

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Bayfield County Zoning Dept.  
 Date Stamp (Received)  
 DEC 27 2016

ENTERED

Permit #:	17-0001
Date:	1-4-17
Amount Paid:	\$75 12-8-16
Refund:	

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: Darrin W and Lynne A Hanson

Address of Property: Address Rd from 65390 W Loop Hwy Rd

City/State/Zip: Fern River WI 54447

Telephone: 715 332 5945

Cell Phone: 715 392 3919

Contractor: Self / Sons

Contractor Phone: Send

Plumber: Pl/Pr

Plumber P/Phone: Pl/Pr

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Pl/Pr

Agent Phone: Pl/Pr

Agent Mailing Address (include City/State/Zip): Pl/Pr

Written Authorization Attached:  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4

Gov't Lot: 2 Lot(s): 2 CSM: 718± 981 Vol & Page: 18705 Lot(s) No.: 18705 Block(s) No.: 18705 Subdivision:

Section 27, Township 47 N. Range 09 W

Town of: Hughes

Lot Size: 15.19 Acreage

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?  If Yes--continue  Distance Structure is from Shoreline: 300± feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes--continue  Distance Structure is from Shoreline: 300± feet

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>\$38,000</u>	<input 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 checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>5000</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<u>5000</u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>None</u>	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/>	<u>5000</u>			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 28' 6" Width: 31' 4" Height: 83'

Proposed Construction: Length: 28' 6" Width: 31' 4" Height: 16' ± 10"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	<u>104' x 16'</u>	<u>1024</u>
	Residence (i.e. cabin, hunting shack, etc.)	<u>104' x 16'</u>	<u>1024</u>
	with Loft		
	with a Porch		
	with (2nd) Porch		
	with a Deck		
	with (2nd) Deck		
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	<u>104' x 16'</u>	<u>1024</u>
	<u>Existing Building</u>		
	Special Use: (explain)		
	Conditional Use: (explain)		
	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 the 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): Darrin W Hanson Date 12-5-16

(If there are Multiple Owners listed on the Deed All Owners must sign or (e)lax(s) of authorization must accompany this application)

Authorized Agent: Pl/Pr Date \_\_\_\_\_

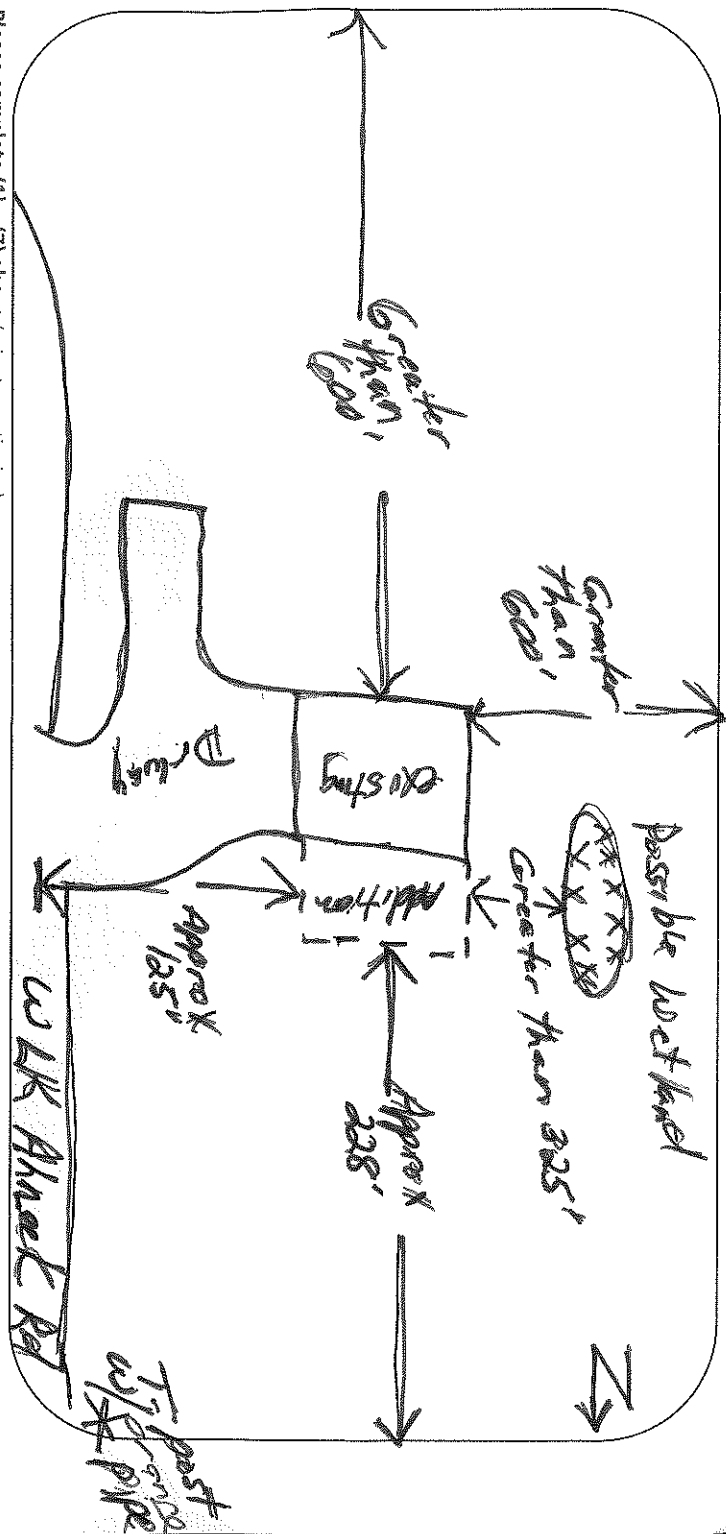
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 295, Iron River WI 54847 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 Location of (\*): (\*) 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 any (\*): (\*) 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)

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	135 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	95 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	238 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	325 Feet
Setback from the West Lot Line	600 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	95 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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)**

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

Permit # 17-0001 Permit Date: 1-4-17 on adjacent parcel

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 #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: \_\_\_\_\_

Were Property Lines Represented by Owner  Yes  No

Was Property Surveyed  Yes  No

Date of Inspection: 12-20-16 Inspected by: T. Carver M. Murphy

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

Business use shall comply w/ Home Based Business Permit # 04 0516.

USE OF BUILDING SHALL COMPLY W/ HOME BASED BUSINESS PERMIT # 04 0516.

not exceed 75% floor area shall it BE USED FOR HOME HABITATION +/-

SLEEPING PURPOSES w/d 1st obtainer NECESSARY PERMITS

Signature of Inspector: \_\_\_\_\_ Date of Approval: 12-20-16

Hold For Sanitary:  Hold For TB:  Hold For Affidavit:  Hold For Fees:

From County + State Authorities.