

**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)  
**REC'D 5-19-17 OFFICE**  
**IRP FILES**

**ENTERED**

Permit #:	17-055
Date:	5-19-17
Amount Paid:	490 CASH
Refund:	54-17

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: CLAYTON & SHERY MATTSO Mailing Address: 1627 N 34TH ST City/State/Zip: Soperton WI, 54880 Telephone: 715 395 1832

Address of Property: 67210 CRYSTAL LAKE RD City/State/Zip: 1800 River WI, 54847 Contractor Phone: 218 428 6235 Cell Phone: 218 428 6235

Contractor: RAW RIVER WI Plumber: 54847 Plumber Phone: 218 428 6235

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 18473 Agent Mailing Address (include City/State/Zip): HUGHES Written Authorization Attached  Yes  No

**PROJECT LOCATION** Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 18473 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2014R R-534846 H-1129-158

1/4, \_\_\_\_\_ 1/4 GQT Lot 2 PARAS Lot(s) 2073 Vol & Page V.1122 P.18 Lot(s) No. 310 Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 515, Township T47W N, Range R 09W W Town of: HUGHES Lot Size \_\_\_\_\_ Acreage 1.87

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: 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>170,000</u>	<input checked="" type="checkbox"/> New Construction <input 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"/> <u>REAR EXISTING</u>	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>POPPERS IS ON THE PROPERTY</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City Well

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

Proposed Construction: Length: 58 Width: 46 Height: 22

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 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( 40 X 58 ) ( 12 X 34 ) ( X X ) ( X X ) ( 8 X 58 ) ( X X ) ( 28 X 36 )	2648 420 464 1008
<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)	( X X )	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	( X X ) ( X X )	
	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( X X ) ( X X ) ( X 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.

Owner(s): Clayton & Shery Mattso Date 5/15/2017  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

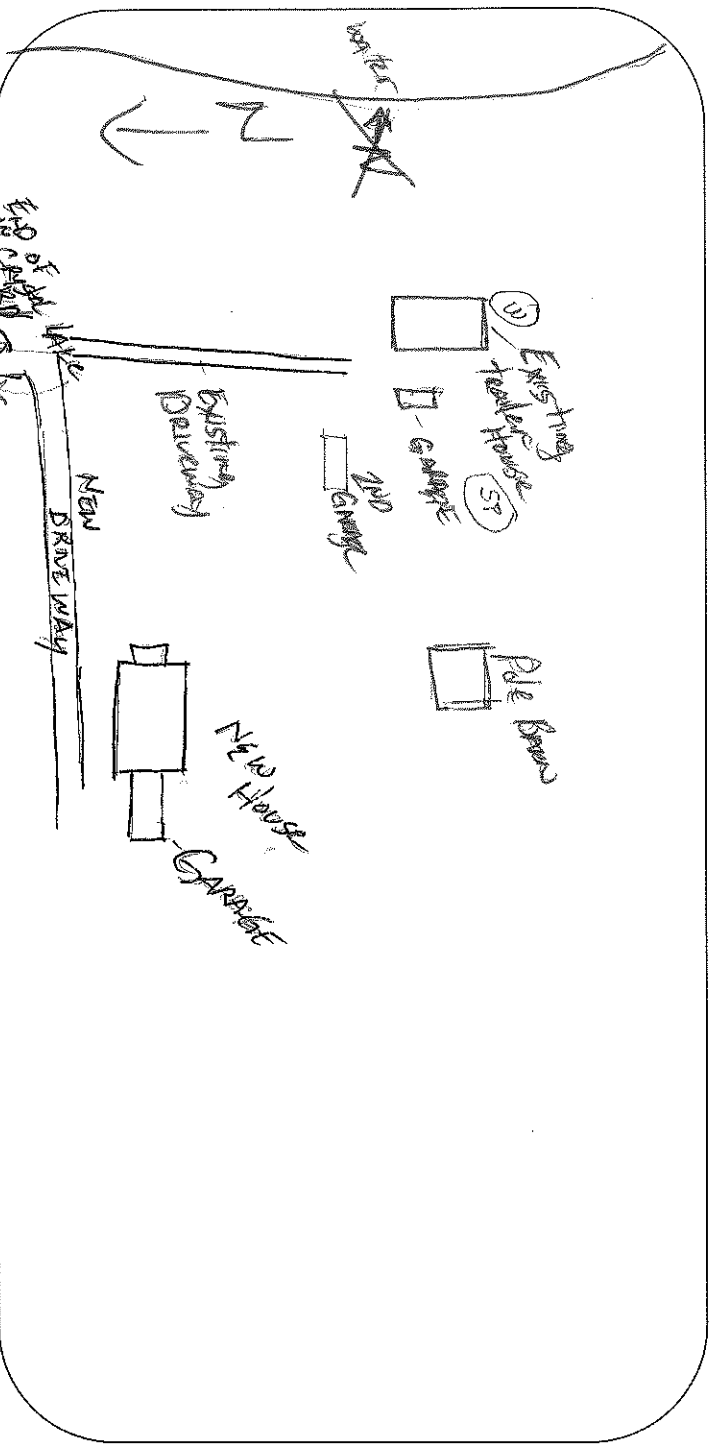
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_ Attach Copy of Tax Statement  
 if you recently purchased the property send your Recorded Deed

ENTER

below: 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 / Indicate: (\*) 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: (\*) 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	175 Feet	Setback from the Lake (ordinary high-water mark)	300 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	340 Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	DATE
Setback from the South Lot Line	100 Feet	Setback from Wetland	100' +/- Feet
Setback from the West Lot Line	45240 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	300 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 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.

(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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	17-0185	Permit Date:	5-19-17	Sanitary Date:
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Affidavit Required
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Affidavit Attached
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	Sand left in water deed. owner stated there is only 1 bathroom off the main floor & a lot bedroom & bathroom to what the system is designed for.			Zoning District (R403)
Date of inspection:	5-9-17	Inspected by:	DC Murphy	Lakes Classification ( )
Conditions: Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(if No they need to be attached)		
VDC permit & inspections required. Trailer house shall be razed & removed prior to occupancy permit issuance for new building.				
Signature of Inspector:	[Signature]			Date of Approval:
Hold For Sanitary:	<input checked="" type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:
		Hold For Fees:	<input type="checkbox"/>	Hold For:

City, Village, State or Federal  
May Also Be Required

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X  
SANITARY – Reconnect 07-124S  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **17-0155** Issued To: **Clarence & Sherry Mattson**

Location: - ¼ of - ¼ Section **15** Township **47** N. Range **9** W. Town of **Hughes**

**2 pars in**

Gov't Lot	3	Lot	Block	Subdivision	CSM#
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For: **Residential Use:** [ **1.5- Story; Residence (40' x 58') = 2,320 sq. ft.; Loft (12' x 34') = 408 sq. ft.; Deck (8' x 58') = 464 sq. ft.; Attached Garage (28' x 36') = 1,008 sq. ft. ]**  
**Total Overall = 3,940 sq. ft.**

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

**Condition(s):** UDC permit and inspections required. Trailer house shall be razed and removed prior to occupancy permit issuance for new dwelling. Only 2 bedrooms allowed in new house to meet the design of the POWTS. Trailer shall be razed and disconnected.

**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 19, 2017**

Date