

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
 Bayfield Co. Zoning Dept.
 RECEIVED
 MAR 30 2017

Permit #:	17-0073
Date:	4-18-17
Amount Paid:	\$1000 3-30-17
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.

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

Owner's Name: Joseph and Carol Frohaska Mailing Address: 2730 E 8th St. Duluth MN 55812 Telephone: 218-724-3204

Address of Property: 10650 Pine Point Rd City/State/Zip: Iron River WI 54847 Call Phone: 218-464-2689

Contractor: NO CONTRACTOR Contractor Phone: NO PLUMBER Plumber: NO PLUMBER Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: NO PLUMBER Agent Mailing Address (include City/State/Zip): NO PLUMBER

PROJECT LOCATION: 2 PAR NW NE 1/4 SW 1/4 Legal Description: (Use Tax Statement) DESC IN 1/4 Tax ID# (4-5 digits) 36815 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 04-016-2-46-01-05-01-02-000-1309

Section 3, Township 46 N, Range 8 W Town of: Delta Lot Size: 1.19 Acres

Shoreland Non-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: 75 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: 75 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
207,300 <u>1500</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 type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Add Structure to Lake	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

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	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	<input type="checkbox"/> with Loft	() X ()	()
	<input type="checkbox"/> with a Porch	() X ()	()
	<input type="checkbox"/> with (2 nd) Porch	() X ()	()
	<input type="checkbox"/> with a Deck	() X ()	()
	<input type="checkbox"/> with (2 nd) Deck	() X ()	()
<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)	() X ()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	()
	<input type="checkbox"/> Accessory Building (specify) _____	() X ()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	()
	<input type="checkbox"/> Rec'd for Issuance <input type="checkbox"/>	() X ()	()
	<input type="checkbox"/> Special Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	()
	<input checked="" type="checkbox"/> Other: (explain) <u>Stair key</u>	(4 X 63)	252

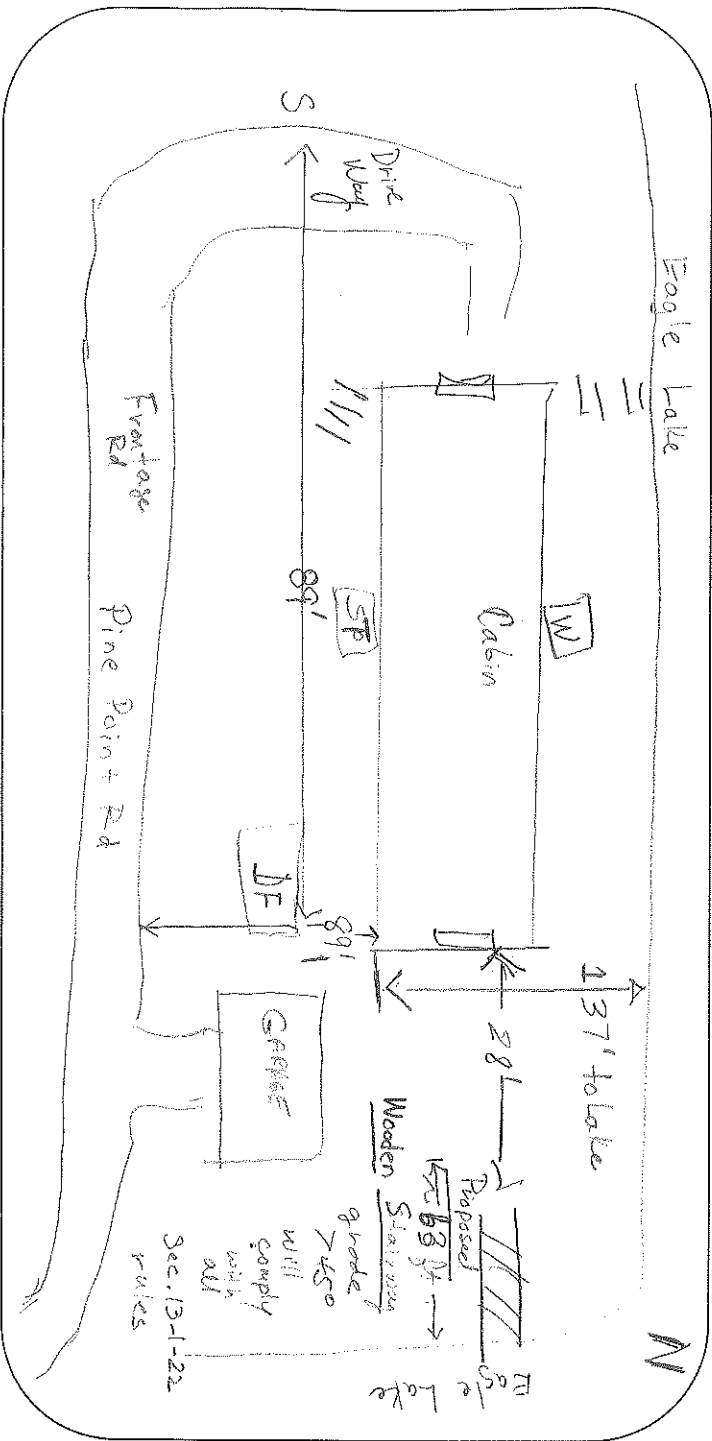
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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 purposes of inspection.

Owner(s): Joseph & Carol Frohaska Date March 27, 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: Carol Frohaska Date March 27, 2017
 (You are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 2730 E 8th St Duluth MN 55812 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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

(8) Setbacks: (measured to the closest point) Please sketch above

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	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 17-0073 Permit Date: 4-18-17

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: Yes No
 Previously Granted by Variance (B.O.A.) Case #: Yes No

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: NR Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Date of Inspection: 4-6-17 Inspected by: NR Zoning District (R2 S)
 Lakes Classification (3)
 Date of Re-Inspection:

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

Signature of Inspector: NR Date of Approval: 4-18-17

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