

SUBMIT - COMPLETED APPLICATION, TAX AGREEMENT AND FEES TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 ENTERED
 Date Stamp Received
 JUL 17 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0380
 Date: 10-2-15
 Amount Paid: \$75
 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: Bruce Carnahan
Address of Property: 65620 Shady Lane
City/State/Zip: Iron River WI 54847
Contractor: Bruce Carnahan
Contractor Phone: Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: Agent Mailing Address (include City/State/Zip):
Agent Mailing Address: Iron River WI 54847
City/State/Zip: Iron River WI 54847
Telephone: Cell Phone: 612-396-5361
Plumber Phone: Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 7 Lots CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 28, Township 47 N, Range 8 W Town of: Iron River
 Lot Size 1.790 ac Acreage 1.790

Distance Structure is from Shoreline: Is from Shoreline: Distance Structure is from Shoreline: 125 feet
 Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No
 Recorded Document (i.e. Property Ownership) 0700 Volume 772 Page(s) 602

Value at Time of Completion * include donated time & material \$15000-

Project and/or basement
 New Construction 1-Story Seasonal 1 Municipal/City
 Addition/Alteration 1-Story + Loft Year Round 2 (New) Sanitary Specify Type: _____
 Conversion 2-Story Basement Sanitary (Exists) Specify Type: Drain Field
 Relocate (existing bldg) No Basement Portable (w/service contract)
 Run a Business on Property Foundation Compost Toilet
 Remove Stab in Back

What Type of Sewer/Sanitary System is on the property?
 None None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
Proposed Construction: Length: 28 Width: 36 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	Bunthouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____	(X) (X) (X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Detached Garage</u> Accessory Building Addition/Alteration (specify) _____	(X) (X)	28 X 36) 1008
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(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 (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.

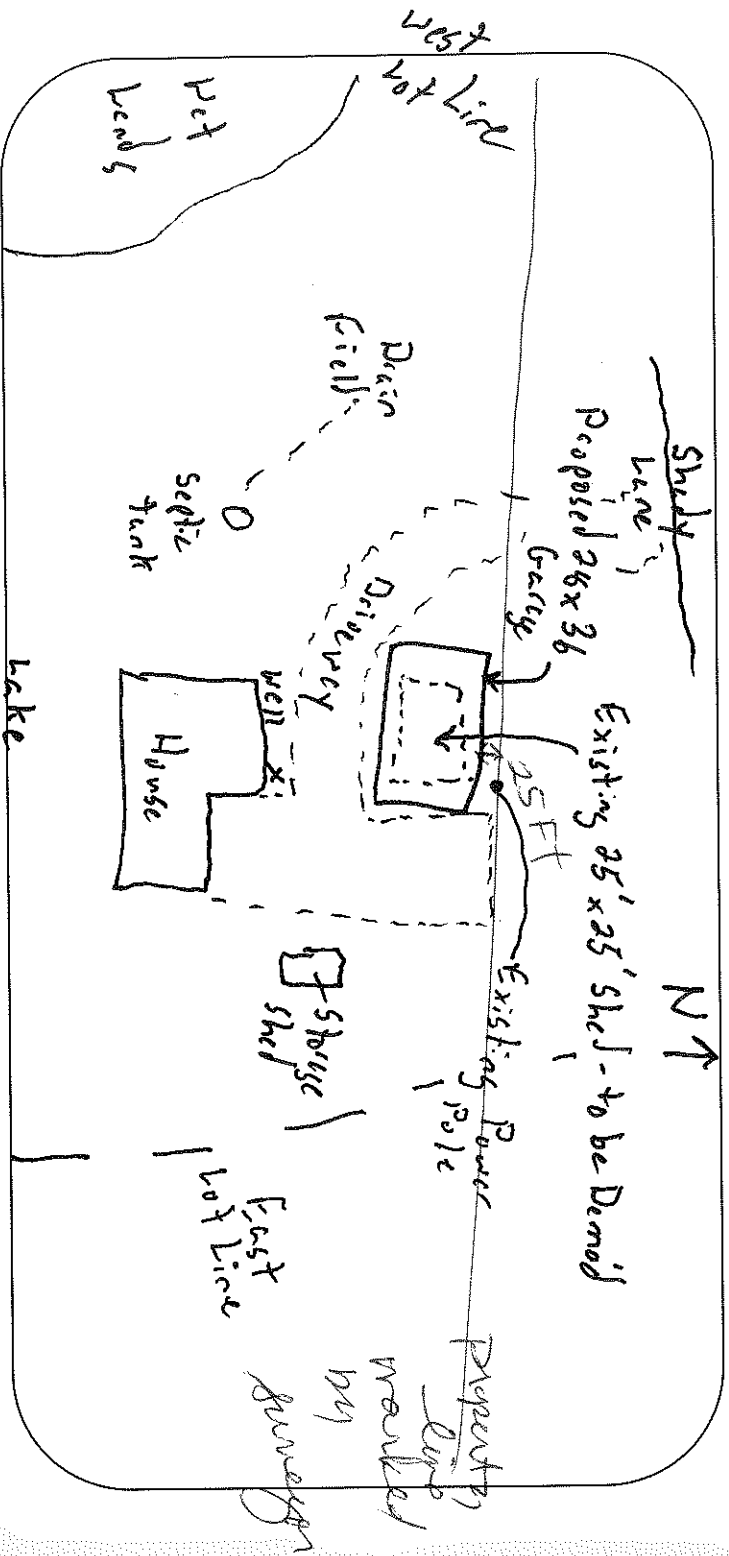
Owner(s): Bruce Carnahan Shelley Carnahan Date 7-17-15
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 PO Box 682 Iron River, WI 54847
 (if you recently purchased the property send your Recorded Deed)

In 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); (*) 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	Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	25 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100+ Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	100+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40 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 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, Villages, 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 #: 15-0380	Permit Date: 10-2-15	Sanitary Date: 15th Nov 15 th	to 3000\$	to 15%
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: 1st insp by owner could not id location of manhole (north line. line marked by surveyor.)				
Date of Inspection: 7-22-15	Inspected by: Carson Park Municip	Zoning District: (B-1)		Date of Re-Inspection: 1-23-16
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached)		Lakes Classification: (P)		
Building: structure not be used for human habitation or sleeping purposes. + structure not contain indoor plumbing fixtures w/ connection to pressurized water unless approved connection.				
Signature of Inspector: [Signature]		Date of Approval: 10-2-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TDA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

15 made by a master plumber