

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
 APR 21 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-03916
 Date: 10-18-15
 Amount Paid: \$175
 Refund: 10-18-15

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: Walter Meweitt Mailing Address: 69530 W. Long Lake Iron River, WI 54847 Telephone: WI, 469-371-4791
 (Gressoray Meweitt) City/State/Zip: Iron River, WI 54847 Cell Phone: _____
 Address of Property: 69530 W. Long Lake Rd. Contractor Phone: Plumber: _____
 Contractor: _____ Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____
 (Gressoray Meweitt) Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached Yes No

PROJECT LOCATION: Bayfield County Legal Description: (Use Tax Statement) 161st. 1188 P. 666 143K PIN: (23 digits) 04-024-2-41-08-03-100-165 Recorded Document: (i.e. Property Ownership) _____
 Subdivision: _____ Volume _____ Page(s) _____
 Section _____, Township _____, N, Range _____, W _____ Town of: Iron River Lot Size _____ Acreage _____

Shoreland Is Property/Land within 300 Feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? YES If yes---continue \rightarrow
 Is Property/Land within 1000 Feet of Lake, Pond or Flowage If yes---continue \rightarrow 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
\$15000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

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"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input type="checkbox"/>	Residential Use with a Porch	() ()	()
<input type="checkbox"/>	Residential Use with (2 nd) Porch	() ()	()
<input type="checkbox"/>	Residential Use with a Deck	() ()	()
<input type="checkbox"/>	Residential Use with (2 nd) Deck	() ()	()
<input type="checkbox"/>	Residential Use with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary <input type="checkbox"/> OR <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> food prep facilities)	() ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Addition/Alteration (specify)	() ()	()
<input type="checkbox"/>	Accessory Building (specify)	() ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/>	Special Use: (explain)	() ()	()
<input type="checkbox"/>	Conditional Use: (explain)	() ()	()
<input type="checkbox"/>	Other: (explain)	() ()	()

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.

Record for Issuance
 Owner(s): _____ Date: _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)
 Authorized Agent: Walter Meweitt Date: 4-8-2015
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Secretarial Staff _____ Attach
 Address to send permit _____ 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); (*) 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%

SEE ENCLOSED

D. R. PAULIUS
Director

NO ATF per Bob so owner could put \$ toward project

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)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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.

9-21-12 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

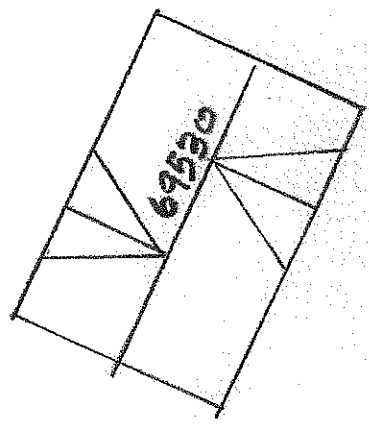
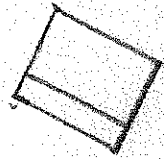
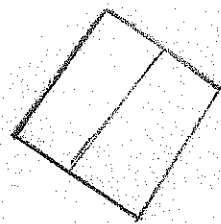
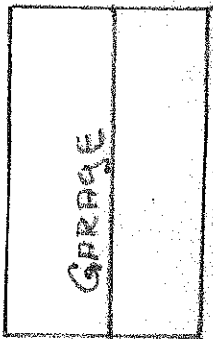
9-21-12
13-2-12

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 #: 15-03912	Permit Date: 10-12-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Inspector: By whom? By whom? By whom? By whom? Violation: Revert + map. by Travis + Subsequent 10/15/15	Inspected by: cleanbake supplies	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of Inspection:		Date of Re-Inspection:		
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.) Pen Bayfield Co LHWCD, TRANS TULOWITZKY, should Oct 5, 2015 letter. Construction & the Bmp's should be employed before & during project.				
Signature of Inspector:		Date of Approval:	10-9-15	
Hold For Sanitary: <input type="checkbox"/>	Hold For BA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

W. LONG L

GREGORY MERRITT
69530 W. LONG LAKE RD.
IRON RIVER, WI. 54847



CONG DRIVE

Hill Side PLANTS

Proposed
7-0 High
Rip-Rap

WATER'S
Edge

High WATER LINE

LONG LAKE

