

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

Complete + Send Pkt back to zoning 9/26

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 JUN 19 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-0938
Date:	6-21-17
Amount Paid:	75 619-17
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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Connie Campbell Mailing Address: 1774 Wild Deer Trl Roscoe, IL 61073 Telephone: _____

Address of Property: 8950 Hessey Road City/State/Zip: Iron River, WI 54847 Cell Phone: 815-514-2305

Contractor: AMERICAN STEEL Contractor Phone: 682-970-6137 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: E593 1/4 S 1/4 SESE Legal Description: (Use Tax Statement) 25530 Tax ID# (4-5 digits) 25530 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 297874 R Subdivision: 274 P199

Section 32, Township 49 N, Range 8 W Town of: Oriente Lot Size _____ Acreage 9

Shoreland Non-Shoreland

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

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

Distance Structure is from Shoreline: _____ feet 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>8,580</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input 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: <u>holding</u>	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> NAT
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 3		
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	
		<input checked="" type="checkbox"/> Foundation				

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

Proposed Construction: Length: 76 Width: 18 Height: 9

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<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) Deck	() ()	()
	<input type="checkbox"/> with a Deck	() ()	()
	<input type="checkbox"/> with (2 nd) Deck	() ()	()
	<input type="checkbox"/> with Attached Garage	() ()	()
<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)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() ()	()
	Accessory Building (specify) <u>Storage shed</u>	(<u>18</u> x <u>26</u>)	<u>468</u>
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special User: (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 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: Connie Campbell Date 6/19/2017
 (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 1774 Wild Deer Trl, Roscoe, IL 61073 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

own, City, Village, State or Federal
Permits May Also Be Required

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

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0232** Issued To: **Connie Campbell**

E 593' of S 1/2 of

Location: **SE 1/4 of SE 1/4 Section 32 Township 49 N. Range 8 W. Town of Orienta**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Storage Shed (18' x 26') = 468 sq. ft.]**

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

Condition(s): Building shall not be used for human habitation and/r sleeping purposes and shall not be connected to pressurized water source.

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

June 27, 2017

Date