

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
 Issued: April 24 2016
 Bayfield Co. Zoning Dept.
 Filed 2-24/16

Permit #:	16-0019
Date:	4-13-16
Amount Paid:	\$400
Refund:	4-13-16

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: Mitch Steeds Mailing Address: 9745 McCarry Lake Rd City/State/Zip: Iron River, WI 54847 Telephone: _____
 Address of Property: 9745 McCarry Lake Rd City/State/Zip: Iron River, WI 54847 Cell Phone: 715-813-0779
 Contractor: _____ Contractor Phone: _____ Plumber: _____ 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 SW 1/4, SE 1/4 Gov't Lot _____ Lot(s) 1945 CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 28 Township 47 N. Range 8 W _____ Town of: Iron River Lot Size _____ Acreage 4.35 ac

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: _____ feet
 Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 10 feet

Recorded Document: (i.e. Property Ownership) Volume 11 Page(s) 270-271

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>4,000</u> <u>plumber</u>	<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"/> 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 type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>1000lb Tank</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 16' Width: 10' Height: 12'
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & 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"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Rec'd for Issuance <u>APR 13 2016</u>	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) <u>Boathouse</u>	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<u>16x 10</u>)

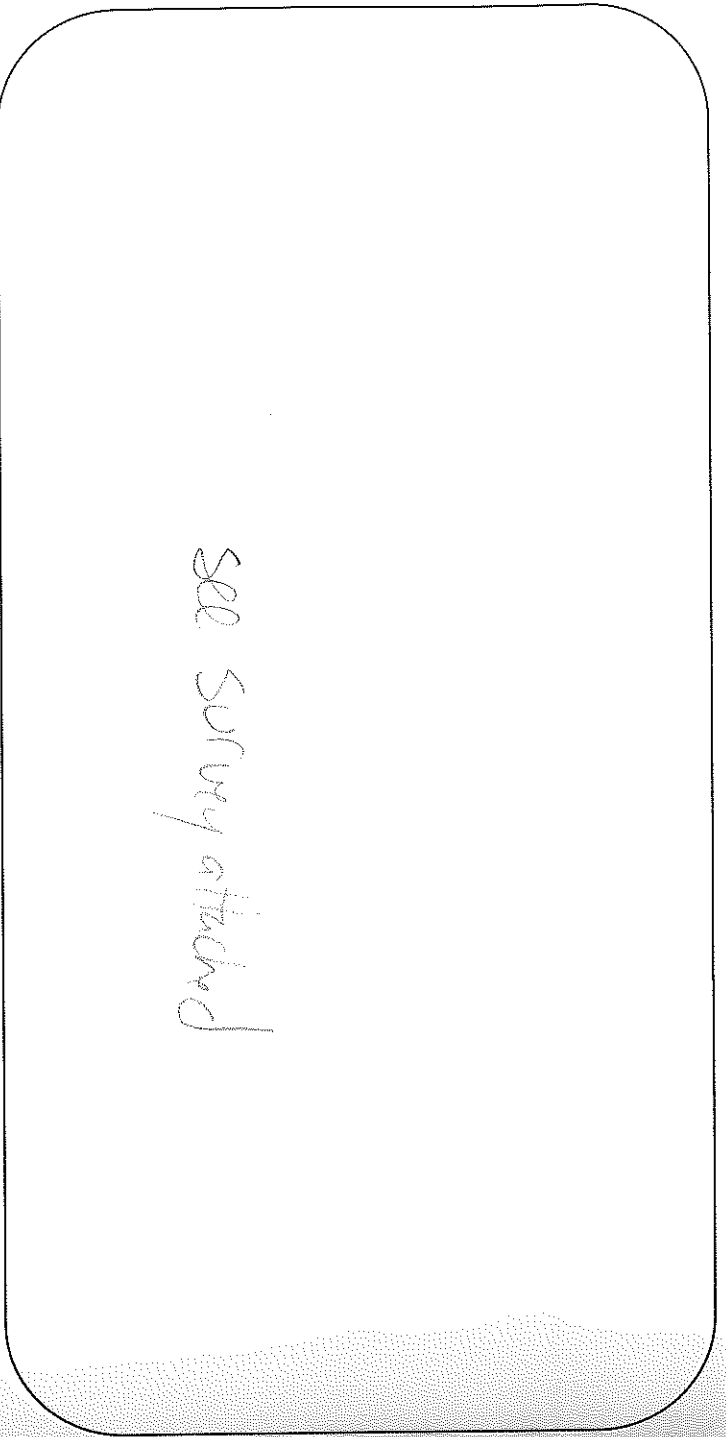
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Dana Steeds MH Steeds Date 2-15-2016
 (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 9745 McCarry Lake Rd, Iron River, WI 54847 Attach _____
300.00 100.00 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 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%



see survey 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	390 Feet	Setback from the Lake (ordinary high-water mark)	10 Feet
Setback from the Established Right-of-Way	357 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	357 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	630 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	10 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	100 Feet
Setback to Drain Field	180 Feet		
Setback to Privy (Portable, Composting)	— Feet		

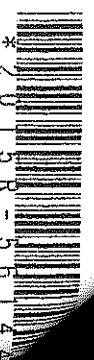
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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 #: 16-0049	Permit Date: 4-13-16				
Is Parcel a Sub-Standard Lot	<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 Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots) <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
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous/Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record: 6" one. 11ft to down - 6" = 10'6" duster					
Date of Inspection: 4-12-16	Inspected by: Wendy Murphy	Zoning District: (R1)	Lakes Classification: (12)	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.)					
<p>PRESENT FOR INSPECTION TO REPRESENT PROJECT APPROVED WITH CONDITIONS LISTED ON 13-1-22 (6 SEPT HOUSES (ATTACHED). NO TRANSITION, DECKS, PATIOS, MAX 12 FT HEIGHT, INCONSPICUOUS EXTERIOR TREATMENTS, ETC.</p>					
Signature of Inspector:		Date of Approval:	4-13-16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

approved per Act 55 passed on 7-14-15



2015R-561445

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
11/25/2015 01:00PM
IF EXEMPT #:

RECORDING FEE: 30.00
PAGES: 2

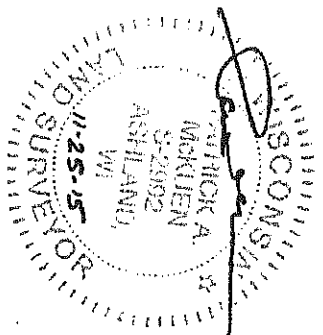
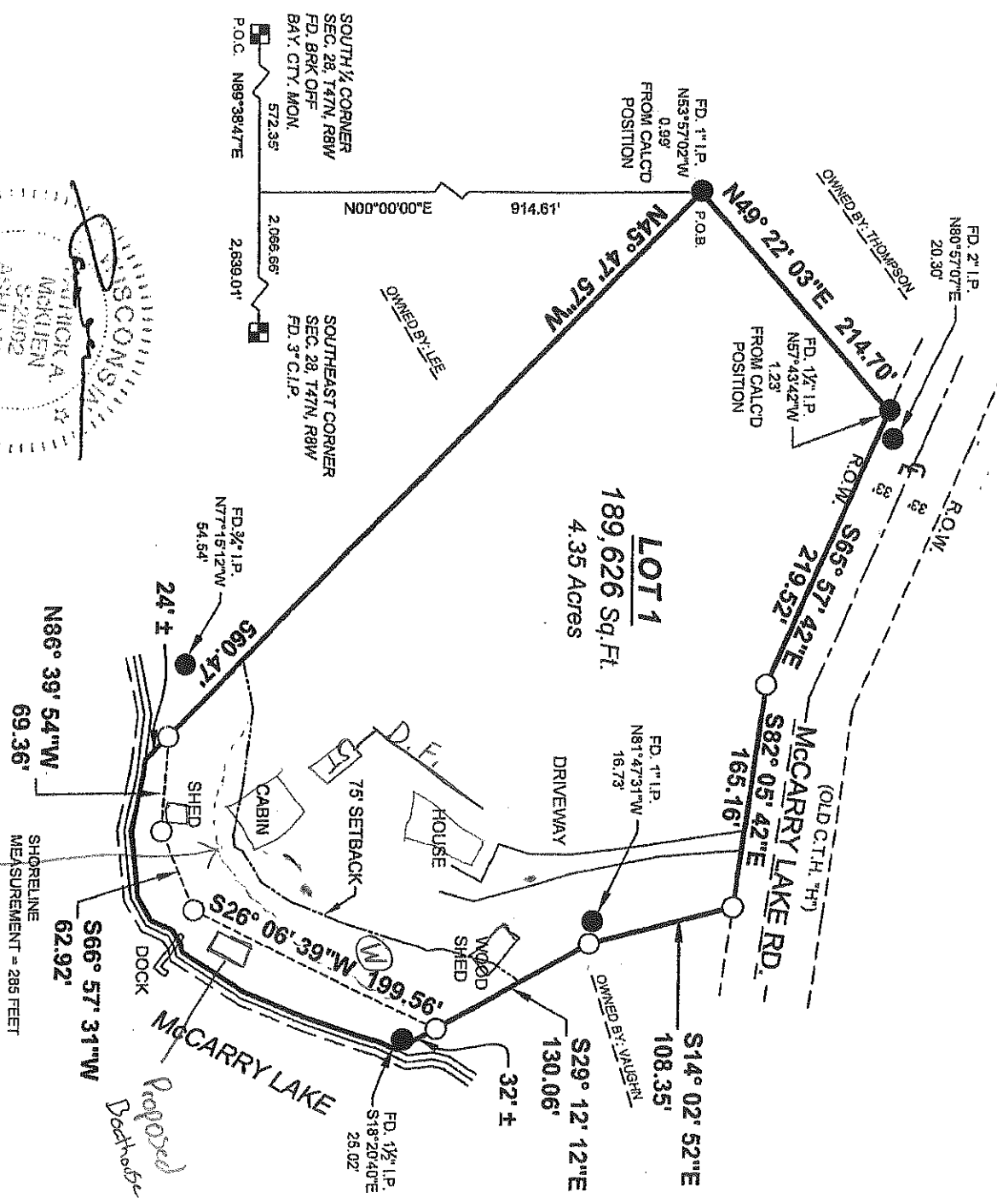
BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1945

A PARCEL OF LAND KNOWN AS "TRACT 18" ASSESSOR'S PLAT
LOCATED IN THE SW 1/4 OF THE SE 1/4,
SECTION 28, TOWNSHIP 47 NORTH, RANGE 8 WEST,
TOWN OF IRON RIVER, BAYFIELD COUNTY, WISCONSIN.

Old 11 csm Pg 200-211

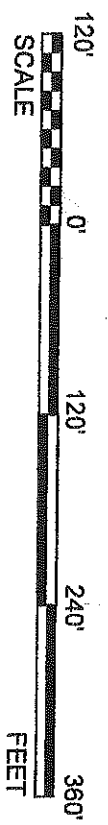


BEARINGS ARE GRID BASED
WCCS - BAYFIELD COUNTY



LEGEND

○ - SET 1 1/4" IRON PIPE
WEIGHING 1.68 LBS PER LN. FOOT



Pine Ridge Land Surveying, LLC.
Professional Land Surveying Services
Value & Quality in a Timely Manner.
PATRICK A. MCKUEN, PLS
29390 Woodland Rd.
Ashland, Wisconsin
Phone (715) 682-2969
Cell (715) 292-5601

WWW.PINERIDGESURVEYING.COM
PROJECT NO. STEEB515-28-47-8
SHEET 1 OF 2 SHEETS

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