

SUBWAY: 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 Rec'd (Received)  
 OCT 19 2015  
 Bayfield Co. Zoning Dept.

Permit #: 16-0174  
 Date: 10-27-16  
 Amount Paid: \$75  
 Refund: 10-27-16

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.

TAX # 18138 (222)

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: John Quam  
 Address of Property: 5270 Montinsson Rd  
 City/State/Zip: Iron River WI 54873  
 Telephone: Cell Phone: 318 590-9003  
 Contractor: Marshall Mc Kercher  
 Contractor Phone: 715-292-4198  
 Plumber: Plumber Phone:  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Phone: 715-292-4198  
 Agent Mailing Address (include City/State/Zip):  
 Written Authorization Attached  Yes  No

PROJECT LOCATION: SW 1/4, NW 1/4  
 Legal Description: (Use Tax Statement)  
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:  
 Section 2, Township 47 N, Range 9 W  
 Town of: Huges  
 Lot Size: Acreage: 50

Shoreland  Non-Shoreland

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property in Floodplain Zone?  Yes  No  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 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
\$ 1000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input checked="" type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
\$ 500.00	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
	<input type="checkbox"/> Foundation					

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

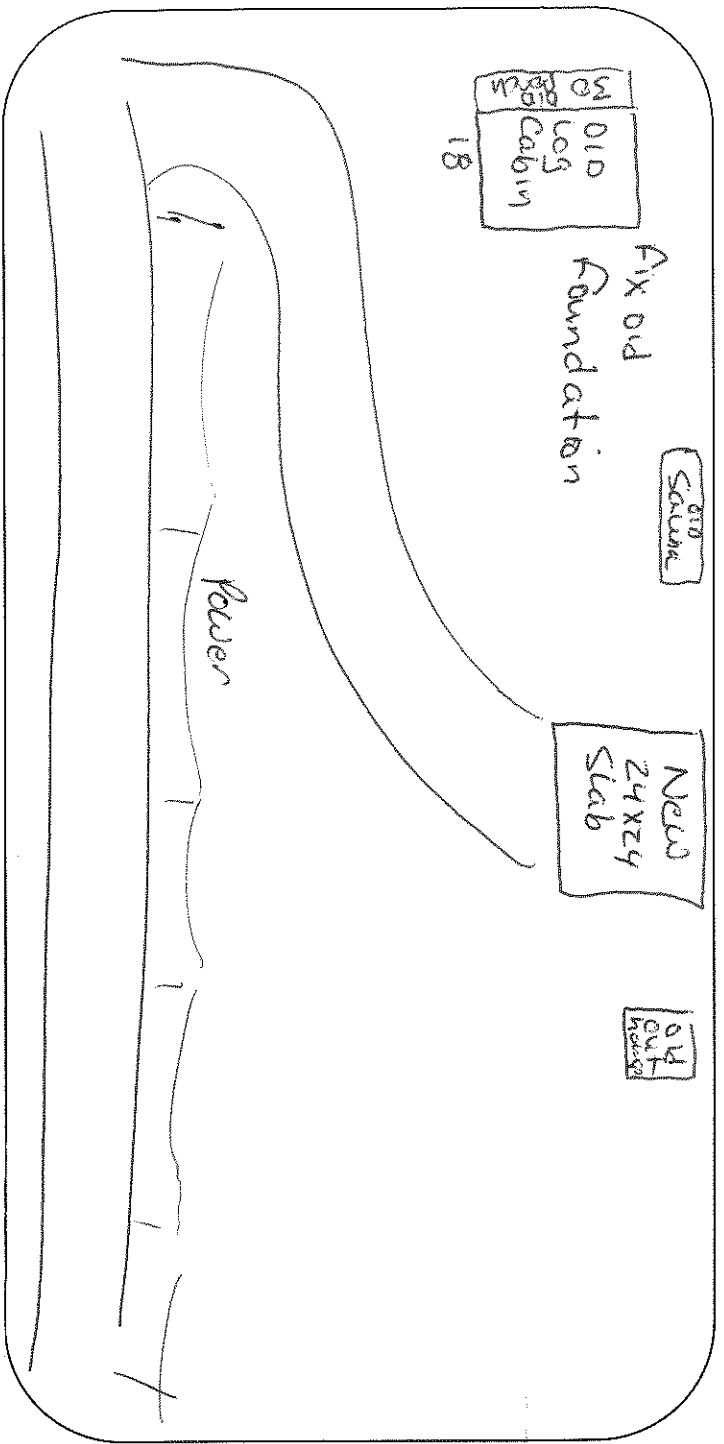
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
	with Loft	( ) X ( )	( )
	with a Porch	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
	with a Deck	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( ) X ( )	( )
	Accessory Building (specify)	(24 X 24)	576
	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
	Rec'd for Issuance	( ) X ( )	( )
	Special User: (explain)	( ) X ( )	( )
	Conditional User: (explain)	( ) X ( )	( )
	Other: (explain)	Slab for New Garage Foundation	(24 X 24) 576

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): John & Quam  
 Date: 10-10-2015  
 Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address to send permit: PO Box 201 Iron River WI 54873  
 Attach Copy of Tax Statement

Box Below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



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

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

*per plat plan deed 6-9-2012*

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	68	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	50
Setback from the North Lot Line	158	Setback from the Bank or Bluff	
Setback from the South Lot Line	58	Setback from Wetland	80
Setback from the West Lot Line	80	20% Slope Area on property	Yes
Setback from the East Lot Line	55	Elevation of Floodplain	No
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	
Setback to Drain Field	26		

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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Reason for Denial: *skating privy*

Permit #: *16-0174* Permit Date: *6-27-16*

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

Was Property Surveyed:  Yes  No

Inspection Record: *insubstantial stream on site approx 25 ft from existing cabin.*

Date of Inspection: *6-23-16* Inspected by: *Christopher Murphy*

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

*Building shall not be used for habitation*

Signature of Inspector: \_\_\_\_\_ Date of Approval: *6-24-16*

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_