

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 MAR 08 2017
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0089
Date:	5-2-17
Amount Paid:	75
Refund:	75 - 3-8-17

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: JAMES KEITH + LOUI BURDICK
 Address of Property: 6520 BAYFIELD LINE RD
 City/State/Zip: IRON RIVER, WI, 54847
 Telephone: 715-372-5630
 Cell Phone: 715-372-5630

Contractor: SBF
 Authorized Agent: (person Signing Application on behalf of Owner(s))
 Contractor Phone: Plumber:
 Agent Phone: Agent Mailing Address (include City/State/Zip):
 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
 S1/4 1/4, SE 1/4
 SUBJECT TO CASE 232
 Tax ID# (4-5 digits):
 Section 13, Township 48 N, Range 9 W
 Town of: Oulu
 Recorded Deed (i.e. # assigned by Register of Deeds) Document 1747 P 14

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain? Yes No
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material: \$12,000

Project: New Construction 1-Story Seasonal 1 Municipal/City City Well

Use and/or basement: Addition/Alteration 1-Story + Loft Year Round 2 (New) Sanitary Specify Type: _____

What Type of Sewer/Sanitary System Is on the property? Sanitary (Exists) Specify Type: Hardwired

Relocate (existing bldg) Basement 3 Privy (pit) or Vaulted (min 200 gallon)

Run a Business on Property No Basement Portable (w/service contract)

Foundation None Compost Toilet None

Existing Structure: (if permit being applied for is relevant to it)
 Length: ~~46'~~ 32' Width: ~~32'~~ 44' Height: 16'
 Proposed Construction: Length: 32' Width: 20' Height: 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<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"/> 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)		(20' x 32')	640
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Master Bedroom + Living RM</u>		() ()	
<input type="checkbox"/> Accessory Building (specify)		() ()	
<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)		() ()	

Rec'd for Issuance: MAY 01 2017
 Secretarial Staff

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.

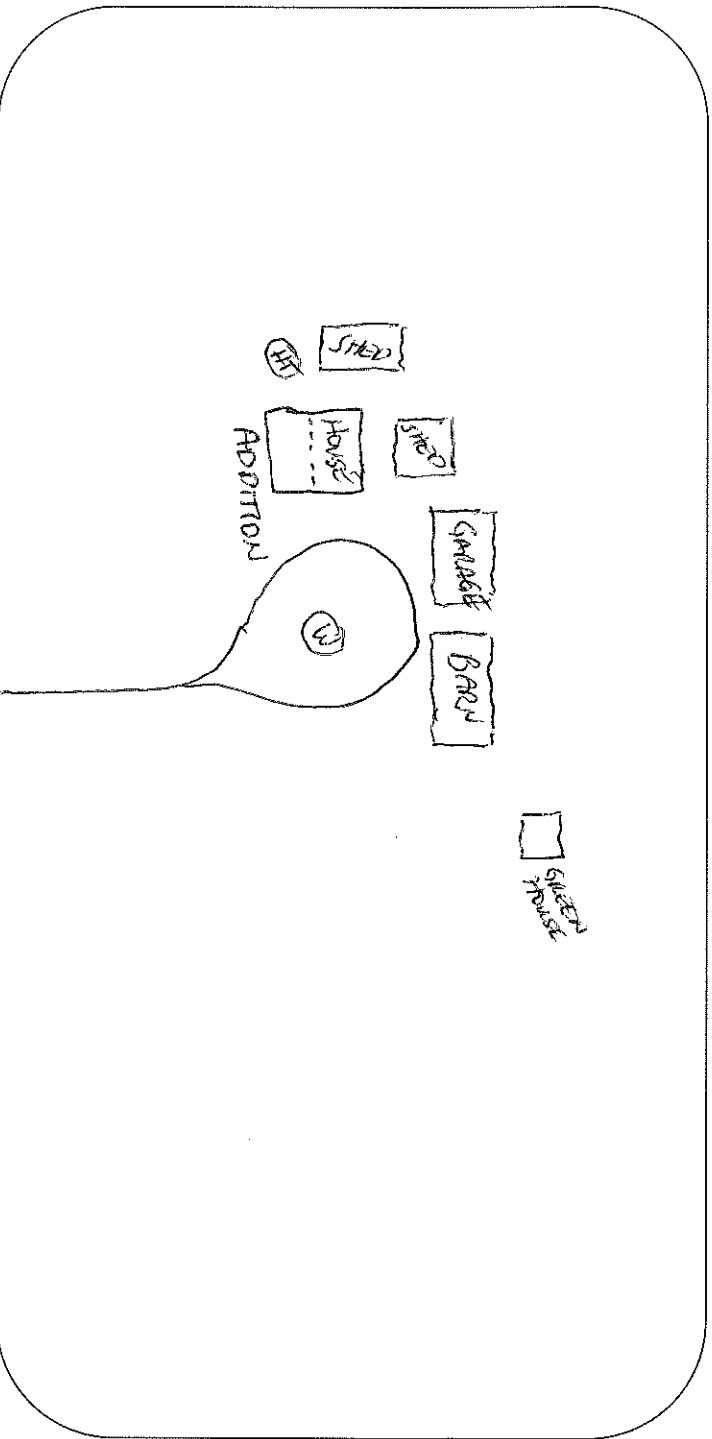
Owner(s): [Signature] Date 8 MAR 17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: _____
 (If you recently purchased the property send your Recorded Deed)

below: 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) **BARFIELD LANE RD**

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	305 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	962 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	163 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	42 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: 298252	# of bedrooms:	Sanitary Date: 8-25-98
Permit Denied (Date):	Reason for Denial:			concrete
Permit #: 17-0089	Permit Date: 5-2-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Case #:		Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	OUTFAIR PIPE. REQUIRED ADA COMPLIANCE OF THE VIOATION LETTER DATED 3-13-17.			
Date of Inspection: 3-9-17	Inspected by: Wendy Purpus	Zoning District	4-11	
Condition(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)	Lakes Classification	(N/A)	
ALL WASTEWATER SHALL ENTER THE HOLDING TANK. HOLDING TANK SHALL BE SERVICED WITH FUEL BY SEPTIC SERVICE.				
Signature of Inspector:	DATE OF APPROVAL: 5-1-17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal
May Also Be Required
After-the-Fact

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X
SANITARY – 298256
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **17-0089** Issued To: **James & Lori Butrick**

Location: **SW** ¼ of **SE** ¼ Section **13** Township **48** N. Range **9** W. Town of **Oulu**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Master Bedroom / Livingroom (20' x 32') = 640 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): All wastewater shall enter the holding tank. Holding tank shall be serviced when full by certified septage operator.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 2, 2017

Date

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 (REQUIRED)
RECEIVED
 MAR 08 2017



Permit #:	17-00990
Date:	5-2-17
Amount Paid:	75.-38-17
Refund:	ATT

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 CO. ZONING DEPT.

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

Owner's Name: **JAMES KEITH + LARA BURDICK** Mailing Address: **6530 BAYFIELD LANE** City/State/Zip: **IRON RIVER, WI 54847** Telephone: **372-5230**

Address of Property: **6530 BAYFIELD LANE RD** City/State/Zip: **IRON RIVER, WI 54847** Cell Phone: _____

Contractor: **SELP** Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

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, SE 1/4** Gov't Lot: _____ Lots: _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Deed (i.e. # assigned by Registrar of Deeds) Document **W 747** **R 14**

Section **13**, Township **48** N, Range **9** W Town of: **OWLU** Lot Size: _____ Acreage: **40**

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: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue Distance Structure is from Shoreline: _____ 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
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HOLDY'S	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input 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"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: **36'** Width: **24'** Height: **12'**

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 checked="" type="checkbox"/> Accessory Building (specify) GARAGE	(24 X 36)	864
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/> Rec'd for Issuance	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input type="checkbox"/> Conditional Use: (explain)	(X)	
	<input type="checkbox"/> Other: (explain)	(X)	

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): James Keith + Lara Burdick Date 8 MAR 17

(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)

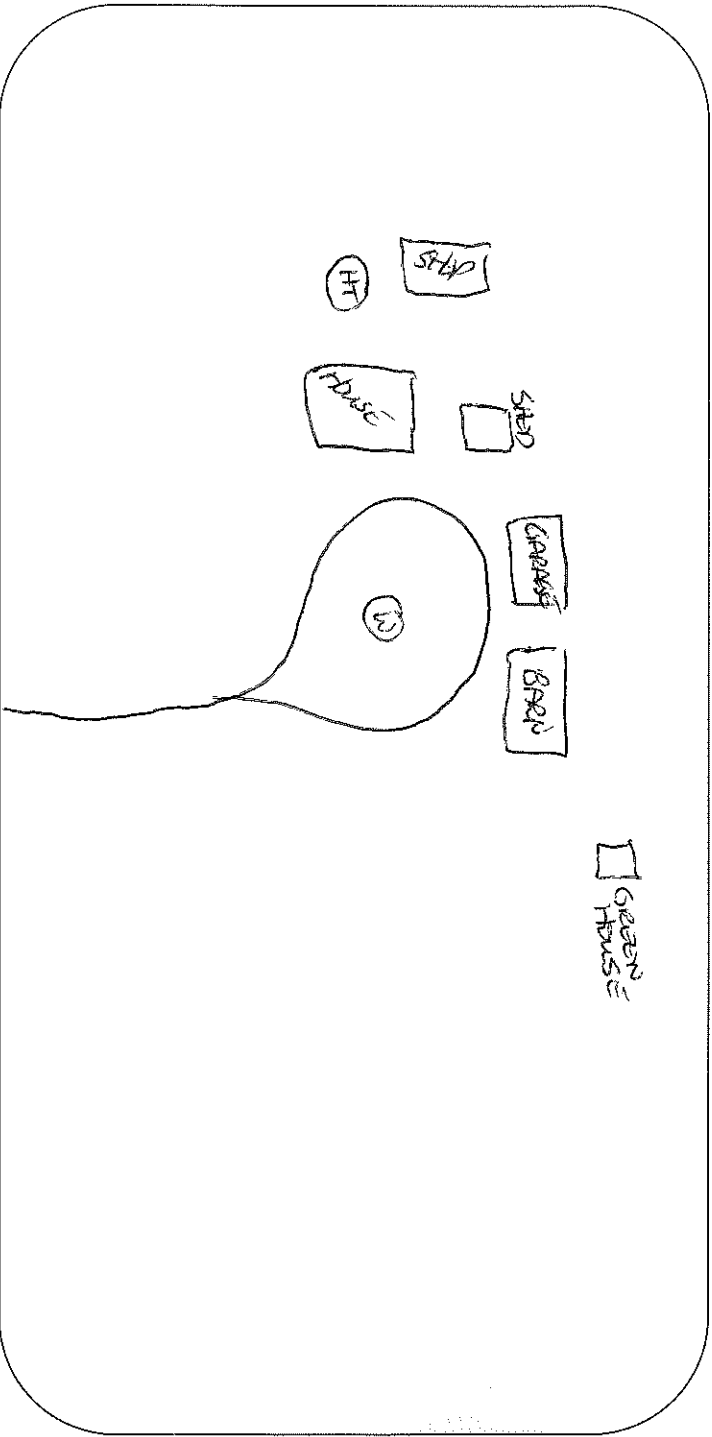
Address to send permit: _____

Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

in the box below: **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) **BAFFIELD LANE RD**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	432 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	857 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	208 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1084 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	118 Feet	Setback to Well	73 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 #: **17-0090** Permit Date: **5-2-17**

Is Parcel a Sub-Standard Lot Yes No (Deed or Record) No

Is Parcel in Common Ownership Yes No (Fused/contiguous lots) No

Is Structure Non-Conforming Yes _____ No _____

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: **Sanitary pip. abated. See permit & letters attached for addition to house.**

Date of Inspection: **3-9-17** Inspected by: **[Signature]**

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

Shale not be used for furnace rehabilitation

Signature of Inspector: **[Signature]** Date of Approval: **5-2-17**

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

own, City, Village, State or Federal
permits May Also Be Required
After-the-Fact

LAND USE – X
SANITARY – 298256
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0090** Issued To: **James & Lori Butrick**

Location: **SW** ¼ of **SE** ¼ Section **13** Township **48** N. Range **9** W. Town of **Oulu**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Garage (24' x 36') = 864 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Shall not be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 2, 2017

Date