

**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



Permit #:	15-08810
ENTERED Date:	8-4-15
Amount Paid:	\$480
Refund:	6-20-15

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:** Michael J. Buran  
**Mailing Address:** 68925 Hallander Rd., Iron River WI 54847  
**City/State/Zip:** Iron River WI 54847  
**Telephone:** 715-372-5092  
**Cell Phone:** 715-817-0319

**Address of Property:** 68925 Hallander Rd.  
**Contractor:** Ronchi Brothers Construction  
**Contractor Phone:** \_\_\_\_\_  
**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:** Legal Description: (Use Tax Statement) 1/4 NE 1/4  
 PIN: (23 digits) 04-022-2-47-09-08-1 01-000-1200  
 Recorded Document: (i.e. Property Ownership) 970  
 Pages: 695

**Section:** 8, **Township:** 47 N, **Range:** 9 W, **Town of:** Hughes

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  
 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
\$ 50,000	<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 type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Box</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( 62 X 28 ) ( X X ) ( 28 X 8 ) ( X X ) ( 28 X 8 ) ( X X ) ( 18 X 28 )	1736  224 224 224 504
<input 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"/> Mobile Home (manufactured date)	( X X ) ( X X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( X X ) ( X X ) ( X X )	
	<input checked="" type="checkbox"/> Special Use: (explain) <u>Class A Residence in Act 1</u> <input checked="" type="checkbox"/> Conditional Use: (explain) <u>2nd residence on property</u> <input type="checkbox"/> Other: (explain) _____	( X X ) ( X X ) ( X X )	

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 (am) 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.

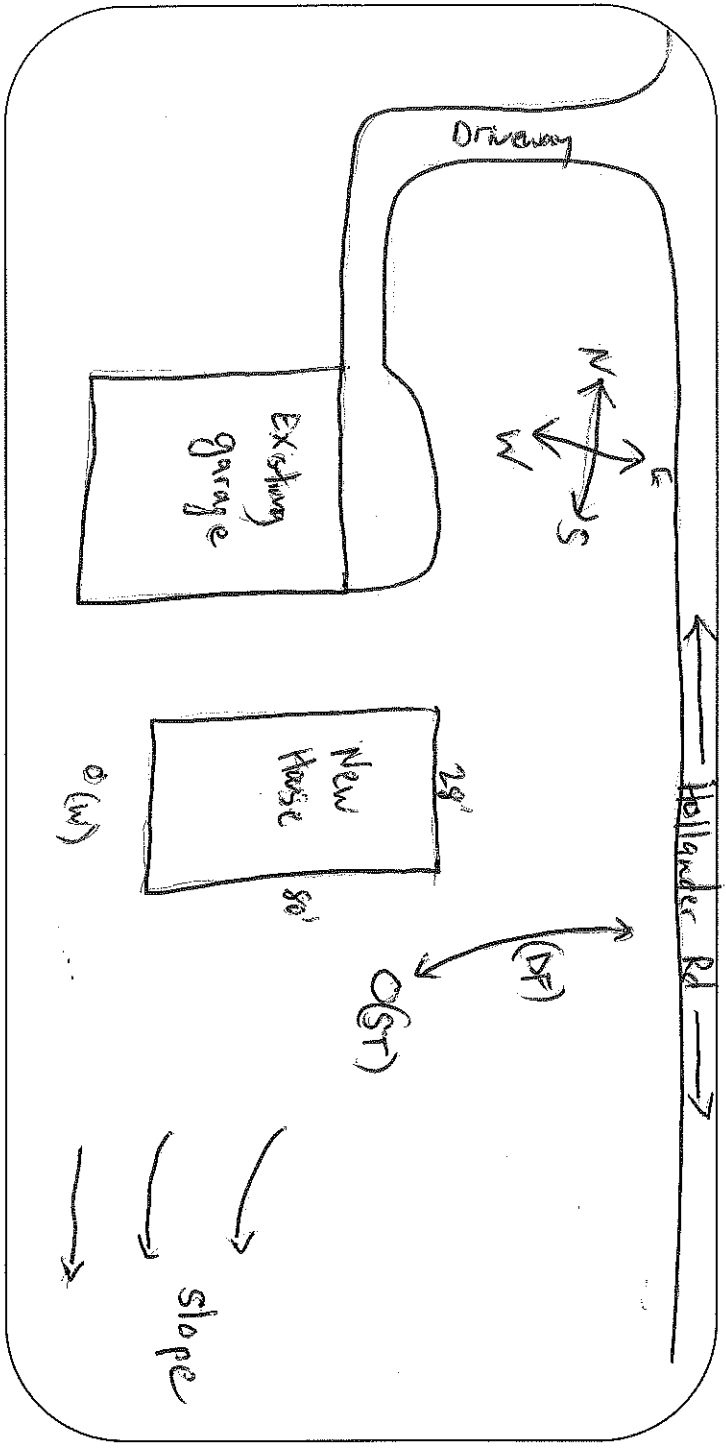
**Owner(s):** \_\_\_\_\_ Date: 6-17-15  
 (if there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

**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**

ENTER HERE  
 The box 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	220 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	185 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	135 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	500 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	24 Feet	Setback to Well	18 Feet
Setback to Drain Field	26 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 Dwelling: 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: 08-075 Sanitary Date: \_\_\_\_\_ # of bedrooms: 3

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 15-00886 Permit Date: 8-4-15 Connecting 4 Bedrooms + X2-bath + X2-lavatory

Is Parcel a Sub-Standard Lot  Yes  No  (Deed of Record)  Yes  No  (Deed of Record)  Yes  No  (Fused/contiguous lot(s))  Yes  No  Mitigation Required  Yes  No  Affidavit Required  Yes  No  Affidavit Attached  Yes  No  No

Is Parcel in Common Ownership  Yes  No  (Fused/contiguous lot(s))  Yes  No  Mitigation Required  Yes  No  Affidavit Required  Yes  No  Affidavit Attached  Yes  No  No

Is Structure Non-Conforming  Yes  No  Mitigation Required  Yes  No  Affidavit Required  Yes  No  Affidavit Attached  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  Yes  No  No

Was Proposed Building Site Delineated  Yes  No  Mitigation Required  Yes  No  Affidavit Required  Yes  No  Affidavit Attached  Yes  No  No

Inspection Record: OWNER PRESENT TO REPRESENT PROJECT

Date of Inspection: 7-16-15 Inspected by: CROONBERG-NUPPTZ

Condition(s) Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
 PER CONDITION OF RECEIVED AFFIDAVIT X2 (Sanitary + CUP)  
 VDC PERMIT + INSPECTIONS REQUIRED

Signature of Inspector: \_\_\_\_\_ Date of Approval: 7-21-15

Hold For Sanitary:  Hold For TBD:  Hold For Affidavit:  Hold For Fees: