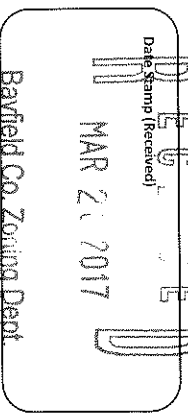


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

MAR 21 2017



Permit #:	17-0068
Date:	4-6-17
Amount Paid:	\$9630-17
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.

Bayfield Co Zoning Dept

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

Owner's Name: MATTHEW NORZON
 SUZANNE NIEMI

Mailing Address: 70 BOX 127
 IRON RIVER, WI 54847

City/State/Zip: IRON RIVER, WI 54847

Address of Property: 66095 CROOKED LAKE RD.
 IRON RIVER, WI 54847

Contractor: NORTHARD SOLIDWORKS, INC.
 PETER JOKINEN

Contractor Phone: 715-274-2258

Plumber: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone: _____

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) 22145

Gov't Lot: _____ Lot(s): _____ CSM: 1102-175

Vol & Page: 1102-175

Lot(s) No.: _____ Block(s) No.: _____

Section 19, Township 47 N, Range 07 W

Town of: KEYSTONE

Lot Size: _____ Acreage: 15

Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 2013 R 54844

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes--continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes--continue →

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 107 feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Non-Shoreland

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
\$30,000	<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"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SEPTIC	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> None	
		<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it) Length: 40 FT Width: 30 FT Height: 18

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	
<input checked="" type="checkbox"/>	with a Porch with (2 nd) Porch	() ()	
<input type="checkbox"/>	with a Deck with (2 nd) Deck with Attached Garage	() ()	
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	
<input type="checkbox"/>	Addition/Alteration (specify)	() ()	
<input checked="" type="checkbox"/>	Accessory Building (specify) GARAGE / POLE BARN	(40 X 30)	1200
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() ()	
<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 for any and all purposes for the purposes of inspection.

Owner(s): _____ Date 12-MAR 2017

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

Authorized Agent: _____ Date _____

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

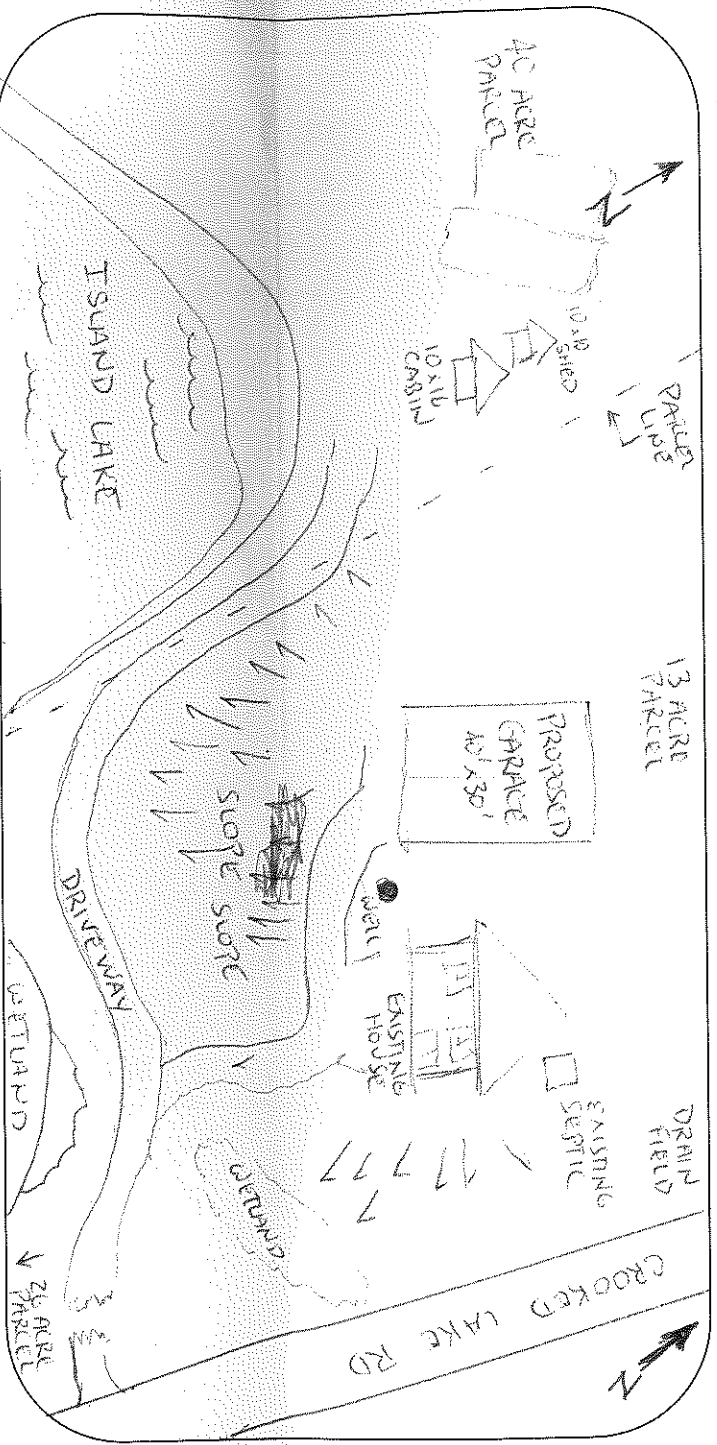
Address to send permit _____ Attach _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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 any (*): **(*) 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)

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	~530 Feet	Setback from the Lake (ordinary high-water mark)	101 Feet
Setback from the Established Right-of-Way	~500 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	> 500 Feet	Setback from the Bank or Bluff	~40 Feet
Setback from the South Lot Line	> 500 Feet	Setback from Wetland	> 100 Feet
Setback from the West Lot Line	> 120 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	> 400 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	~59 Feet	Setback to Well	~10 Feet
Setback to Drain Field	~100 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0062	Permit Date: 4-6-17			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> (Deed of Record) <input checked="" type="checkbox"/> (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affirmative Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District (F-1) <input type="checkbox"/> Lakes Classification (3)
Date of Inspection: 3-28-18 4-5-17		Inspected by: CELESTE MURPHY		Date of Re-Inspection:

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

Building shell not be used for human habitation or sleeping purposes & shell not contain plumbing or sleeping purposes & shell not contain plumbing or sleeping purposes & shell not contain plumbing

Signature of Applicant: _____ Date of Approval: **4-6-17**

Held For Action: Held For Review: Held For Fees: