

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
 Stamp (Received)
 APR 25 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	116-0135
Date:	10-3-16
Amount Paid:	\$75.00 Cash
Refund:	ROS 4/25/2016

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: Stephen P. & Andrea M. Tomlinson Mailing Address: 723 Morthn Ave Hudson, WI 54016 Telephone: _____
 Address of Property: 6971D Island Blvd. City/State/Zip: Iron River, WI 54847 Cell Phone: _____
 Contractor: Kyan Larsson Contractor Phone: 715-292-2155 Plumber: N/A 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: Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04-024-2-47-08-02-1-00-212-3300 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____
 _____ 1/4, _____ 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 02, Township 47 N, Range 08 W Town of: Iron River Lot Size _____ Acreage 0.450

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue If Yes--continue Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue Distance Structure is from Shoreline: 78 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
\$ <u>5000.00</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Underground</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: _____ Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

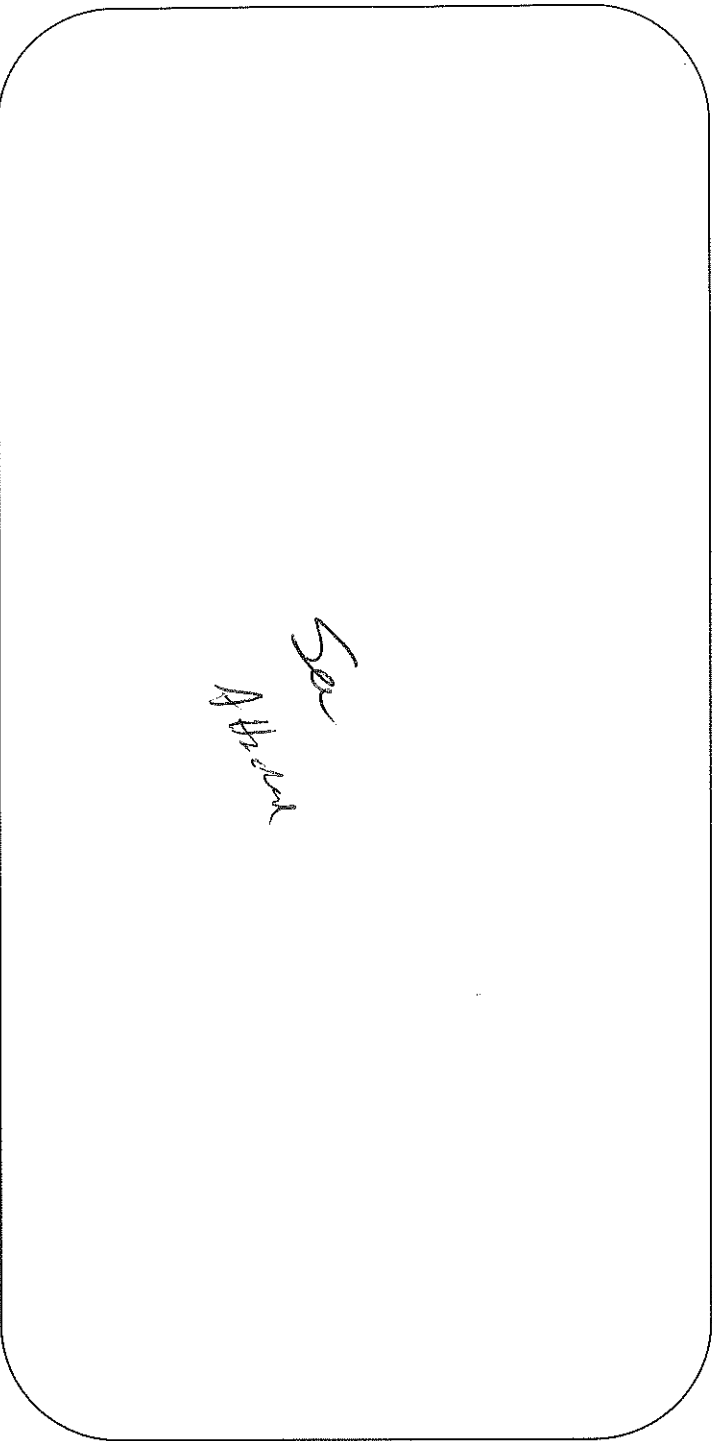
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/>	with Loft	() X ()	()
<input checked="" type="checkbox"/>	with a Porch	() X ()	()
<input type="checkbox"/>	with (2 nd) Porch	() X ()	()
<input type="checkbox"/>	with a Deck	() X ()	()
<input type="checkbox"/>	with (2 nd) Deck	() X ()	()
<input type="checkbox"/>	with Attached Garage	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	()
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>adding roof over exstg deck</u>	() X ()	()
<input type="checkbox"/>	Accessory Building (specify) <u>W/ Por walls</u>	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	()
<input type="checkbox"/>	Special Use: (explain)	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain)	() X ()	()
<input type="checkbox"/>	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) 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): _____ Date: _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: 4/25/16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 26705 St. Hwy 118 Ashland WI Attach _____
 Copy of Tax Statement

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)

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	110 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	166 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	52 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	65 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	4 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	110 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.

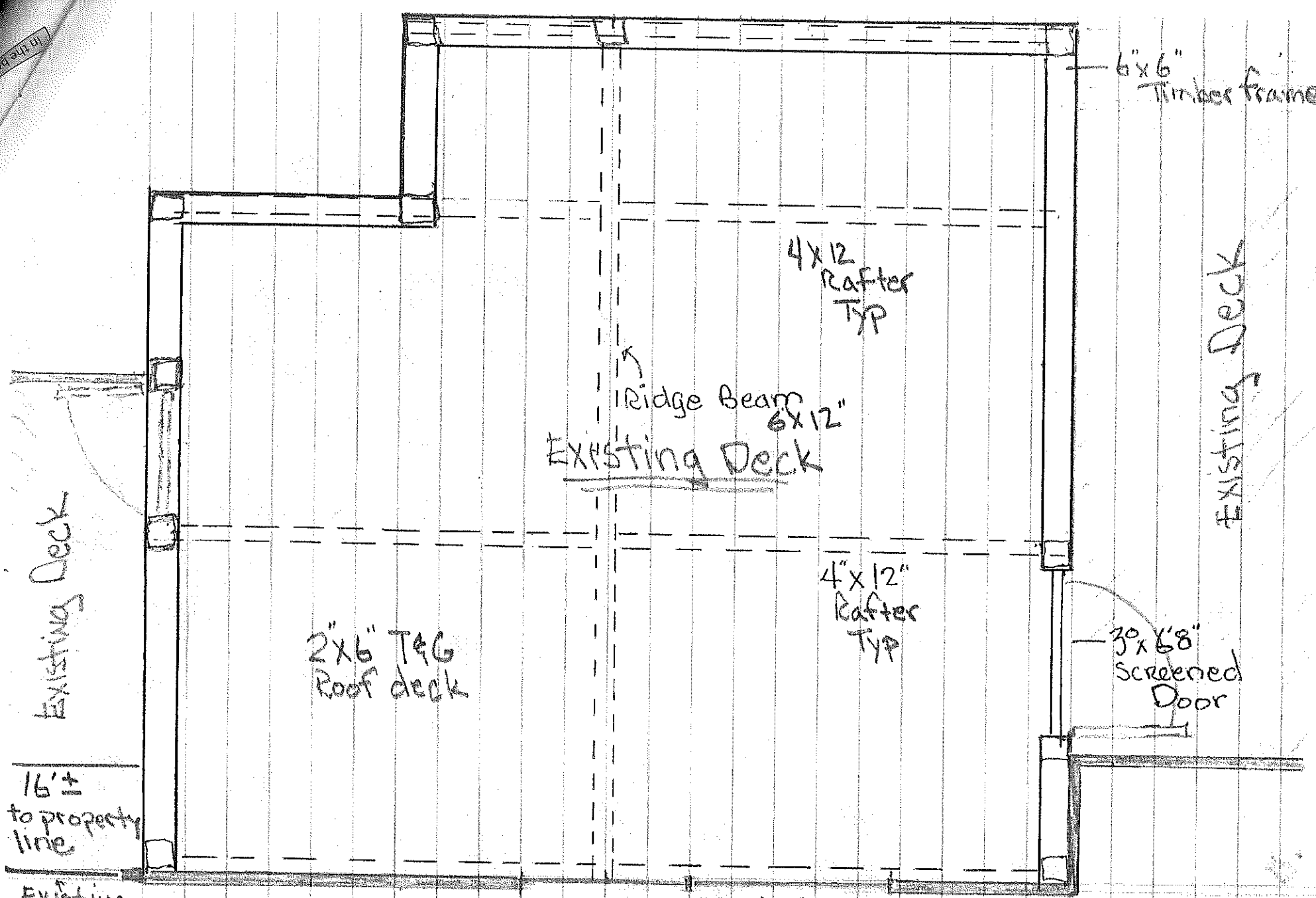
Issuance Information (County Use Only)		Sanitary Number: <i>2216 73</i>	# of bedrooms: <i>3</i>	Sanitary Date: <i>5/18/73</i>
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>16-0125</i>	Permit Date: <i>6-3-16</i>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached
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
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>ok</i>	Inspected by:	Zoning District: <i>(R1)</i>	Lakes Classification: <i>(2)</i>	Date of Re-Inspection:
Date of Inspection: <i>5</i>	Inspected by:			

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

In agreement with Rob Not Changing ass. covering deck in back. Re-Removal Private Boat Canal + Trapl Erosion Control measures. (Rob was included in this document)

Signature of Inspector: <i>Storby</i>	Date of Approval: <i>5/29/16</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>
Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

In the box



6"x6" Timber frame

4x12 Rafter TYP

Ridge Beam 6x12"

Existing Deck

Existing Deck

2"x6" T&G Roof deck

4"x12" Rafter TYP

30"x68" Screened Door

Existing Deck

16'± to property line

Existing Patio Door

Existing Patio Door

From Dr to corner - 35" - O.H. 24" - 6'0" patio Dr + 4" - (15'10" to Property line)