

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

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.

pd \$50 Retained - Cash for
 pd \$75 Lockbox
APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 JUN 15 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-0190
 Date: 7-7-16
 Amount Paid: \$75
 Return: 7-21-16

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

Owner's Name: JAMES J. KOBOBACHER JR Mailing Address: 63680 City Hwy A, Iron River, WI Telephone: (715) 372-5132
 Address of Property: 6970 City Hwy A City/State/Zip: Iron River, WI 54847 Cell Phone: (715) 222-4403
 Contractor: _____ Contractor Phone: _____ Plumber: DAVE POLLOCKE Plumber Phone: (715) 817-1917
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: (715) 292-4403 Agent Mailing Address: 63680 City Hwy A, Iron River, WI Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 13, Township 46 N, Range 09 W Town of: Huletts Lot Size _____ Acreage 20

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interment) Creek or Landward side of Floodplain? 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: _____ feet

Recorded Document: (i.e. Property Ownership) Volume 991 Page(s) 102

Value at Time of Completion * include donated time & material \$25,000

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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	_____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	_____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	_____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	_____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____
	<input type="checkbox"/> Foundation	_____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> None	_____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: STOCK BUILD Length: 54 Width: 30 Height: 10

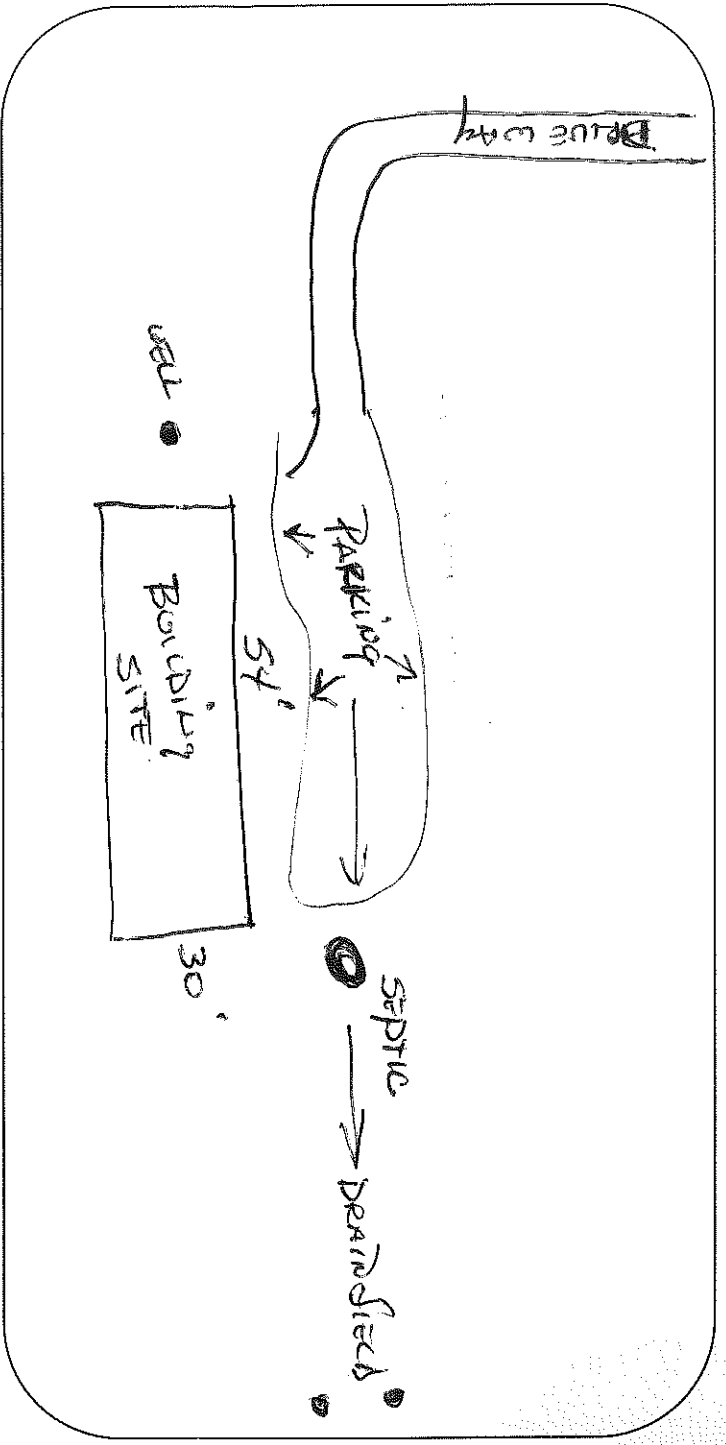
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(_____)	(_____)
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
	<input type="checkbox"/> 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"/> 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 checked="" type="checkbox"/> Accessory Building (specify) <u>Garage / Shop / Storage</u>	(<u>30 x 54</u>)	(<u>1620</u>)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(_____)	(_____)
	<input type="checkbox"/> Conditional Use: (explain) _____	(_____)	(_____)
	<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.

Owners(s): SEE ATTACHED PAPER Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: James J. Kobobacher Jr Date 5-16-16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 63680 City Hwy A Iron River WI 54847 Attach Copy of Tax Statement

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	150 Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	300 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	20 Feet
Setback to Drain Field	40 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: 08-1565 # of bedrooms: Sanitary Date: 9-30-08

Permit Denied (Date): Reason for Denial:

Permit #: 16-0190 Permit Date: 2-2-16

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(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

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: OWNER MOBILE HOME CONVENTION ON SITE

Date of Inspection: 2-16-16 Inspected by: CHARLES MURPHY Date of Re-Inspection:

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

NO HUMAN HABITATION ALLOWED. BUILDING SITE NOT BE USED FOR SLEEPING PURPOSES.

Signature of Inspector: Date of Approval: 9-30-16

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