

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
PERMITIVE
 Date Started: MAR 11 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0036
Date:	3-08-16
Amount Paid:	\$75 3-03-16
Refund:	

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 Name: FRITZ BREISSON Mailing Address: 9695 MAUDIE IRON RIVER WI Telephone: 715-5783160
 Address of Property: 9695 MAUDIE RD City/State/Zip: IRON RIVER WI 54847 Cell Phone: _____
 Contractor: S&F Contractor Phone: N/A Plumber: N/A Written Authorization Attached: Yes No
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: NW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 48 N. Range 8 W PIN: (23 digits) 04- CSM TRIPP Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 21 Township 48 N. Range 8 W Town of: TRIPP Lot Size _____ Acreage 410

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? → Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage → Distance Structure is from Shoreline: _____ feet
 If Yes---continue → Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume 1186 Page(s) 273

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
\$1,000	<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"/> Deck	<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"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HOLDS</u> <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 98' Width: 82' Height: 14'
 Proposed Construction: Length: 80' Width: 80' Height: 8'

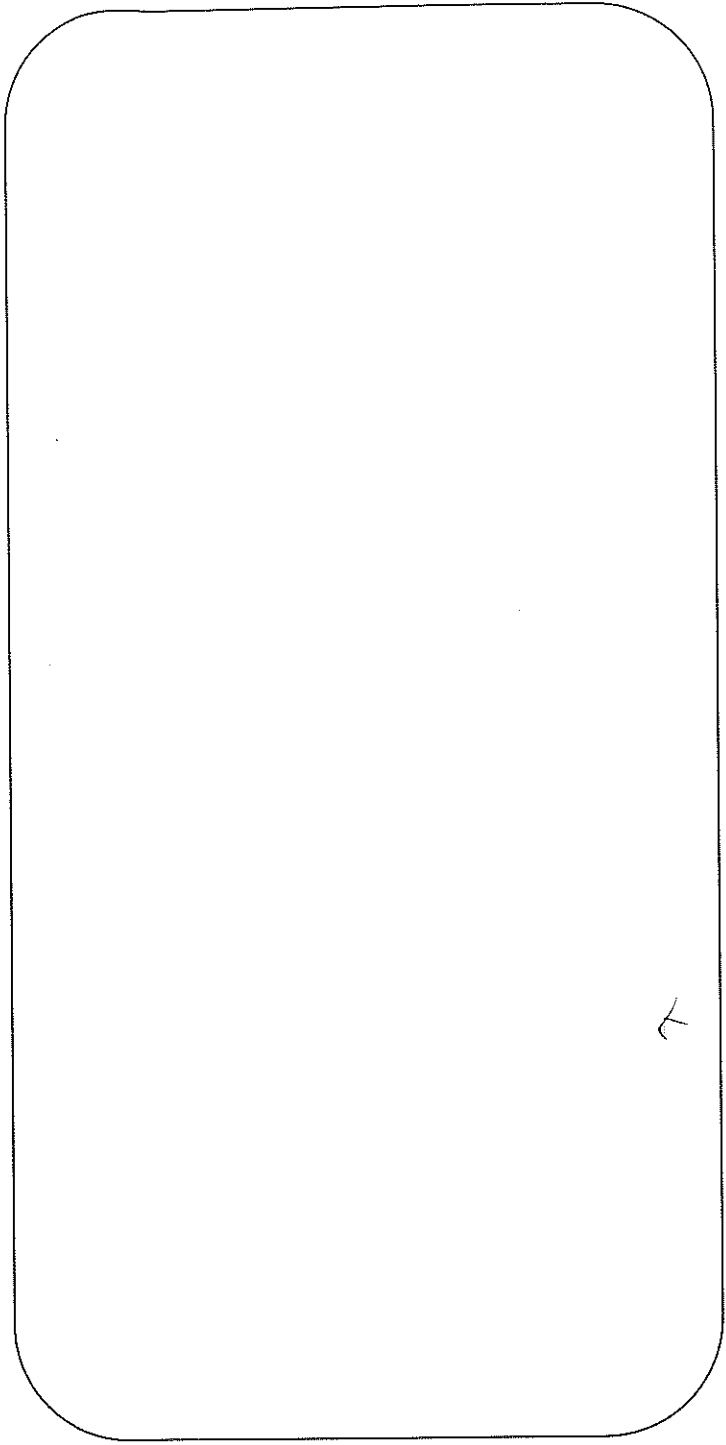
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Alteration (specify) <u>P&C</u> Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(X) (X) (X) (X)	<u>400</u>
	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	(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 (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) Calvin Sudson CO TRUSTEE Date 3-11-16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Norman Budson CO Trustee Date 3-11-16
 (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)

- (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	180 Feet	Setback from the Lake (ordinary high-water mark)	213 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	211 Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	211 Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	211 Feet
Setback from the West Lot Line	600 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	75 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)	50 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)

Permit Denied (Date): _____ Sanitary Number: 10-035 # of bedrooms: _____ Sanitary Date: _____

Permit #: 16-0086 Permit Date: 3-23-16

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (used/contiguous lots) Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No staked

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Site Staked

Date of Inspection: 3-15-16 Inspected by: JENNIFER WRIGHT

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

Zoning District: RA-1
 Lakes Classification: RA-1

Date of Re-Inspection: _____

Signature of Inspector: _____

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

Date of Approval: 3-16-16



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meters

