

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 ENTERED  
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Recycled)  
**RECEIVED**  
 JUL 11 2017  
 Bayfield Co. Zoning Dept

Permit #:	17-03883
Date:	9-19-17
Amount Paid:	
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.

Permit # 25066  
 Cabin 715-794-2954

TYPE OF PERMIT REQUESTED →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: James P. Fogarty Mailing Address: 106 E. Euclid Ave Bayre, WI 54812 Telephone: (715) 641-2379

Address of Property: 34915 Garden Lake Rd City/State/Zip: Washburn, WI 54881 Cell Phone: 651-3360 Tony

Contractor: SELF Contractor Phone: \_\_\_\_\_ Plumber: Andy Rasmussen & Sons Inc 715-498-3355 Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Fortak Agent Phone: (715) 817-2034 Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, WI 54847 Written Authorization Attached  Yes  No

PROJECT LOCATION: 1/4, \_\_\_\_\_ 1/4 Gov't Lot 1 Lot(s) 3973, 304 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: Nawakagon Lake Shore Recorded Document: (i.e. Property Ownership) Volume B59 Page(s) 737

Section 12, Township 43 N. Range 6 W. Town of: Nawakagon Lot Size \_\_\_\_\_ Acreage .69

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

Non-Shoreland

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
\$ _____	<input 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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	( ) ( )	( )
<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) _____	( ) ( )	( )
	Addition/Alteration (specify) _____	( ) ( )	( )
	Accessory Building (specify) _____	( ) ( )	( )
	Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	( ) ( )	( )
	Conditional Use: (explain) <u>2-4 Unit Short-Term Rental</u>	( ) ( )	( )
	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.

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: Michael Struble Date: 7-6-2017  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6173 Iron Lake Rd, Iron River, WI  
 54847

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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%

See attached survey

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	54 Feet	Setback from the Lake (ordinary high-water mark)	30ft Feet
Setback from the Established Right-of-Way	46 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	Road Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	Lake N/A Feet	Setback from Wetland	160ft Feet
Setback from the West Lot Line	335ft Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	60ft Feet
Setback to Drain Field	TBD 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 Dwelling: 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 #: 17-03883	Permit Date: 9-19-17			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Required Affidavit Attached
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lakes Classification
Inspection Record: Previous Green Tree Resort 1950's Well Lgt. 3 Small Cabins from 1950's		Date of Inspection: 8/31/17 Inspected by: Robert Silverman		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <i>[Signature]</i>				
Hold For Sanitary: <input checked="" type="checkbox"/> Hold For TBAs: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				
Date of Approval: 8/31/2017				Date of Re-Inspection:

Per Conditions of Planning & Zoning Comm. Htee



Septic?  
Additional Deck?

349555

REGISTER'S OFFICE } S.S.  
Bayfield County, Wis.

RECORDED AT 4P M.

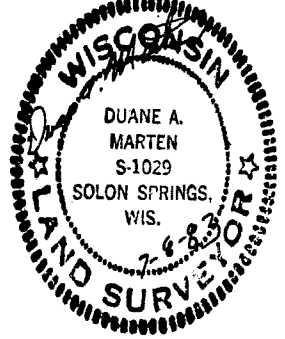
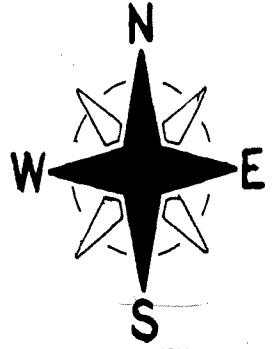
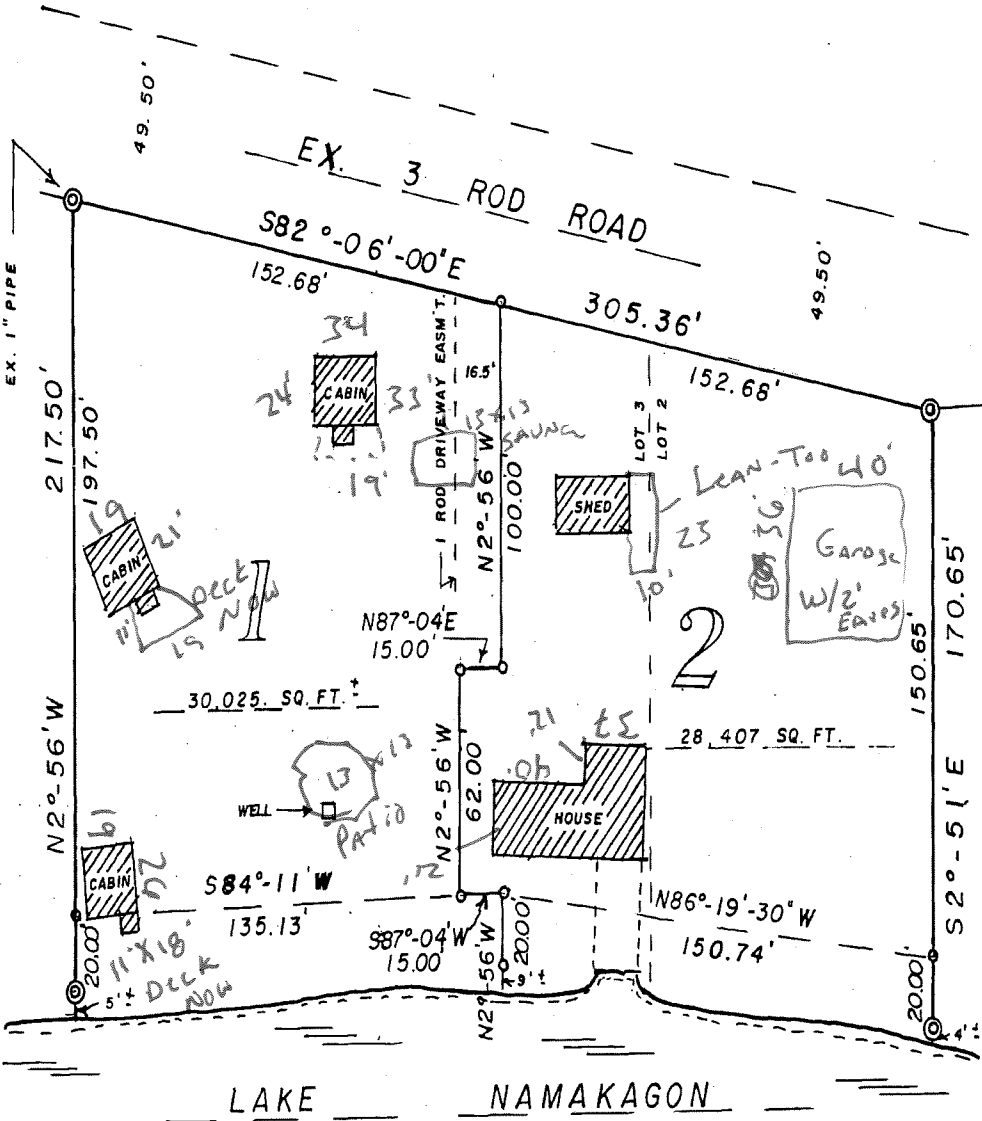
ON SEP 9 - 1983 IN

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*Otto Korpela*

REGISTER OF DEEDS

Bearings are referenced to previous surveys.



M.C. LAKE NAMAKAGON  
 EX. 2 1/2" BRASS CAP  
 SET IN 9" SQ. CONCRETE  
 U.S. GENERAL LAND OFFICE

SCALE - 1" = 50'

- ⊙ = EX. IRON SURVEY MON.
- = SET 1" x 24" IRON PIPE, MIN. WT. 1.13 LBS./LIN. FT.

CERTIFIED SURVEY MAP

of lands located in  
 Lots 2 & 3, of Namakagon Lakeshore Subd.,  
 Sec. 12, T43N-R6W, Bayfield County, Wis.



Pd 6.00

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

LAND USE – X  
SANITARY – 17110S  
SIGN –  
SPECIAL –  
CONDITIONAL – ZC 8/17/2017  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0383** Issued To: **James Fogarty / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **12** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision CSM# **397**

For: **Residential Other: [ Short-term Rental (2-4 Units) ]**

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

**Condition(s):** Per conditions of Planning and Zoning Committee. **Committee Conditions:** A State approved septic system for all the buildings on the property. No Parking by renters (by any unites) on the public road. No other structure or vehicles, permanent or temporary can be placed on the property for human habitation or business until this short-term vacation rental permit is terminated. This includes but is not limited to travel trailers, motor homes, tents, tent campers, and house boats based on the zoning ordinance.

**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