

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 Received  
 MAY 27 2015  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 15-01162  
 Date: 5-27-15  
 Amount Paid: \$288  
 Refund: 10-2-15

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: Vern & Linda Schmidt Mailing Address: 61225 ORAWSKI TRON RIVE WI Telephone: 651-4129-2616  
 Address of Property: 6515 KOLLING RD City/State/Zip: IRON RIVER WIS 54847 Cell Phone: 715-372-5288  
 Contractor: ALBERT LAND BUILDINGS Contractor Phone: 715-274-2288 Plumber: \_\_\_\_\_ Plumber Phone: 651-9835417  
 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: 1/4, \_\_\_\_\_ 1/4 Gov't Lot 5 Lot(s) 1 CSM 617 Vol & Page 4 PAGE Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 24, Township 47 N, Range 9 W Town of: HUGHES Lot Size \_\_\_\_\_ Acreage 1.08

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: 357 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
\$ <u>45,204</u>	<input checked="" type="checkbox"/> New Construction <input 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"/> <del>Shoreland</del> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 56 Width: 48 Height: 25 ✓  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <u>STORAGE</u>	( <u>48</u> x <u>56</u> )	<u>2688</u>
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( _____ )	_____
<input type="checkbox"/> Residential Use	with Loft	( _____ )	_____
<input type="checkbox"/> Residential Use	with a Porch	( _____ )	_____
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( _____ )	_____
<input type="checkbox"/> Residential Use	with a Deck	( _____ )	_____
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( _____ )	_____
<input type="checkbox"/> Commercial Use	with Attached Garage	( _____ )	_____
<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)	( _____ )	_____
<input type="checkbox"/> Commercial 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	Special Use: (explain) _____	( _____ )	_____
JUN 02 2015	Conditional Use: (explain) _____	( _____ )	<u>2488</u>
Secretarial Staff	Other: (explain) <u>POLE BLDG</u>	( <u>48</u> x <u>56</u> )	<u>2688</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.

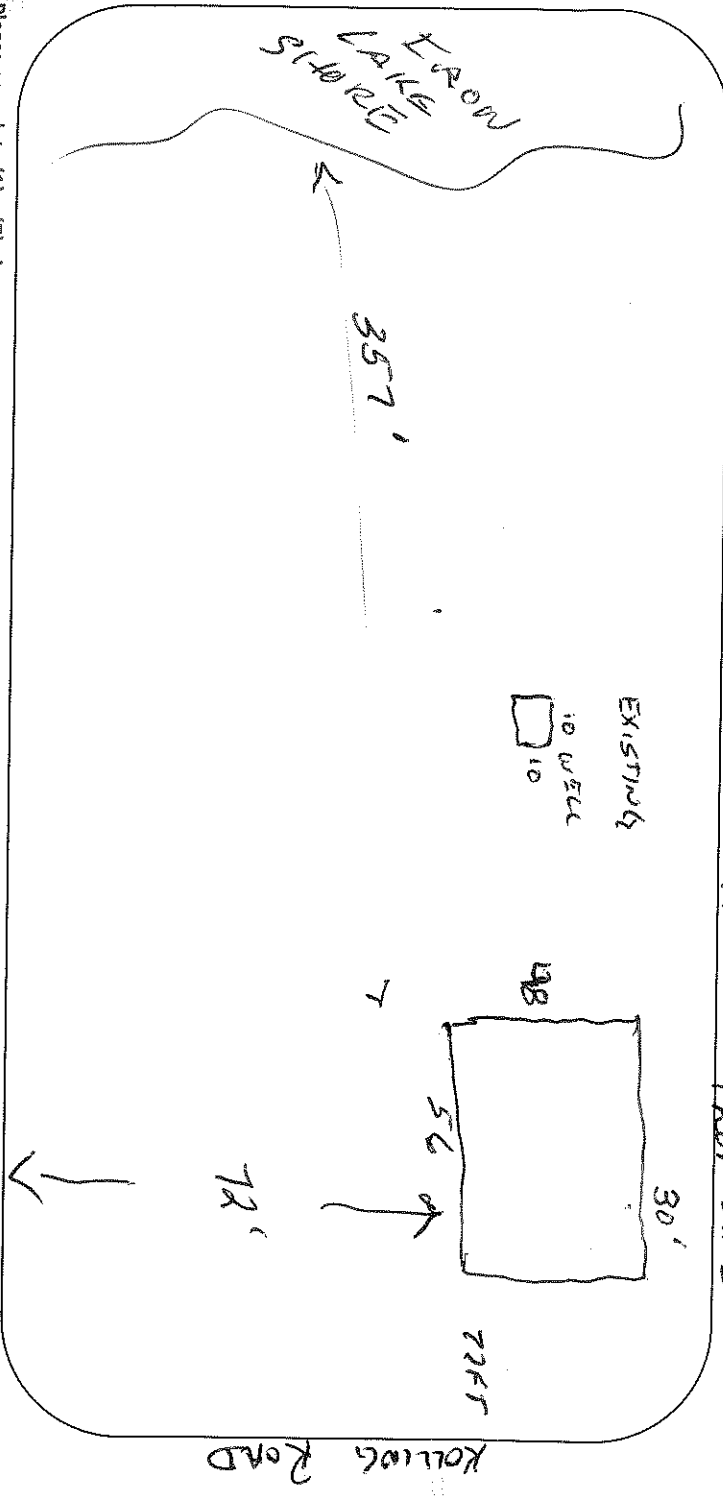
Owner(s): Vern & Linda Schmidt & Linda Schmidt Date 5-27-15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 \_\_\_\_\_ Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
- (2) Show / Indicate: Proposed Construction
  - (3) Show Location of (\*): North (N) on Plot Plan
  - (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	77 Feet	Setback from the Lake (ordinary high-water mark)	357 Feet
Setback from the Established Right-of-Way	44 Feet	Setback from the River, Stream, Creek	5 Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	1 Feet
Setback from the South Lot Line	72 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	357 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	44 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	Feet
Setback to Drain Field	NA 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 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): \_\_\_\_\_ Sanitary Number: NA # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 15-01602 Permit Date: 04/19/88 Label for tags: 100-15

Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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 #:	

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

Was Parcel Legally Created  Yes  No CSM

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Property Surveyed  Yes  No

Inspected by: J. Cronin - MAURPH Date of Re-Inspection: \_\_\_\_\_

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

Zoning District: RE-1

Lakes Classification (1-2): TRON

Date of Inspection: 5-28-15

Signature of Inspector: [Signature]

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:  Date of Approval: 6-1-15

REQUIRED FOR ANY FIN/LAND DISTURBING ACTIVITY. ND AND DISTURBANCE APPROVED WEST (WETSIDE) OF THE BUILDING SITE. EROSION CONTROL MEASURES ARE

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