

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
 Date: JUN 02 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0182
Date:	7-1-16
Amount Paid:	\$175
Refund:	7-1-16



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: Rick & Tracy Oyle Mailing Address: N 6367 Road St. Manawa, WI 54949 Telephone: 920 596-1688
 Address of Property: 69525 E Long Lake Rd City/State/Zip: Manawa, WI 54949 Call Phone: 715 409-0265
 Contractor: Lee Johnson Contractor Phone: 715 817 6701 Plumber: Bob Hansen Plumber Phone: 715 209-0708
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715 817 6701 Agent Mailing Address (Include City/State/Zip): Manawa, WI 54949 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 4 Lot(s) 31 & 38 CSM W113 P10245 Vol & Page 1113 P10245 Lot(s) No. 16000 Block(s) No. 1113 Subdivision: 1113 Recorded Document: (i.e. Property Ownership) 00-212-04-024-2-47-08-02-1 Volume 1113 Page(s) 630 45

Section 2, Township 47 N, Range 8 W Town of: Iron River Lot Size 1.700 Acreage 1.700

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 90 feet Distance Structure is from Shoreline: 90 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: feet
 If Yes--continue --> If Yes--continue -->

Is Property in Floodplain Zone? Yes No 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
\$ <u>3500</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 checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" 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 Specify Type: <u> </u> <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>NP 1/4 Gal</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 48' Width: 20' Height: 25'
 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>) (<u> </u>)
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities Mobile Home (manufactured date) <u> </u> Addition/Alteration (specify) <u>Retaining Walls/Fence</u>	(<u> </u>) (<u> </u>) (<u>20' X 14'</u>)	(<u> </u>) (<u> </u>) (<u>280 sq ft</u>)
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u> </u> Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u>) (<u> </u>)	(<u> </u>) (<u> </u>)
	Special Use: (explain) <u> </u>	(<u> </u>)	(<u> </u>)
	Conditional Use: (explain) <u> </u>	(<u> </u>)	(<u> </u>)
	Other: (explain) <u> </u>	(<u> </u>)	(<u> </u>)

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.

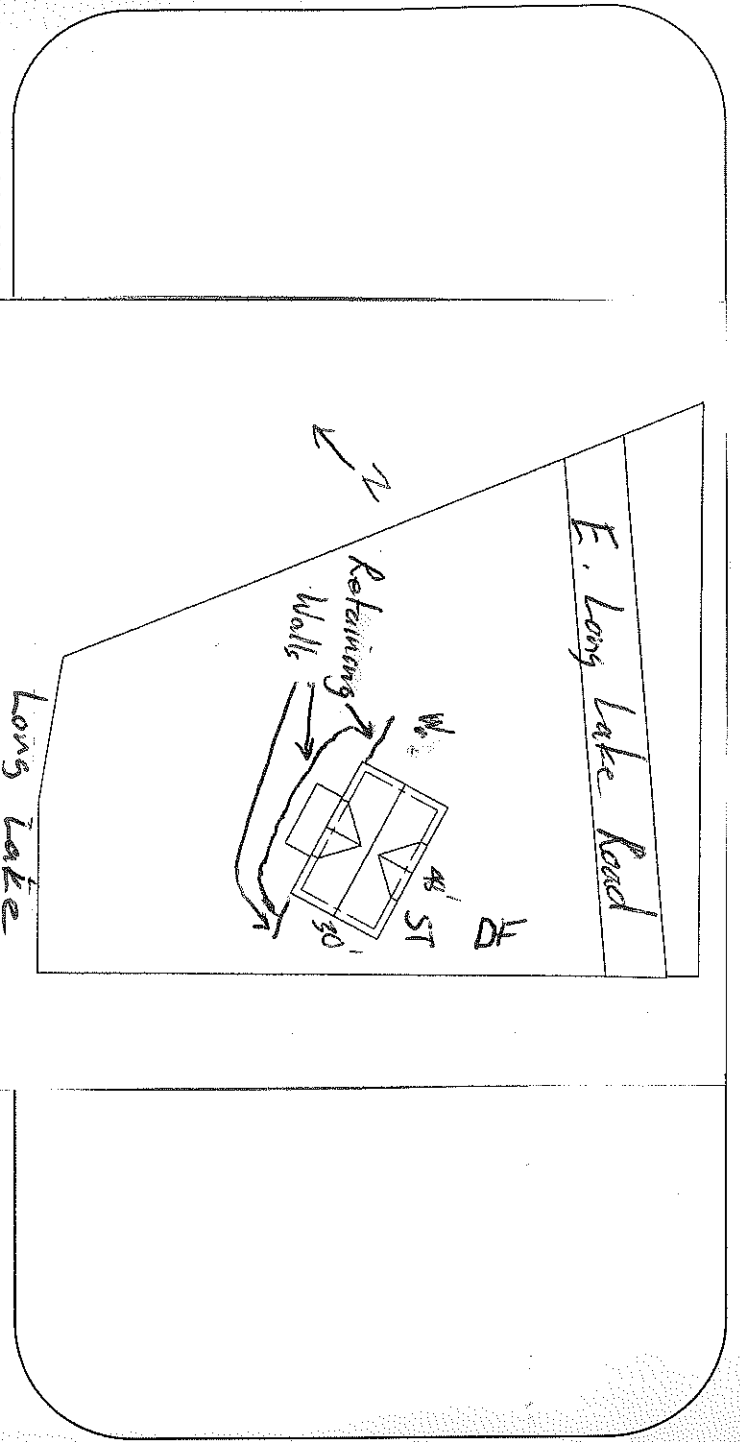
Owner(s): Richard L. Oyle Tracy Oyle Date 5-24-16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Address to send permit (If you recently purchased the property send your Recorded Deed)
 Attach Copy of Tax Statement

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

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



Please complete (1) - (7) above

(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	+63 Feet	Setback from the Lake (ordinary high-water mark)	90 Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	1000-52 + 10 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	12'-10 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	102'-8 + 10 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1100-72 + 18 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	+40 Feet	Setback to Well	+25 Feet
Setback to Drain Field	+40 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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 marked by a licensed surveyor at the owner's expense.

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 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:	14-625	# of bedrooms:	3	Sanitary Date:	8-13-14	
Permit Denied (Date):		Reason for Denial:						
Permit #: 16-0187		Permit Date:	1-27-15	Plan Date:	7-1-16			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input 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 checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input 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	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes	<input 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 Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Inspection Record:	ACT 55 states "RETAINING WALLS" ARE NOW "STRUCTURES" AND THEREFORE REQUIRE A PERMIT.						Zoning District	R-1
Date of Inspection:	4-22-16	Inspected by:	J. CLARK BOWEN, MPP			Lakes Classification	R. Long Lake	
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						Date of Re-Inspection:	
RETAINING WALL MUST BE AT LEAST 10 FT. FROM NEAREST SIDE PROPERTY LINE.								
Signature of Inspector:							Date of Approval:	10-22-16
Hold For Sanitary:	<input type="checkbox"/>	Hold For TRA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>	