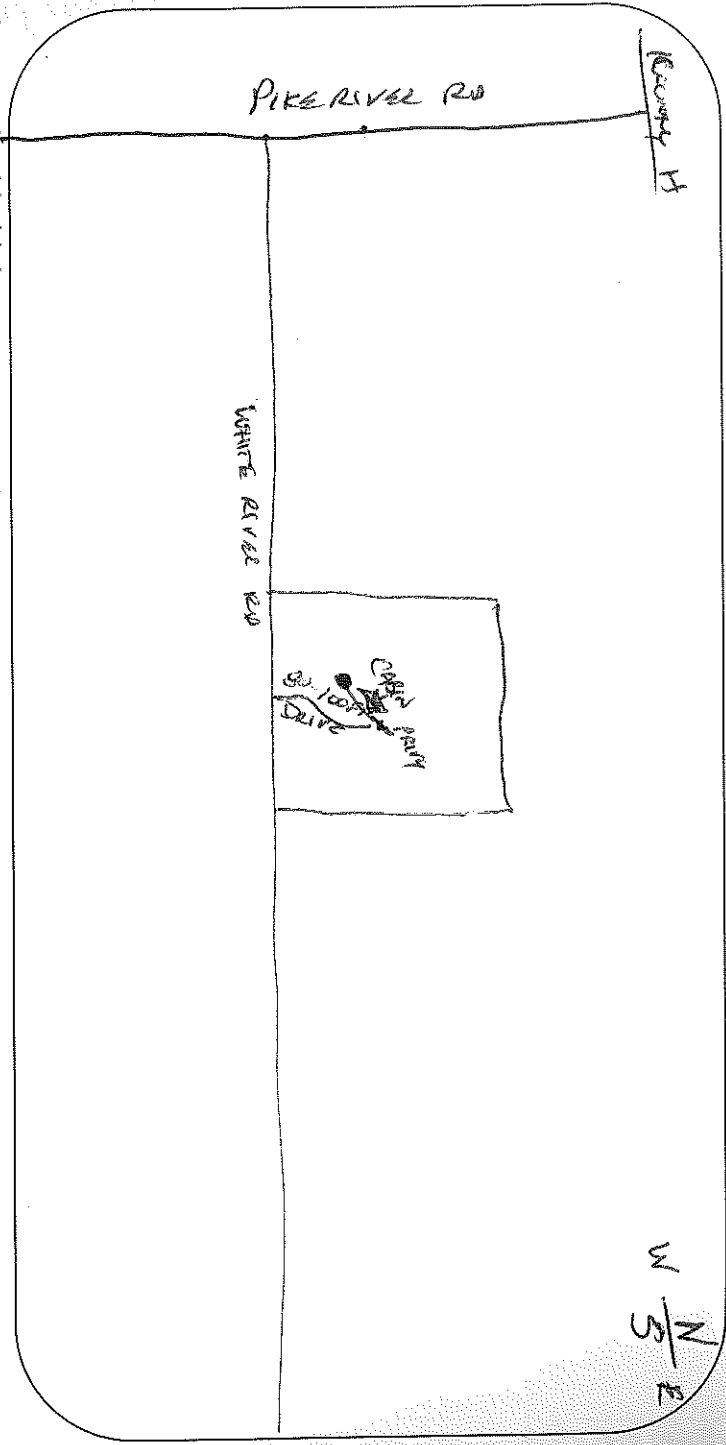
Authorized Agent: Same as above Date

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

Address to send permit Same as above Attach Copy of Tax Statement Recorded Deed

6600
 0484
 852

- Look 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)
 (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	100'	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	100'	Setback from the River, Stream, Creek	100'
Setback from the North Lot Line	650'	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	120' per Tom -
Setback from the West Lot Line	250'	Setback from 20% Slope Area	Need to know
Setback from the East Lot Line	30'	Elevation of Floodplain	5/22/15 2.4' W.S. 1'
Setback to Septic Tank or Holding Tank	NA	Setback to Well	NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	15'		

(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)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 150171	Permit Date: 10-5-15			
<input checked="" 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 (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> No	Case #: 15-04 B	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Meets all setbacks as granted.			
Date of Inspection: 3-17-15	Inspected by: M. Funtak	Zoning District: (A-1)	Lakes Classification: (NA)	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 BOA affidavit. No water under pressure in structure, No plumbing pictures in structure.				
Signature of Inspector: Michael Funtak	Signature of Applicant: Michael Funtak	Date of Approval: 3-18-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	