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) RECEIVED MAR 26 2015 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0080
Date:	4-20-15
Amount Paid:	$75 4-20-15
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:	Mailing Address:	City/State/Zip:	Telephone:
Stephen & Mary Jurkovich	P.O. Box 506	Iron River, WI 54847	Cell Phone:
Address of Property: Xxx Fire Lake Rd	City/State/Zip: same		
Contractor: Jule Wilcox 715	Contractor Phone: 372-8787	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)	PIN: (23 digits) 04-024-2-47-08-08-102-000-10000	Recorded Document: (i.e. Property Ownership) Volume ____ Page(s) ____

Part of	SW 1/4, SE 1/4 NW NE	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
	Section 5 8, Township 47 N, Range 8 W	Town of: Iron River					Lot Size	Acreage 4.71

☒ 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 in Floodplain Zone? ☐ Yes ☒ No	Are Wetlands Present? ☒ Yes ☐ No
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: NA 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
$2,000	☐ New Construction	☐ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Year Round	☐ 2	☐ (New) Sanitary Specify Type: ____	☐ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☐ Sanitary (Exists) Specify Type: ____	☒ None
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☒ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☒ grading	☐ ____			☒ None	

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
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
☒ Residential Use		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☐	Addition/Alteration (specify) ____	(X)	
☐ Municipal Use	☐	Accessory Building (specify) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☒	Special Use: (explain) Shoreland grading / Filling	(20 x 225)	4,500
	☐	Conditional Use: (explain) Turnaround	(20 x 25)	500
	☐	Other: (explain) ____	(X)	

Rec'd for Issuance APR 20 2015 Secretarial Staff

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): X Stephen Jurkovich Date 3-26-15

(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 same as above

Attach Copy of Tax Statement ✓

If you recently purchased the property send your **Recorded Deed**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 attachment

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**	NA	Feet	Setback from the **Lake** (ordinary high-water mark)	75	Feet
Setback from the **Established Right-of-Way**	NA	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	NA	Feet			
Setback from the **South** Lot Line	NA	Feet	Setback from **Wetland**	25+	Feet
Setback from the **West** Lot Line	NA	Feet	**20% Slope Area on property**	☐ Yes	☒ No
Setback from the **East** Lot Line	NA	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	NA	Feet	Setback to **Well**	NA	Feet
Setback to **Drain Field**	NA	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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 15-0080	Permit Date: 4-20-15		

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record)	☒ No	Mitigation Required	☐ Yes ☒ No	Affidavit Required ☐ Yes ☒ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s))	☒ No	Mitigation Attached	☐ Yes ☒ No	Affidavit Attached ☐ Yes ☒ No
Is Structure Non-Conforming	☐ Yes NA	☒ 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: Well flagged. Meets all requirements.

Zoning District (F-1)
Lakes Classification (3)

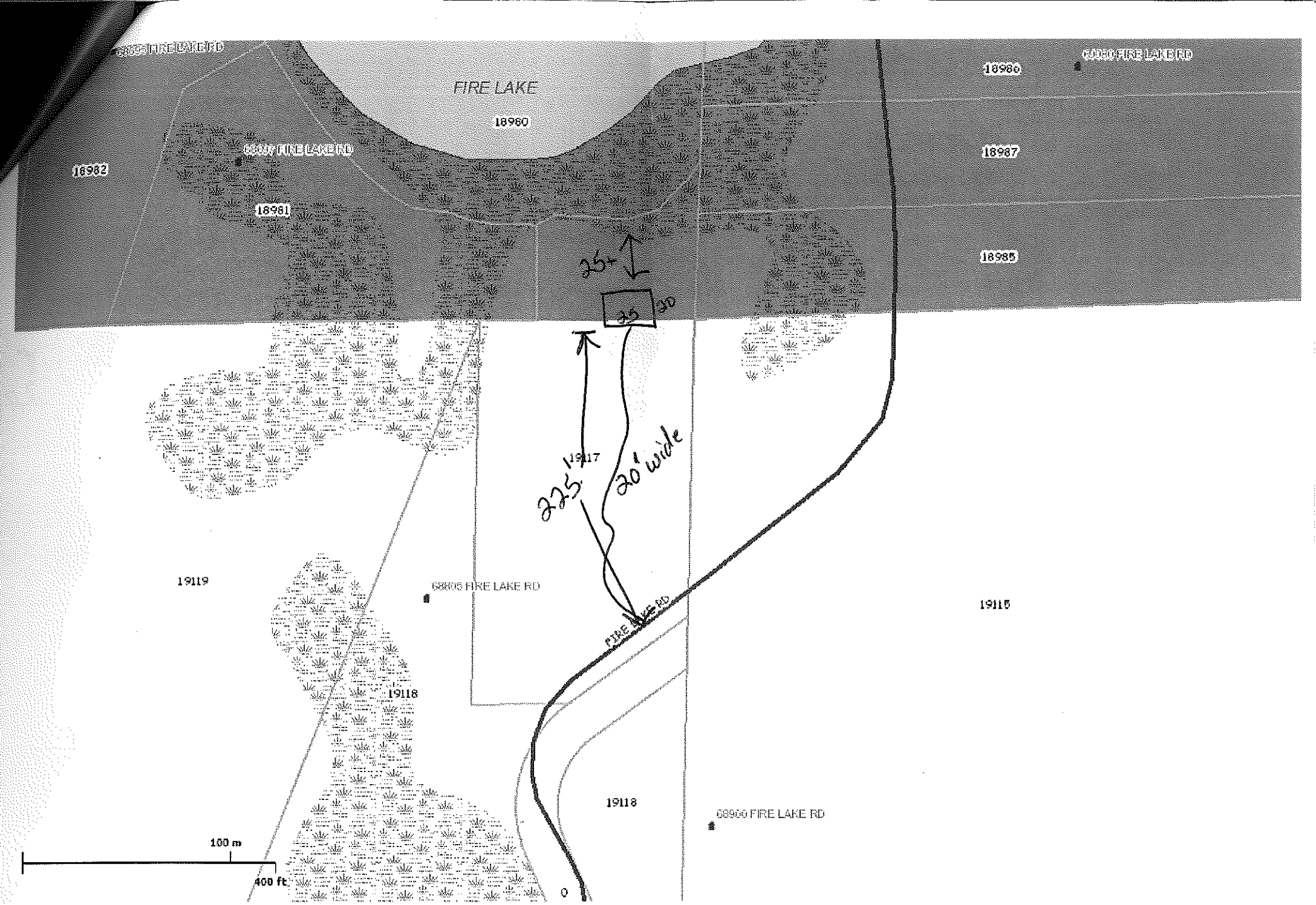
Date of Inspection: 3-25-15 | Inspected by: M. Furtak | Date of Re-Inspection:

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

see TBA Must use best management practices to prevent erosion or siltation of the lake and wetlands.

Signature of Inspector: Michael Furtak | Date of Approval: 4-20-15

Hold For Sanitary: ☐ _____ | Hold For TBA: ☐ _____ | Hold For Affidavit: ☐ _____ | Hold For Fees: ☐ _____ | ☐ _____



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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

RECEIVED
Date Stamp (Received)
APR 06 2015
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0081
Date:	4-20-15
Amount Paid:	$607.80 4-20-15
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: Bayfield County	Mailing Address: 117 E 5th St	City/State/Zip: Washburn WI 54891	Telephone: 715 373-6181
Address of Property: 7080 Main Street	City/State/Zip: Iron River WI 54847		Cell Phone:
Contractor:	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)	PIN: (23 digits) 04-02424708072020001 0000						Recorded Document: (i.e. Property Ownership) Volume 900 Page(s) 86	
NW 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page		Lot(s) No.	Block(s) No.	Subdivision:	
Section 7, Township 47 N, Range 8 W				Town of: Iron River				Lot Size	Acreage 32.34

☐ 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 in Floodplain Zone? ☐ Yes ☐ No	Are Wetlands Present? ☐ Yes ☐ No
	☐ 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
$ 251,000	☑ New Construction	☑ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☑ Year Round	☐ 2	☑ (New) Sanitary Specify Type: ____	☑ Well
	☐ Conversion	☐ 2-Story	☐ ____	☐ 3	☐ Sanitary (Exists) Specify Type: ____	☐ ____
	☐ Relocate (existing bldg)	☐ Basement		☐ ____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☐ No Basement		☑ None	☐ Portable (w/service contract)	
		☐ Foundation			☐ Compost Toilet	
	☐ ____	☐ ____			☐ None	

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
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☐ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) ____	(X)	
	☐	Addition/Alteration (specify) ____	(X)	
☑ Municipal Use	☑	Accessory Building (specify) SAFE ROOM	(48 X 52)	2496
Rec'd for Issuance	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
APR 20 2015	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____	(X)	
Secretarial Staff	☐	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): [signature] Date 4/6/15
(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 Same as above

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Now: **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

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**	63+	Feet	Setback from the **Lake** (ordinary high-water mark)	NA	Feet
Setback from the **Established Right-of-Way**	30+	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	1635'	Feet			
Setback from the **South** Lot Line	950'	Feet	Setback from **Wetland**	NA	Feet
Setback from the **West** Lot Line	500'	Feet	**20% Slope Area on property**	☐ Yes	☒ No
Setback from the **East** Lot Line	1850'	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	>5'	Feet	Setback to **Well**	>10'	Feet
Setback to **Drain Field**	>10'	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: 15-238	# of bedrooms:	Sanitary Date: 4-20-15
Permit Denied (Date):	Reason for Denial:		
Permit #: 15-0081	Permit Date: 4-20-15		

Is Parcel a Sub-Standard Lot	☐ Yes (Deed of Record)	☒ No	Mitigation Required	☐ Yes ☒ No	Affidavit Required	☐ Yes ☒ No
Is Parcel in Common Ownership	☐ Yes (Fused/Contiguous Lot(s))	☒ No	Mitigation Attached	☐ Yes ☒ No	Affidavit Attached	☐ Yes ☒ 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: Meets all setbacks.

Zoning District (A-1)
Lakes Classification (NA)

Date of Inspection: 4-20-15 | Inspected by: M. Furtak | Date of Re-Inspection:

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

May not be used for human habitation

Signature of Inspector: Michael Furtak | Date of Approval: 4-20-15

Hold For Sanitary: ☐ _____ Hold For TBA: ☐ _____ Hold For Affidavit: ☐ _____ Hold For Fees: ☐ _____ ☐ _____

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eld County, WI

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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

RECEIVED
APR 07 2015
Bayfield Co. Zoning Dept.

Permit #:	15-0087
Date:	4-23-15
Amount Paid:	$90 4-23-15
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: JAY & MARGARET E JOHNSON	Mailing Address: 28975 STATE HWY 137	City/State/Zip: ASHLAND, WI 54806	Telephone:
Address of Property: 64130 CTY HWY H	City/State/Zip: IRON RIVER, WI		Cell Phone: 715/271-2885
Contractor: N/A	Contractor Phone: N/A	Plumber: NOT REQUIRED	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)	PIN: (23 digits) 04-024-2-47-08-4 33 00-207-06000						Recorded Document: (i.e. Property Ownership) Volume V.5 Page(s) 92-93
____1/4, ____1/4	Gov't Lot	Lot(s) 2	CSM	Vol. & Page ← 720	Lot(s) No.	Block(s) No.	Subdivision: LEDIN	
Section 33, Township 47 N, Range 8 W				Town of: IRON RIVER			Lot Size	Acreage 2.81

☑ 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 in Floodplain Zone? ☐ Yes ☐ No	Are Wetlands Present? ☐ Yes ☒ No
	☑ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 300 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
$30,000	☒ New Construction	☒ 1-Story	☐ Seasonal	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☒ Year Round	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☐ _____	☐ 3	☑ Sanitary (Exists) Specify Type: CONVENTIONAL	☐ _____
	☐ Relocate (existing bldg)	☐ Basement		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property	☒ No Basement		☒ None	☐ Portable (w/service contract)	
		☒ Foundation			☐ Compost Toilet	
	☐ _____	☐ _____			☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 48'	Width: 30'	Height: 11'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
	☐	Principal Structure (first structure on property)	(X)	
	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
		with (2nd) Deck	(X)	
☐ Commercial Use		with Attached Garage	(X)	
	☐	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
	☐	Mobile Home (manufactured date) _____	(X)	
	☐	Addition/Alteration (specify) _____	(X)	
☐ Municipal Use	☒	Accessory Building (specify) GARAGE	(30 X 48)	1,440
	☐	Accessory Building Addition/Alteration (specify) _____	(X)	
	☐	Special Use: (explain) _____	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
APR 23 2015
Secretarial Staff

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): Margaret E. Johnson 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: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

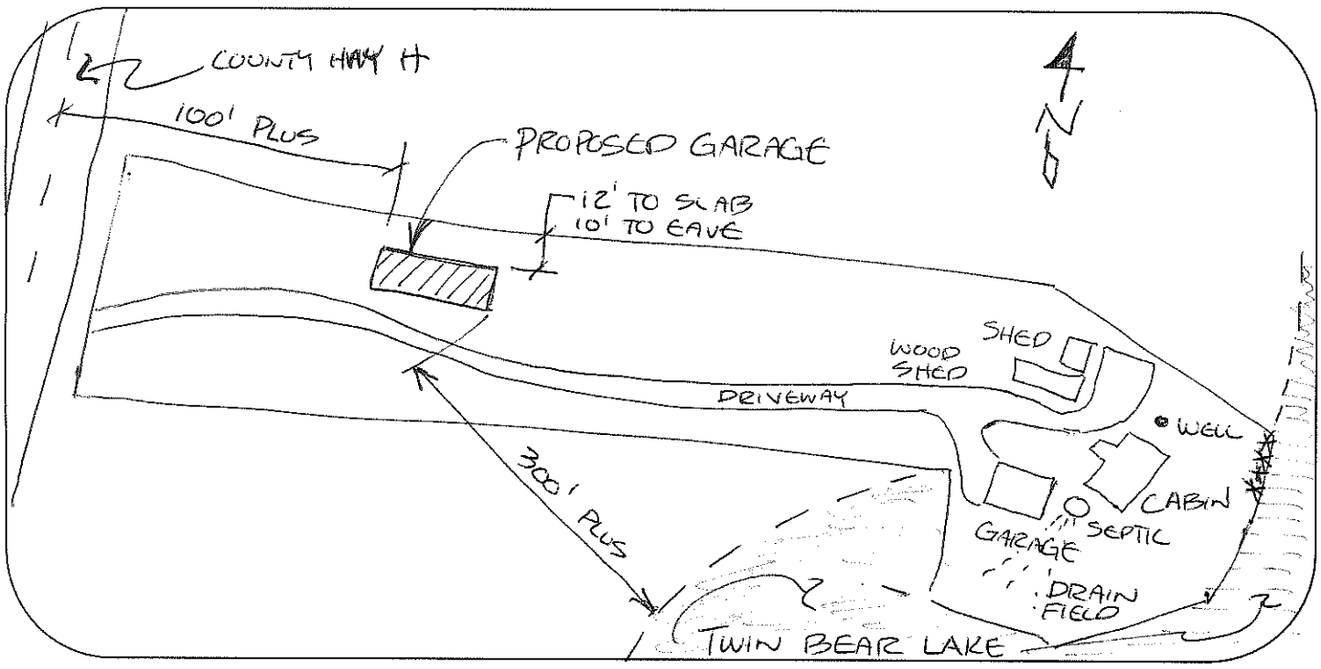
Address to send permit same as above

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**



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**	100 +	Feet	Setback from the **Lake** (ordinary high-water mark)	300	Feet
Setback from the **Established Right-of-Way**	50 +	Feet	Setback from the **River, Stream, Creek**	NA	Feet
			Setback from the **Bank or Bluff**	NA	Feet
Setback from the **North** Lot Line	12	Feet			
Setback from the **South** Lot Line	75	Feet	Setback from **Wetland**	500	Feet
Setback from the **West** Lot Line	100	Feet	**20% Slope Area on property**	☒ Yes	☐ No
Setback from the **East** Lot Line	500	Feet	Elevation of **Floodplain**	NA	Feet
Setback to **Septic Tank** or **Holding Tank**	400	Feet	Setback to **Well**	450	Feet
Setback to **Drain Field**	375	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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 150087	Permit Date: 4-23-15		

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 _____ ☒ No	Mitigation Required ☐ Yes ☒ No Mitigation Attached ☐ Yes ☒ No	Affidavit Required ☐ Yes ☒ No Affidavit Attached ☐ 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: Well staked. Meets all setbacks.

Zoning District (R-1)
Lakes Classification (1)

Date of Inspection: 4-22-15 | Inspected by: M. Furtak | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.)
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.

Signature of Inspector: Michael Furtak | Date of Approval: 4-23-15

Hold For Sanitary: ☐ _____ | Hold For TBA: ☐ _____ | Hold For Affidavit: ☐ _____ | Hold For Fees: ☐ | ☐