

**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

**ENTERED**

Permit #:	17-0462
Date:	11-22-17
Amount Paid:	75
Refund:	75 ATF

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.

amended  
 REC'D  
 9-15-17  
 Date Stamp (Received)  
 9-6-17  
 RECEIVED  
 IR OFFICE HOURS

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

**Owner's Name:** Bryan & Kimberly Althoff  
**Address of Property:** 620 Newton St Baldwin, WI 54002  
**City/State/Zip:** Baldwin, WI 54002  
**Cell Phone:** 65144126162

**Contractor:** Iron River, WI 54847  
**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) Tax ID# (4-5 digits) 19624  
 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2014 R 115-125

\_\_\_\_ 1/4, \_\_\_\_ 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: \_\_\_\_\_

Section 21, Township 47 N, Range 8 W Town of: Iron River Lot Size \_\_\_\_\_ Acreage 3

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 →

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 737 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
\$500.00	<input checked="" 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 type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u> <input type="checkbox"/> Privy (Pit) 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: 12 ft Width: 8 ft Height: 15 ft  
**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> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<input type="checkbox"/> Commercial Use	Bunhouse 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) <u>Storage Workshop</u> Accessory Building Addition/Alteration (specify) _____	( X ) ( X ) ( X ) ( X ) ( X )	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( 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):** Kimberly Althoff  
 (If there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

**Authorized Agent:** \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Address to send permit** 66075 Rooster Rd Iron River WI 54847

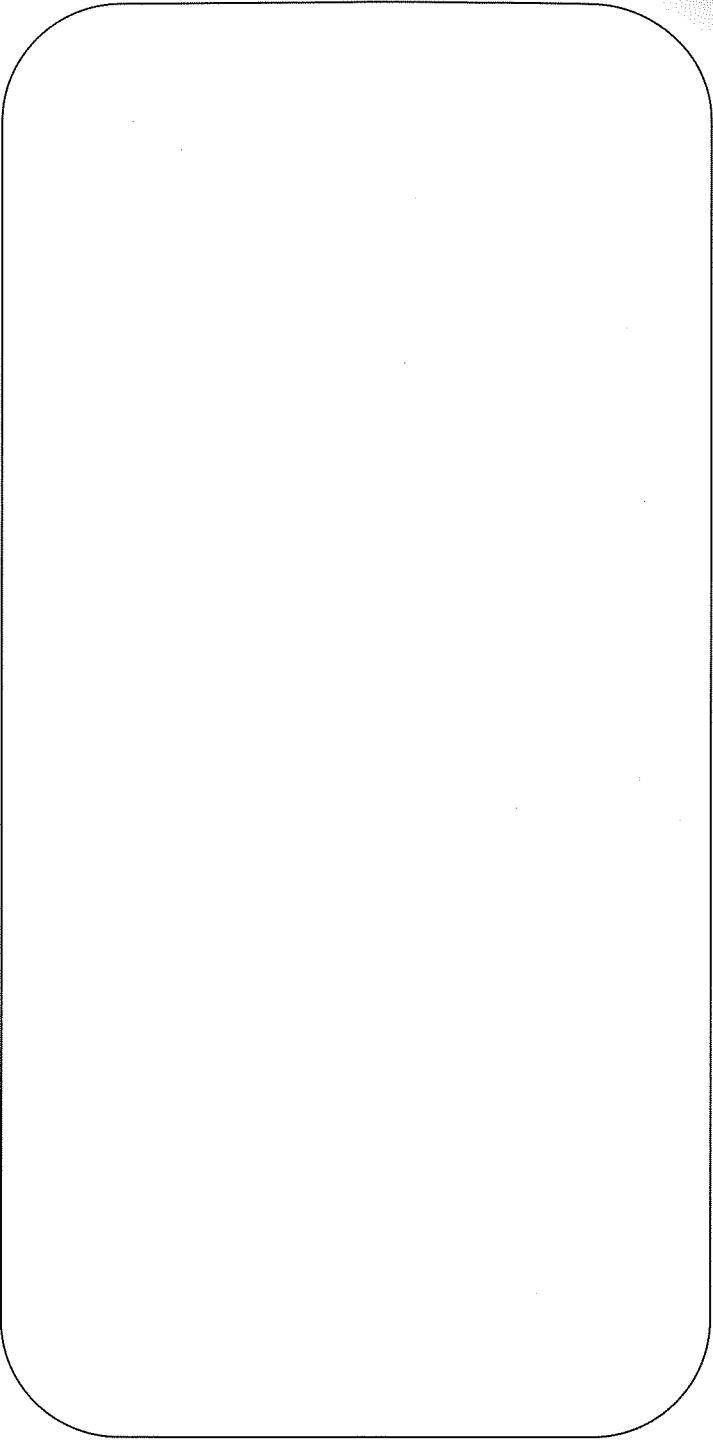
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Date 9-6-17

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	63 Feet	Setback from the River, Stream, Creek	737 Feet
Setback from the North Lot Line	357.5 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	148.5 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	192 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	94.5 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	61 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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).

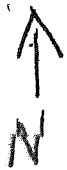
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>17-8467</u>		Permit Date: <u>11-02-17</u>			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: Less than 200 sq. ft. structure but w/in 1000 ft of 2 lakes. Shoreland setbacks require permits.		Zoning District	(R-1)	Lakes Classification	(3-lake) Lakes
Date of Inspection: 11-15-17	Inspected by: J. Murphy	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)					
Structure shall not be used for human habitation/sleeping purposes. Shall not have major plumbing fixtures connected to prearranged water. Shall not be used for business or commercial purposes unless issued a permit to do so.					
Signature of Inspector:				Date of Approval: 11-21-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

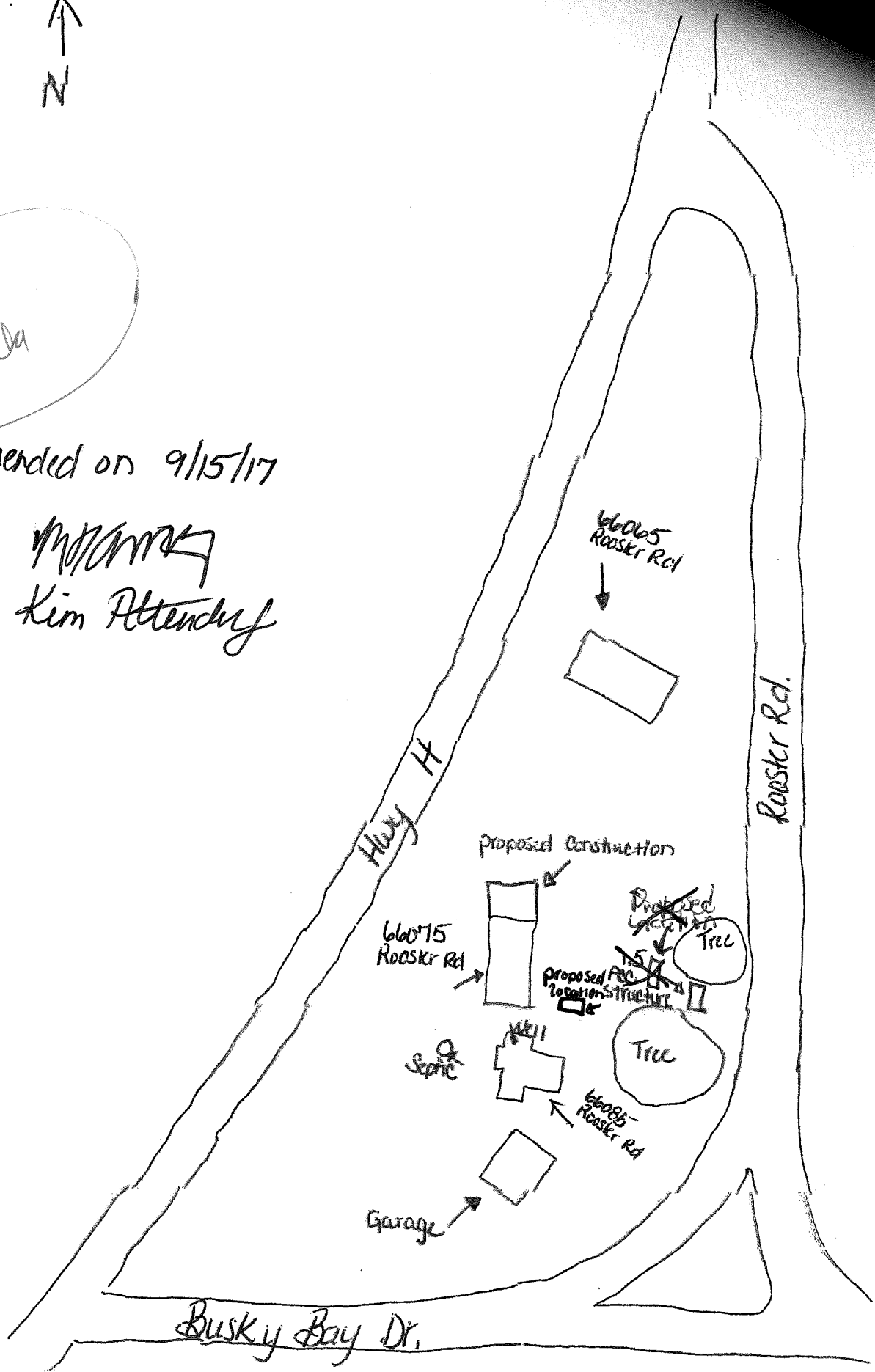
(moving from non-compliant location w/in 1000 ft from road setback. Also removing illegal addition (screen porch) from road setback.



lost lake

Attended on 9/15/17

Kim Attenbury



Busky Bay

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

Village, State or Federal  
May Also Be Required  
After-the-Fact  
LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

No. **17-0467** Issued To: **Bryan & Kimberly Altendorf**

Location: **SE** ¼ of **SW** ¼ Section **21** Township **47** N. Range **8** W. Town of **Iron River**  
**Lying E of CTH H**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [ 1.5 - Story; Storage / Workshop (12' x 8') = 96 sq. ft. ]**

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

**Condition(s): Structure shall not be used for human habitation and/or sleeping purposes. Shall not have indoor plumbing fixtures connected to pressurized water. Shall not be used for business or commercial purposes unless issued a permit to do so.**

**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

**November 22, 2017**

Date