

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 IR
 OFFICE HOURS
 9-13-17



Permit #:	17-00007T
Date:	9-19-17
Amount Paid:	\$0 9-15-17
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: Deb & Gerald Olson
Mailing Address: 67260 W. Crystal Lake Rd Iron River WI 54847
City/State/Zip: Sturgeon
Telephone: 318
 393-0443
 Call Phone: 218
 393-0755

Contractor: Sturgeon
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: Legal Description: (Use Tax Statement) PARSN
 1/4, 1/4 Gov't Lot 4 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: 1108 817
 Tax ID #: (4-5 digits) 18492 36826
 Section 15, Township 47 N, Range 9 W Town of: Hughes

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: 220 feet
Is Property in Floodplain Zone? Yes No
Are Wetlands Present? Yes No

Shoreland Non-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

Value at Time of Completion * Include donated time & material: \$ n/a

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input 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 checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) 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"/> Temp. Permit	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
				<input type="checkbox"/> None abandoned	

Existing Structure: (if permit being applied for is relevant to it) Length: 48' Width: 58' Height: 14'
Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with (2 nd) Deck with Attached Garage	(X)	
<input type="checkbox"/> Rec'd for Issuance Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
SEP 19 2017	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Secretarial Staff	Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(X)	
	Accessory Building Addition/Alteration (specify) _____	(X)	
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) Temporary - 2 dwellings Parcel	(28 X 48)	1344

FAILURE TO OBTAIN A PERMIT OF 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): Deborah Appel-Olsen
 Date: 9/13/17
 (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

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%

Project:
 1 SUBMITTED Application
 For new house. wants to
 move existing cabin
 across the street
 until it can be moved
 to a separate parcel
 by 3rd Party
 9.13.17
 See Attached

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	63 Feet	Setback from the Lake (ordinary high-water mark)	220 Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	n/a Feet
Setback from the North Lot Line	10 Feet	Setback from the Bank or Bluff	n/a Feet
Setback from the South Lot Line	50 Feet	Setback from Wetland	n/a Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	n/a Feet	Setback to Well	n/a Feet
Setback to Drain Field	n/a Feet		
Setback to Privy (Portable, Composting)	n/a 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: 15-905 # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial: Permit Date: 9-19-17

Permit #: 17-6007T

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

Granted by Variance (B.O.A.) Case #: N/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: Temp Storage of Existing Residence on a trailer while 3rd Party secures permits for subsequent placement.
 Mitigation Required Yes No
 Mitigation Attached Yes No

Affidavit Required Yes No
 Affidavit Attached Yes No

Date of Inspection: 9/18/2017 Inspected by: Robert Schirmer

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

Temp Permit expires in 12 months, may review for additional six months if necessary.

Signature of Inspector: [Signature]

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval:

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

LAND USE – X
SANITARY – None
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No. **17-0007T** Issued To: **Gerald & Deborah Olson**

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

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Other: [Temporary permit allowing existing structure for a period of less than 1 year.
1 - Story, Second Residence (28' x 48') = 1,344 sq. ft.]**

Condition(s): Temporary permit expires in 12 months (September 19, 2018). May renew for additional six months if necessary.

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.

Rob Schierman

Authorized Issuing Official

September 19, 2017

Date