

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

\$150 LU + \$100 Imp Surface
 \$350 site eval pd
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Date Stamp (Received)
 JUN 26 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-00213
Date:	7-25-17
Amount Paid:	PAID ON-SITE APRIL 2017
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: Michael & Wendy Hudack Mailing Address: 10540 S Long Lake Rd Iron River, WI 54847 Telephone: _____
 Address of Property: same Ctry/State/Zip: _____
 Contractor: SELF Contractor Phone: _____ Plumber: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): Iron River WI 54847 Written Authorization Attached Yes No
Mike Furtak (715) 817-2034 6173 Iron Lake Rd, WI 54847
 Tax ID# (4-5 digits) 20198
 PROJECT LOCATION Legal Description: (Use Tax Statement) 20198
 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Dufur Flecks 1st Long Lake
 Section 3, Township 47 N, Range 8 W Town of: Iron River Lot Size _____ Acreage 2.41

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue X Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue X

Distance Structure is from Shoreline: _____ feet
 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
\$50,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Compt</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 type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 76 Width: 26/38 Height: 16
 Proposed Construction: Length: 30 Width: 26 Height: 16

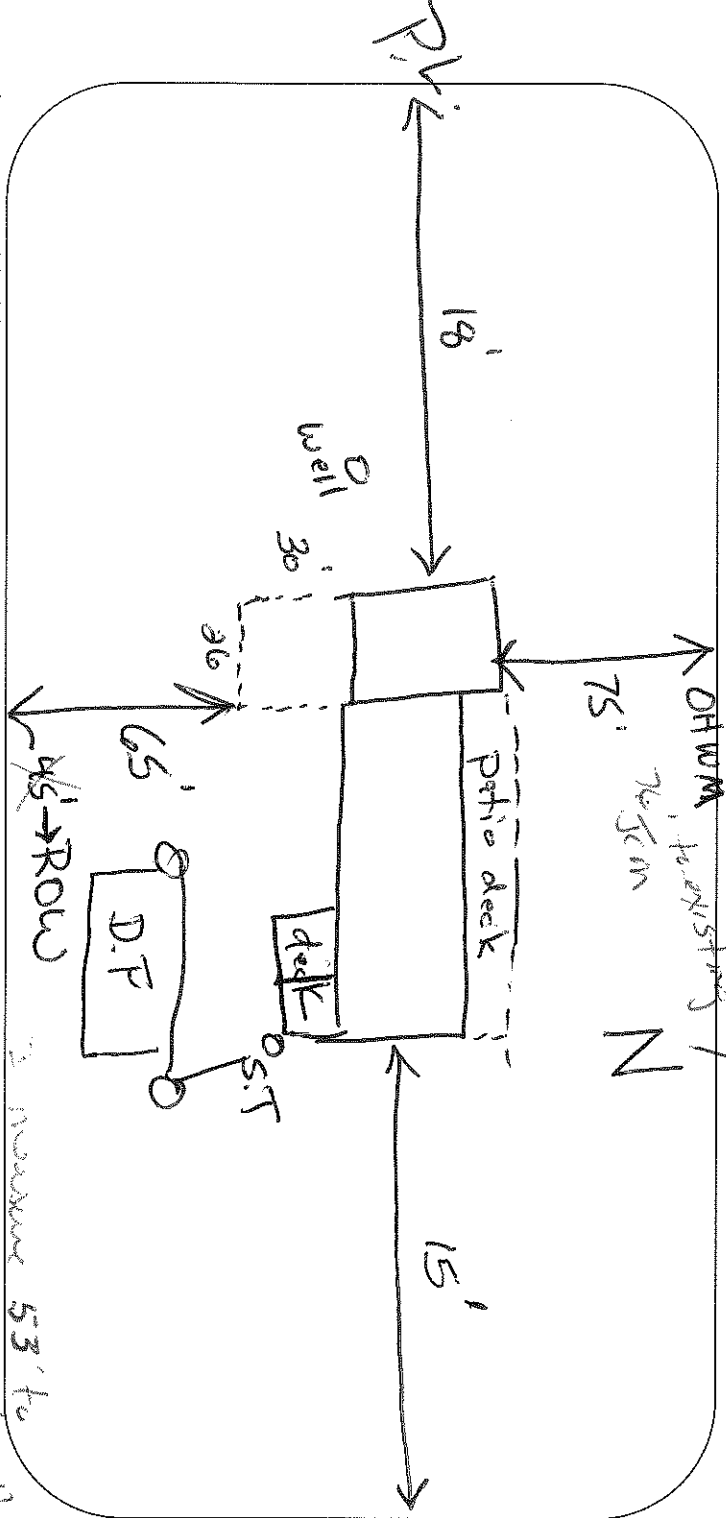
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(X) (X) (X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input checked="" type="checkbox"/> Addition/Alteration (specify) <u>garage addition, new roof</u> <input type="checkbox"/> Accessory Building (specify) <u>line</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X) (X) (30 x 26) (X) (X)	 <u>700</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Per'd for Issuance <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Secretarial Staff ()	(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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Mike Furtak Date 6-8-2017
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 10540 S Long Lake Rd, Iron River, WI Attach _____
54847 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 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: (*) 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)

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	50+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	450+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	18 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	15 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	5' Feet	Setback to Well	10 Feet
Setback to Drain Field	15' Feet		
Setback to Privy (Portable, Composting)	NA 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 Dwelling: 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: 30736 replacement

Sanitary Date:

Permit Denied (Date):

Reason for Denial:

Permit #: 17-00913

Permit Date: 10/26/15

of bedrooms: see imp. surface cables

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

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No

Case #: _____

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

Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Inspection Record: Site Staked + surveyed.

Date of Inspection: 7-14-17

Inspected by: TEAUBERT

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

No additional bedrooms w/o completion of septic system for additional DWF.

Signature of Inspector: _____

Hold For Sanitary: _____

Hold For TBA: _____

Hold For Affidavit: _____

Hold For Fees: _____

Date of Approval: 7-30-17

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

LAND USE – X
SANITARY – 367316
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0273** Issued To: **Michael & Wendy Hudack / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **3** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **25** Block Subdivision **Dufur Flecks 1st Add to Long Lake** CSM#

For: **Residential Addition / Alteration: [1- Story; Garage Addition / New Roof Line (30' x 26') = 780 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No additional bedrooms allowed without verification of septic system for additional daily wastewater flow.

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

July 25, 2017

Date