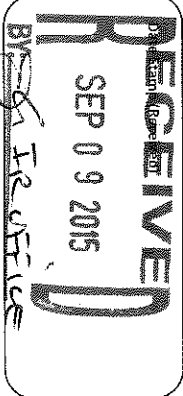


SUBMITT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Planning and Zoning Depart.
 PO Box 58 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	15-04109
Date:	10-20-15
Amount Paid:	\$175
Refund:	10-20-15

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **DAVID GREEN** Mailing Address: **68510 TOPSIDE RD** City/State/Zip: **IRON RIVER, WI 54847** Telephone: _____

Address of Property: **68510 TOPSIDE RD** City/State/Zip: **IRON RIVER, WI 54847** Cell Phone: **715-292-0089**

Contractor: _____ 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: **NW 1/4, SE 1/4** Gov't Lot _____ Lot(s) _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Legal Description: (Use Tax Statement) **04-024-2-47-68-4-4-02-000-1000-1000-535** Recorded Document: (i.e. Property Ownership) **535** Page(s) **377**

Section **12**, Township **47** N, Range **8** W Town of: **IRON RIVER** Lot Size _____ Acreage **13.63**

Shoreland Non-Shoreland

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

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: **130** feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? No Yes

not w/in 25' of proposed const.

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
\$20,000	<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 type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> (New) Sanitary
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary/Exists	Specify Type: SEPTIC
	<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 type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<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"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) GARAGE	(28 X 32)	896
	Accessory Building Addition/Alteration (specify)	(X)	
	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) and (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): **David Green** Date: **9/7/2015**

(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: _____

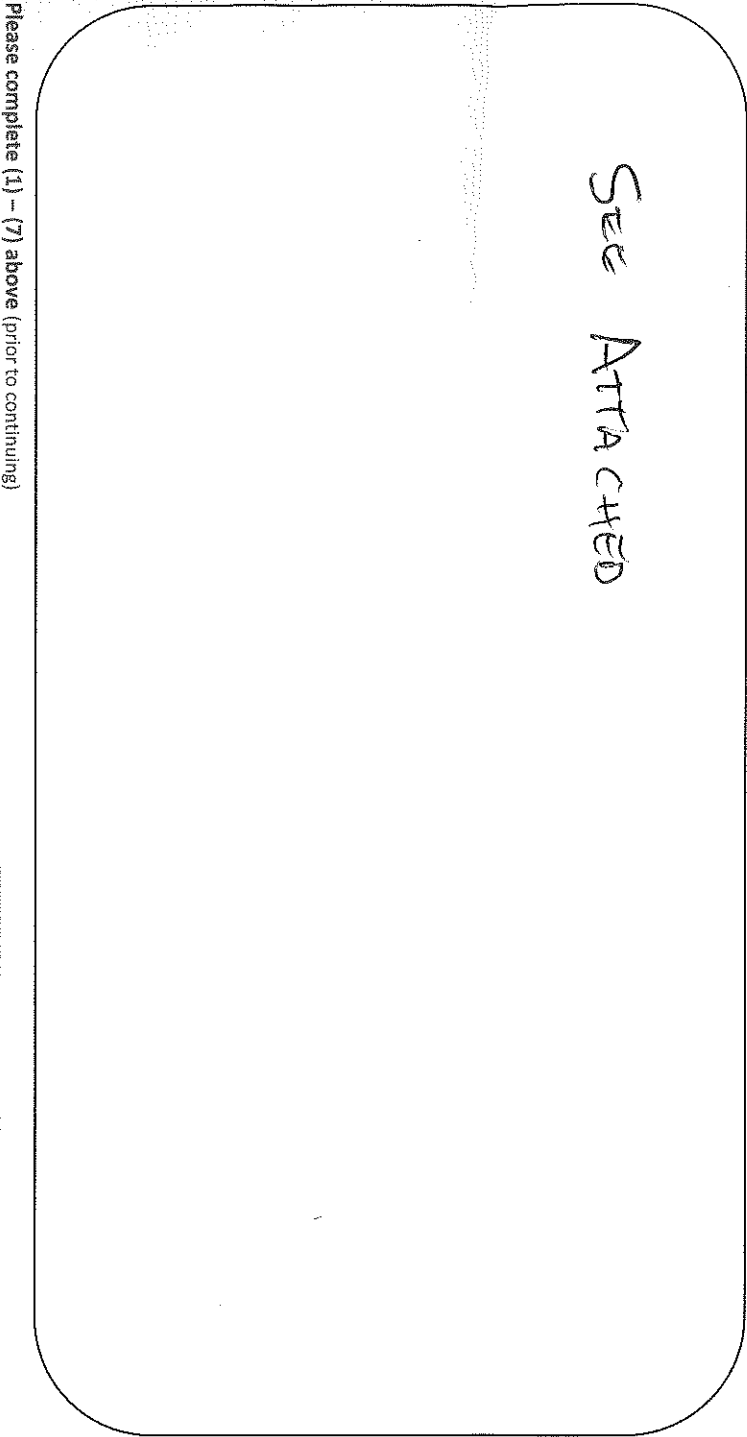
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **68510 TOPSIDE RD - IRON RIVER, WI 54806**

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 ATTACHED



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	625 Feet	Setback from the Lake (ordinary high-water mark)	130 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	625 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	130 Feet
Setback from the West Lot Line	350 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	125 Feet	Setback to Well	200 Feet
Setback to Drain Field	115 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.

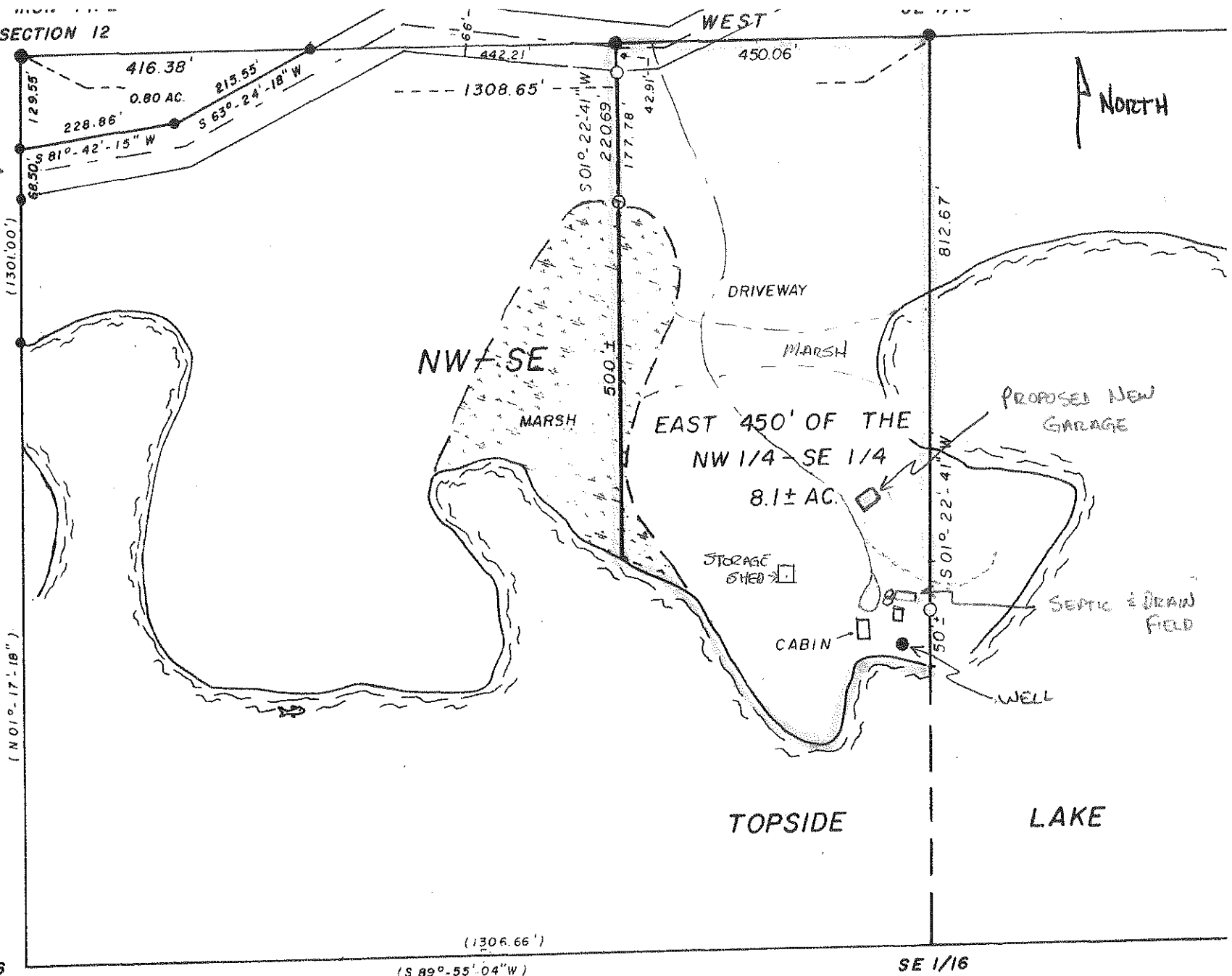
(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0409	Permit Date: 10-20-15				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record) Is (Fused/contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CSM	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OS 5/15/15 Date of Re-Inspection:
Inspection Record:	need structural bps before building location not approved for building (R.1.1) with 2 easement removed to meet code				
Date of Inspection: 9/16/15 11:00 AM	Inspected by: CSM	to easement road			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)					
Building not approved for human habitation or sleeping purposes. Shell not contain indoor plumbing fixtures w/ connection to plumbing system					
Signature of Inspector:	Date of Approval: 10-20-15				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

C 1/2 CATTLE HORN ...
CENTER 1/4 SECTION 12

TOPSIDE RD. →



DAVID GREHN (715-292-0089)
 68510 TOPSIDE RD
 IRON RIVER, WI 54847

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
 SEP 21 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0410
 Date: 10-22-15
 Amount Paid: \$175
 Refund: 10-20-15

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Ian & Margaret Johnson Mailing Address: 64130 St. Hurst Iron River WI 54847 Telephone: 715-271-2225

Address of Property: Same City/State/Zip: Same Contractor Phone: Same Plumber: 761 Written Authorization Attached: Yes No

Contractor: 761 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Same Agent Phone: Same Agent Mailing Address (include City/State/Zip): Same

PROJECT LOCATION: S1/4, S3/4 Legal Description: (Use Tax Statement) 04-024-2-47-08-33-4 PIN: (23 digits) 00-207-0600 Volume: 5 Page(s): 92

Section: 33, Township: 47 N, Range: 8 W Town of: Iron River Lot(s): 120 CSM: 2 Block(s) No.: 2 Subdivision: Kedon Lot Size: — Acreage: 2.22

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (Int. intermittent) Distance Structure is from Shoreline: — feet
 Creek or Landward side of Floodplain? If Yes—continue Distance Structure is from Floodplain Zone? Yes No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue Distance Structure is from Shoreline: 100-90' feet Yes No

Value at Time of Completion * include donated time & material: \$ 75,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input 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"/> —	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>downflow</u>	<input type="checkbox"/> —
<input type="checkbox"/> Relocate (existing bid)	<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 type="checkbox"/> No Basement	<input type="checkbox"/> —	<input type="checkbox"/> —	<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: 46 Width: 24 Height: 13

Proposed Construction: Length: 24x14 Width: 4x24 Height: 24x36 upper level 23' ADA

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	<u>124 x 40</u>	<u>960</u>
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	<u>()</u>	<u>()</u>
<input type="checkbox"/> Residential Use	with Loft	<u>()</u>	<u>()</u>
<input type="checkbox"/> Residential Use	with a Porch	<u>()</u>	<u>()</u>
<input type="checkbox"/> Residential Use	with (2 nd) Porch	<u>()</u>	<u>()</u>
<input type="checkbox"/> Residential Use	with a Deck	<u>()</u>	<u>()</u>
<input type="checkbox"/> Residential Use	with (2 nd) Deck	<u>()</u>	<u>()</u>
<input type="checkbox"/> Commercial Use	with Attached Garage	<u>()</u>	<u>()</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<u>()</u>	<u>()</u>
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date) <u>1985</u> <u>46x26'</u> <u>864sq'</u>	<u>()</u>	<u>()</u>
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>12x14</u> <u>4x24</u> <u>4x24</u> <u>4x24x36 upper level</u>	<u>()</u>	<u>()</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>8x10x12</u>	<u>()</u>	<u>()</u>
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	<u>()</u>	<u>()</u>
<input type="checkbox"/> Rec'd for Insurance	Special Use: (explain)	<u>()</u>	<u>()</u>
<input type="checkbox"/> Rec'd for Insurance	Conditional Use: (explain)	<u>()</u>	<u>()</u>
<input type="checkbox"/> Rec'd for Insurance	Other: (explain)	<u>()</u>	<u>()</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I/we, the undersigned, certify 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) further acknowledge that I (we) am (are) responsible for the 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 all reasonable times for the purpose of inspection.

Owner(s): Margaret E. Johnson Date: 9/21/15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)
 Authorized Agent: Ian Johnson Date: 9/21/15

Address to send permit: _____ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Attach _____ Copy of Tax Statement
 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)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

See Attached

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)	12-90 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream Creek	12-50 Feet
Setback from the North Lot Line	10-85' Feet	Setback from the Bank or Bluff	12-50 Feet
Setback from the South Lot Line	10-75' Feet	Setback from Wetland	1- Feet
Setback from the West Lot Line	< 100' Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	12-90' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	1- Feet	Setback to Well	30 Feet
Setback to Drain Field	12-52' 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

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun within the time period specified in the permit. For the Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Building Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 163870 # of bedrooms: 3 Sanitary Date: 5/13/2015

Permit Denied (Date): Reason for Denial: All undensified system affidavit

Permit #: 15-0410 Permit Date: 10-20-15 + plumber inspection form.

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (fused/contiguous lots) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: Previously Granted by Variance (B.O.A.) Yes No
 Was Parcel Legally Created Yes No CSM Were Property Lines Represented by Owner Was Property Surveyed Yes No

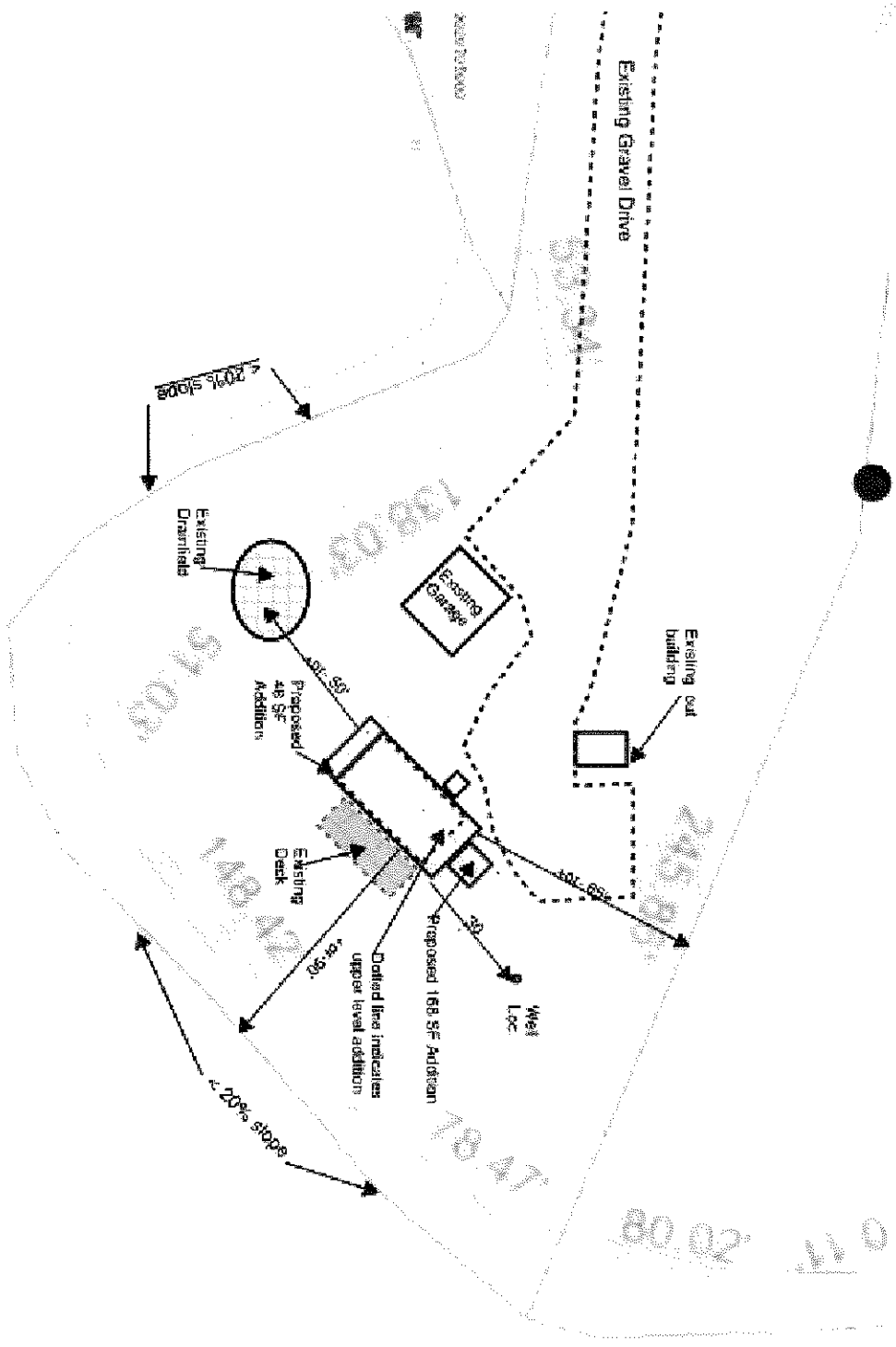
Inspection Record: owner on site to represent project + property

Date of Inspection: 10-16-15 Inspected by: J. Thompson, E. Murphy
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 Zoning District: (R-1)
 Lakes Classification: (1. This is a

unpaved surfaces shall remain below 15% or mitigation + stormwater management plan required. Conditions? undensified system affidavit appy

Signature of Inspector: [Signature] Date of Approval: 10-20-15
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

1:500



NORTH