

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

150 & 100
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Stamp (Received)
 MAY 11 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0144
Date:	6-2-16
Amount Paid:	\$5500
Refund:	6-2-16

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: John + Ann Mahon
 Address of Property: 62510 Delta Ln, Delta, WI 54891
 City/State/Zip: Delta, WI, Iron River
 Contractor: Larson Construction
 Contractor Phone: 715 209 2155
 Plumber: Eric's Plumbing
 Plumber Phone: 715 209 0161
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

Telephone: _____
 Cell Phone: 989-819-3019

PROJECT LOCATION: SE 1/4, RW 1/4
 Legal Description: (Use Tax Statement) Gov't Lot 1, Lot(s) 912, CSM Vol & Page 6/106, Lot(s) No. _____, Block(s) No. _____, Subdivision: _____
 Section 7, Township 46 N, Range 7 W, Town of: Delta

Recorded Document: (i.e. Property Ownership) Volume 1086, Page(s) 227

Distance Structure is from Shoreline: 75 feet
 Distance Structure is from Shoreline: 75 feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion <small>* include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 150,000	<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 checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Lowvex</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
				<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

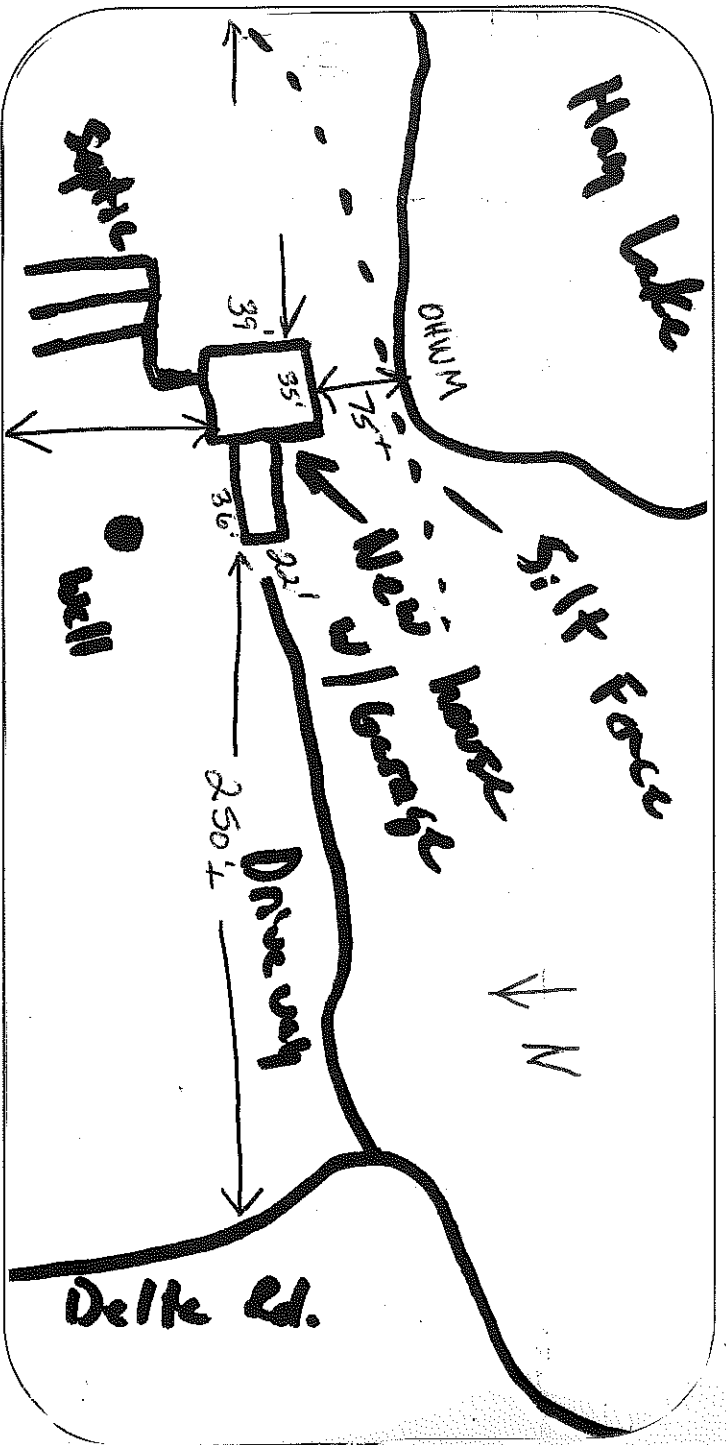
Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: New House Length: 39' Width: 35' Height: 23'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(39 X 35)	1365
	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	Bunhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

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 date 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 the 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.

Owners(s): John + Ann Mahon
 (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: 5/11/16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: Ryan Larson 26775 St Hwy 118 Ashland
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

- (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	200 + Feet	Setback from the Lake (Ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	200 + Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	500 x Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	Lake N/A Feet	Setback from Wetland	50 + Feet
Setback from the West Lot Line	Eastwood Rd. N/A Feet	20% Slope Area on property	□ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	400 + Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	40 Feet
Setback to Drain Field	50 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: 16-375	# of bedrooms: 2	Sanitary Date: 6-2-16			
Permit Denied (Date):	Reason for Denial:						
Permit #: 16-0141	Permit Date: 6-7-16						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<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 <input checked="" type="checkbox"/> No	(Deed of Record / Fused/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
Is Structure Non-Conforming	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	(R25)
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: JAL				Lakes Classification	(2)
Inspection Record:		Date of Re-Inspection:					
Date of Inspection: 6/16							
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
MUST get WDC							
MUST meet all Setback Requirements							
Signature of Inspector: JAL		Date of Approval: 6/16					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				