

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

Date **APR 04 2016**
APR 04 2016
 Bayfield Co Zoning Dept

ENTERED

| | |
|--------------|----------|
| Permit #: | 16-05416 |
| Date: | 4-8-16 |
| Amount Paid: | \$175 |
| Refund: | 47816 |

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: Klein's Cabin LLC Mailing Address: W7732 Old NARD, Holmen, WI 54636 Telephone: 608 526-4816

Address of Property: 11325 CTYRD. H City/State/Zip: Iron River, WI 54847 Cell Phone:

Contractor: Gregg Olson Plumber: NA Plumber Phone: NA

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: NA Agent Mailing Address (include City/State/Zip): NA Written Authorization Attached: Yes No

PROJECT LOCATION: S. 1/4, N.W. 1/4 Gov't Lot: 977 Lot(s) 977 Block(s) No. 1 Subdivision: DELTA Recorded Document (i.e. Property Ownership) Volume 6 Page(s) 238

Section 2, Township 410 N, Range 8 W Town of: DELTA Lot Size 1.630

Distance Structure is from Shoreline: 155 feet
 Distance Structure is from Shoreline: 150 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 |
|---|--|---|--|--|---|--|
| \$ <u>22,000.00</u> | <input checked="" 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 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"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Sanitary (Pit) or Vaulted (min 200 gallon)</u> | |
| | <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"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> GARAGE | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | |
| | | <input type="checkbox"/> 1 | | <input type="checkbox"/> | <input type="checkbox"/> None | |

Existing Structure: (if permit being applied for is relevant to it) Length: 32' Width: 32' Height: 18'

Proposed Construction: Length: 32' Width: 32' Height: 18'

| 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 | () () | () |
| <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) | () () | () |
| | Mobile Home (manufactured date) | () () | () |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) <u>GARAGE</u> | (<u>32</u> X <u>32</u>) | <u>1024</u> |
| | Accessory Building (specify) <u>GARAGE</u> | () () | () |
| | Accessory Building Addition/Alteration (specify) | () () | () |
| | Rec'd for issuance | () () | () |
| | Special Use: (explain) | () () | () |
| | Conditional Use: (explain) | () () | () |
| | 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.

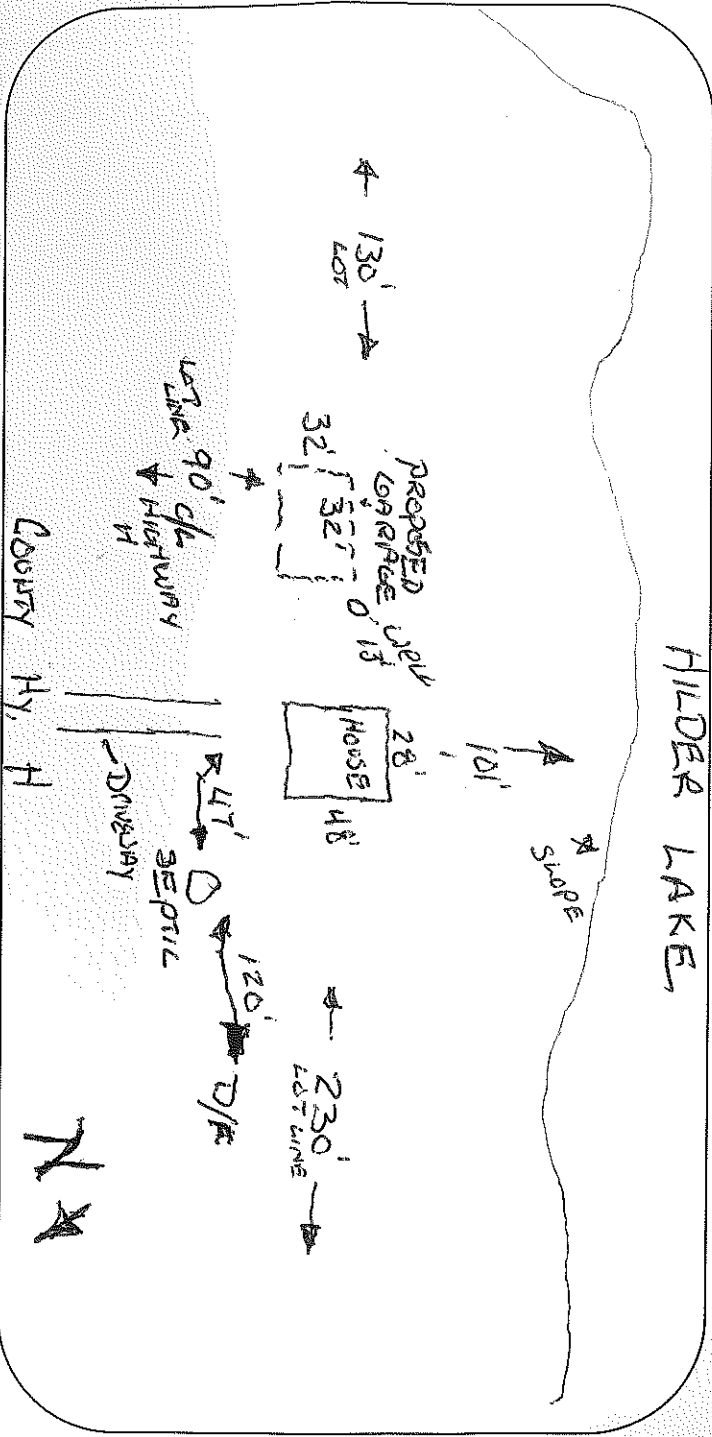
Owner(s): Deven Klammert & Deven Klammert Date 3-30-16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Gregg J. Olson Const. 62290 Fingert Ln. RD. MASON, WI. 54856 If you recently purchased the property send your Recorded Deed
 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 | 98 Feet | Setback from the Lake (ordinary high-water mark) | 152 Feet |
| Setback from the Established Right-of-Way | N/A | Setback from the River Stream, Creek | — Feet |
| Setback from the North Lot Line | 90 Feet | Setback from the Bank or Bluff | — Feet |
| Setback from the South Lot Line | 150 Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 270 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 130 Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 47 Feet | Setback to Well | 13 Feet |
| Setback to Drain Field | 120 Feet | | |
| Setback to Privy (Portable, Composting) | N/A 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 #: <u>116-0816</u> | Permit Date: <u>4-8-16</u> | | | | | | |
| 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 | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Structure Contiguous Lot(s) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <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 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Inspection Record: | <u>Surveyed, marked & ready.</u> | | Zoning District | <u>(R1)</u> | | | |
| Date of Inspection: <u>4-7-16</u> | Inspected by: | <u>[Signature]</u> | Lakes Classification | <u>(3)</u> | | | |
| Condition(s) known, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If No they need to be attached: | | Date of Re-Inspection: | | | | |
| <u>Not for Hutter habitation</u> | | | | | | | |
| <u>MS Walker under Pressure</u> | | | | | | | |
| Signature of Inspector: | <u>[Signature]</u> | | Date of Approval: | <u>4-8-16</u> | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | | |