

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Rec'd (Received)
 MAY 26 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-01609
Date:	6-21-16
Amount Paid:	\$1040
Refund:	6-21-16

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 → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER		
Owner's Name: <u>Steve Mohr : Jessira Mohr</u>		Mailing Address: <u>5905 Tower Ave</u>		City/State/Zip: <u>Spenon WI 54880</u>		Telephone: <u>715-594-1504</u>		Cell Phone: <u>218-928-4387</u>		Plumber Phone: <u>715-395-2929</u>		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Address of Property: <u>lot 2) Lake Ahnapek Road</u>		City/State/Zip: <u>Iron River WI 54847</u>		Plumber: <u>Young Plumbing</u>		Agent Mailing Address (include City/State/Zip): <u>218-928-9223</u>		Agent Phone: <u>218-928-9223</u>		Agent Mailing Address (include City/State/Zip): <u>Young Plumbing</u>		Plumber Phone: <u>715-395-2929</u>		
Contractor: <u>Pat NELSON</u>		Contractor Phone: <u>218-928-9223</u>		Agent Phone: <u>218-928-9223</u>		Agent Mailing Address (include City/State/Zip): <u>Young Plumbing</u>		Agent Phone: <u>218-928-9223</u>		Agent Mailing Address (include City/State/Zip): <u>Young Plumbing</u>		Plumber Phone: <u>715-395-2929</u>		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (23 digits) 04-022-2-47-09-26-205-004		Recorded Document: (i.e. Property Ownership) Volume <u>4</u> Page(s) <u>325</u>		Lot Size <u>147.00 sq ft</u>		Acres <u>3.4</u>		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot 4, Lot(s) 2, CSM 654, Vol & Page 147/343</u>	Lot(s) <u>2</u>	CSM <u>654</u>	Vol & Page <u>147/343</u>	Lot(s) No. <u>---</u>	Block(s) No. <u>---</u>	Subdivision: <u>---</u>	Distance Structure is from Shoreline: <u>125</u> feet	Distance Structure is from Floodplain: <u>---</u> feet	Distance Structure is from Shoreline: <u>---</u> feet	Distance Structure is from Floodplain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Distance Structure is from Shoreline: <u>---</u> feet	Distance Structure is from Floodplain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Section <u>26</u> , Township <u>47</u> N, Range <u>9</u> W	Town of: <u>Hogyes</u>		Distance Structure is from Shoreline: <u>---</u> feet		Distance Structure is from Floodplain: <u>---</u> feet		Distance Structure is from Shoreline: <u>---</u> feet		Distance Structure is from Floodplain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: <u>---</u> feet		Distance Structure is from Floodplain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material <u>\$180,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	<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 checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Septic</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>---</u>	<input type="checkbox"/> ---
							<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> ---
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> ---							

Existing Structure: (if permit being applied for is relevant to it) Length: 82 Width: 64 Height: 16'6"

Proposed Construction: Length: --- Width: --- Height: ---

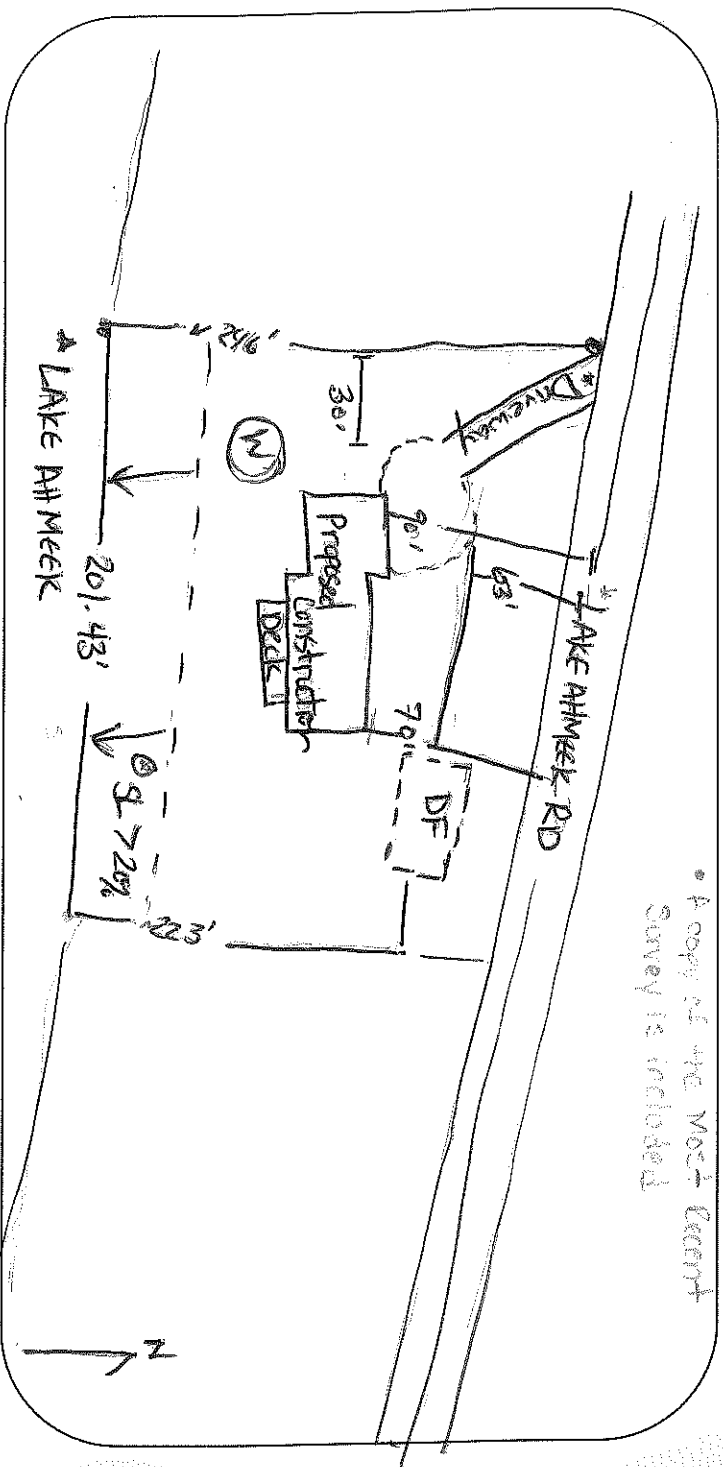
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>52 X 34</u>	<u>1,768</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	<input type="checkbox"/> with Loft	()	()
	<input type="checkbox"/> with a Porch	()	()
	<input type="checkbox"/> with (2 nd) Porch	()	()
	<input type="checkbox"/> with a Deck	<u>10 X 20</u>	<u>200</u>
	<input type="checkbox"/> with (2 nd) Deck	()	()
	<input checked="" type="checkbox"/> with Attached Garage	<u>30 X 30</u>	<u>900</u>
<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"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	()	()
	<input type="checkbox"/> Accessory Building (specify)	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain)	()	()
	<input type="checkbox"/> Conditional Use: (explain)	()	()
<u>JUN 21 2016</u>	<input type="checkbox"/> 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): Steve Mohr Date 5-25-16
 (If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Pat Nelson Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 5905 Tower Ave, Spenon WI 54880 Copy of Tax Statement Attach
 If you recently purchased the property send your Recorded Deed

Look 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%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	30'-90'	Setback from the Lake (ordinary high-water mark)	125'
Setback from the Established Right-of-Way	37'-67'	Setback from the River, Stream, Creek	—
Setback from the North Lot Line	37'-107'	Setback from the Bank or Bluff	—
Setback from the South Lot Line	125'	Setback from Wetland	—
Setback from the West Lot Line	30'	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80'	Elevation of Floodplain	—
Setback to Septic Tank or Holding Tank	—	Setback to Well	20'
Setback to Drain Field	10'		
Setback to Privy (Portable, Composting)	—		

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 Dwelling: 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: 16-365 # of bedrooms: 3 Sanitary Date: 6-2-16

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 16-0162 Permit Date: 6-21-16 *see imp. calls attached*

Is Parcel a Sub-Standard Lot: Yes No

Is Parcel in Common Ownership: Yes No

Is Structure Non-Conforming: Yes No

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

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

Was Parcel Legally Created: Yes No

Were Property Lines Represented by Owner: Yes No

Was Proposed Building Site Delineated: Yes No

Inspection Record: side staked + ribboned.

Date of Inspection: 6-2-16 Inspected by: J. Osborne, MURPH

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

EXISTING ACCESSORY SHAN NOT BE USED FOR SLEEPING PURPOSES UNLESS PERMIT TO CONVERT TO A BUNKHOUSE IS APPROVED. IMPROVED SURFACES SHAN NOT EXCEED 15% UNLESS WITH A UTILITY STEAM/HEAT PANS APPROVED. VEGETATIVE BUFFER 35' DEEP FROM SHAN BE MAINTAINED. VIEW CORRIDOR ATTACHED.

Signature of Inspector: _____ Date of Approval: _____

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