

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

*Completed*  
 10-9-17  
**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN  
**ENTERED**

Date Stamp (received)  
**RECEIVED**  
 SEP 18 2017

|              |               |
|--------------|---------------|
| Permit #:    | 170415        |
| Date:        | 10-10-17      |
| Amount Paid: | \$175 9-19-17 |
| 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 BY CO. Zoning Dept.

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

Owner's Name: Lynn Saaski Nunyon Mailing Address: 4300 S River Run City/State/Zip: Savage, MN 55378 Telephone: \_\_\_\_\_  
 Address of Property: 73210 Rainvalq Rd City/State/Zip: Iron River, WI 54847 Call Phone: (763)  
 Contractor: Jeff Ogren (318) 590-4664 Contractor Phone: Plumber: 4388-7017 Plumber Phone: \_\_\_\_\_  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: (763) 817-2034 Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, Iron River, WI 54847 Written Authorization Attached  Yes  No  
 PROJECT LOCATION: SW 1/4 SW 1/4 Legal Description: (Use Tax Statement) 30216 Tax ID# (4-5 digits) 30216 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 780 R- 885

Section 17, Township 48 N, Range 8 W Town of: Tripp

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 1107 feet 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

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                                    |
|--|---|---|--|---------------------------------------|---|--|
| \$5000   | <input checked="" 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 checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Year Round | <input 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 checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T.</u>           | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> Relocate (existing bldg)       | <input type="checkbox"/> Basement           | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____        | <input type="checkbox"/> Privy (Prt) 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 type="checkbox"/> _____                          | <input type="checkbox"/> Foundation         | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____        | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/> _____           |

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 20 Height: 25  
 Proposed Construction: Length: 16 Width: 10 Height: 12

| 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 a Deck  | ( ) X ( )  |                |
|   | with (2 <sup>nd</sup> ) Deck   | ( ) X ( )  |                |
| <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 ( )  |                |
|   | Mobile Home (manufactured date)  | ( ) X ( )  |                |
| <input checked="" type="checkbox"/> Municipal Use   | Addition/Alteration (specify) <u>covered porch entryway</u>  | ( 10 X 10  | 100            |
|   | Accessory Building (specify) <u>covered walkway</u>  | 4.5 X 10)  | 45             |
|   | Accessory Building Addition/Alteration (specify) <u>entryway steps</u>   | 4.5 X 10   | 50             |
|   | Special Use: (explain) _____   | ( ) X ( )  |                |
|   | Conditional Use: (explain) _____   | ( ) X ( )  |                |
|   | Other: (explain) _____   | ( ) 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: 9-11-17  
 (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 Attach \_\_\_\_\_  
 Copy of Tax Statement \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed \_\_\_\_\_

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
- (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 attachments

Please complete (1) - (7) above (prior to continuing)

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

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 580+ Feet   | Setback from the Lake (Ordinary high-water mark) | NA Feet   |
| Setback from the Established Right-of-Way   | 550+ Feet   | Setback from the River, Stream, Creek            | NA Feet   |
| Setback from the North Lot Line             | 1,200+ Feet | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the South Lot Line             | 1,100+ Feet | Setback from Wetland                             | 100'+<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Setback from the West Lot Line              | 550+ Feet   | 20% Slope Area on Property                       | NA Feet   |
| Setback from the East Lot Line              | River       | Elevation of Floodplain                          | NA Feet   |
| Setback to Septic Tank or Holding Tank      | 5' HT<br>NA | Setback to Well                                  | 80 Feet   |
| Setback to Drain Field                      | NA          |  |   |
| Setback to Privy (Portable, Composting)     | NA          |  |   |

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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: 367252 # of bedrooms: 0764 Sanitary Date: 6/26/00

Permit #: 17-0415 Reason for Denial: W/2000 sq HT Permit Date: 10-10-17

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

Is Parcel in Common Ownership  Yes  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Mitigation Required Mitigation Attached  Yes  No

Affidavit Required Affidavit Attached  Yes  No

Inspection Record: vertical fiber inspection: setback to HT not met. reduced width of driveway to meet setback Zoning District (A-1) Lakes Classification (3)

Date of Inspection: 9-27 Inspected by: Jenny Smith Date of Re-Inspection: \_\_\_\_\_

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

any necessary voc permit for inspections shall be drawn + compiled w/ it.

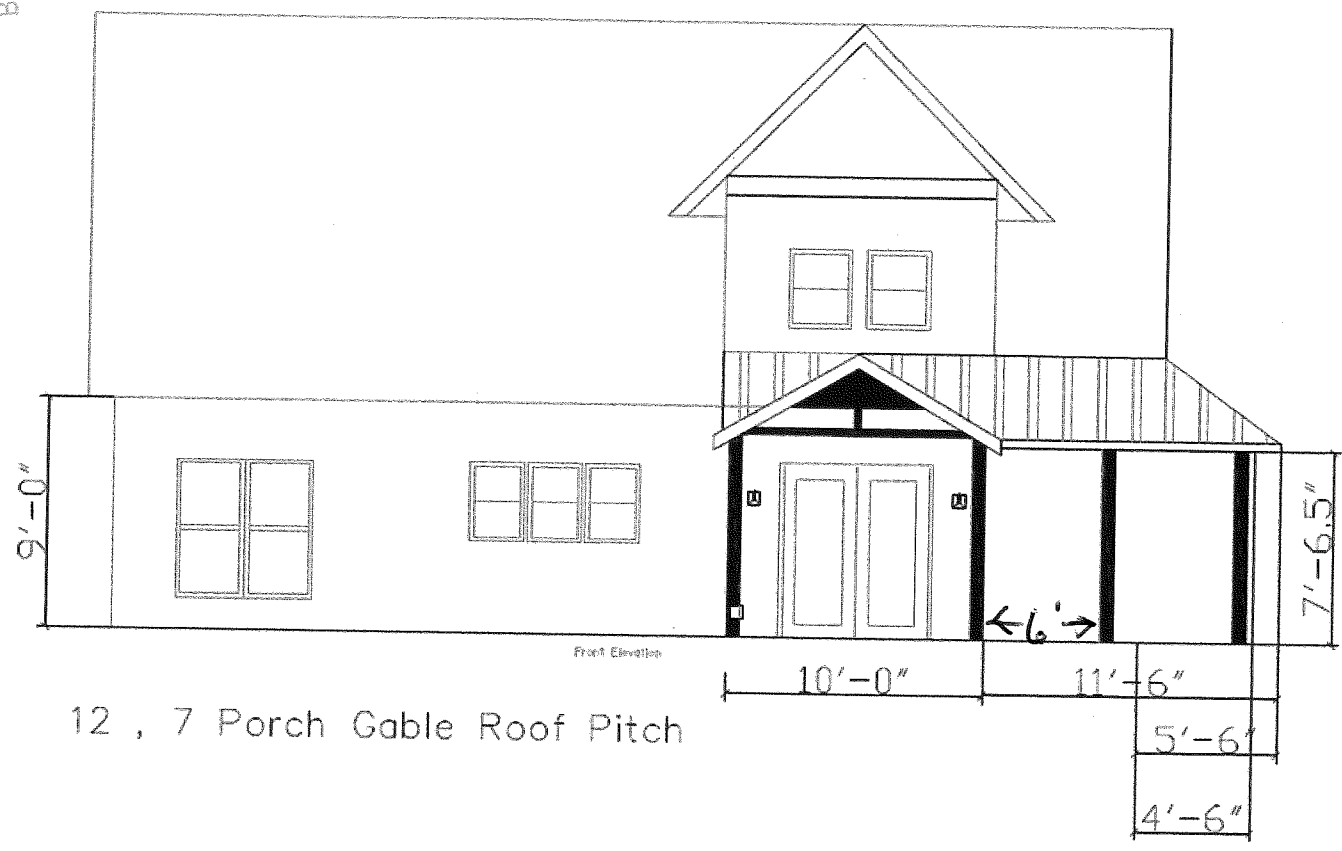
Signature of Inspector: \_\_\_\_\_ Date of Approval: 10-16-17

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

Drawn  
Show Lc  
Show /  
Show (2)  
Show (3)  
Show (4)  
Show (5)  
Show (6)  
Sh (7)

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SEP 18 2017

Bayfield Co. Zoning Dept.



12 , 7 Porch Gable Roof Pitch

Munyon / Porch Front Elevation

Village, State or Federal  
May Also Be Required

LAND USE - X  
SANITARY - 367252  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0415** Issued To: **Lynn Munyon / Mike Furtak, Agent**

Par in  
Location: **SW** ¼ of **SW** ¼ Section **17** Township **48** N. Range **8** W. Town of **Tripp**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Covered Entry (10' x 10') = 100 sq. ft.;  
Covered Walk (4.5' x 10') = 45 sq. ft.; Entry Slab (5' x 10') = 50 sq. ft. ]**  
**Total Overall = 195 sq. ft.**

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

**Condition(s): Any necessary UDC permit and or inspections shall be obtained and complied with.**

**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

**October 10, 2017**

Date