8746 $114

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 #:	16-0183
Date:	6-30-16
Amount Paid:	$114 6-30-16
Refund:	

Date Stamp (Received) RECEIVED MAR 30 2016 BY: IN OFFICE

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:
Don Simmons	7290 Riverside Rd	Iron River WI 54847	715 372 5872
Address of Property: 7290 Riverside Rd	City/State/Zip: Iron River WI 54847		Cell Phone: 715 815 0982
Contractor: SELF	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- 04-024-2-47-08-07-3-00-330-3[illegible]	Recorded Document: (i.e. Property Ownership) Volume ____ Page(s) ____

____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 507, Township 47 N, Range 08 W	Town of: IRON RIVER	Lot Size 1 ACRE	Acreage 1 ACRE

☐ 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
$ 38000	☐ 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: SEPTIC/DRAINFIELD	
	☐ 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: 65 ft	Width: 14	Height: 11 ft
Proposed Construction:	Length: 24	Width: 14	Height: 14 ft

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)	
☐ Municipal Use	☒	Addition/Alteration (specify) ADD 14X24' ROOM	(14 X 24)	336
	☐	Accessory Building (specify) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	☐	Special Use: (explain) ____	(X)	
	☐	Conditional Use: (explain) ____ 16 inches	(X)	
	☒	Other: (explain) ROOF OVER EXISTING ADDING 1 FT overhang	(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: ____ **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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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**	63 Feet		Setback from the **Lake** (ordinary high-water mark)	Feet
Setback from the **Established Right-of-Way**	Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	70 Feet			
Setback from the **South** Lot Line	39 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	110 Feet		**20% Slope Area on property**	☐ Yes ☐ No
Setback from the **East** Lot Line	110 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	30 Feet		Setback to **Well**	17 Feet
Setback to **Drain Field**	40 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 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: 16-23S	# of bedrooms: 3	Sanitary Date: 5-10-16
Permit Denied (Date):	Reason for Denial:		
Permit #: 16-0183	Permit Date: 6-30-16		

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 ____	Were Property Lines Represented by Owner ☒ Yes ____ ☐ No
Was Proposed Building Site Delineated ☐ Yes ☐ No ____	Was Property Surveyed ☐ Yes ____ ☒ No

Inspection Record: Replacing failed sanitary for +250 sq' addition

Zoning District (R-1)
Lakes Classification (N/A)

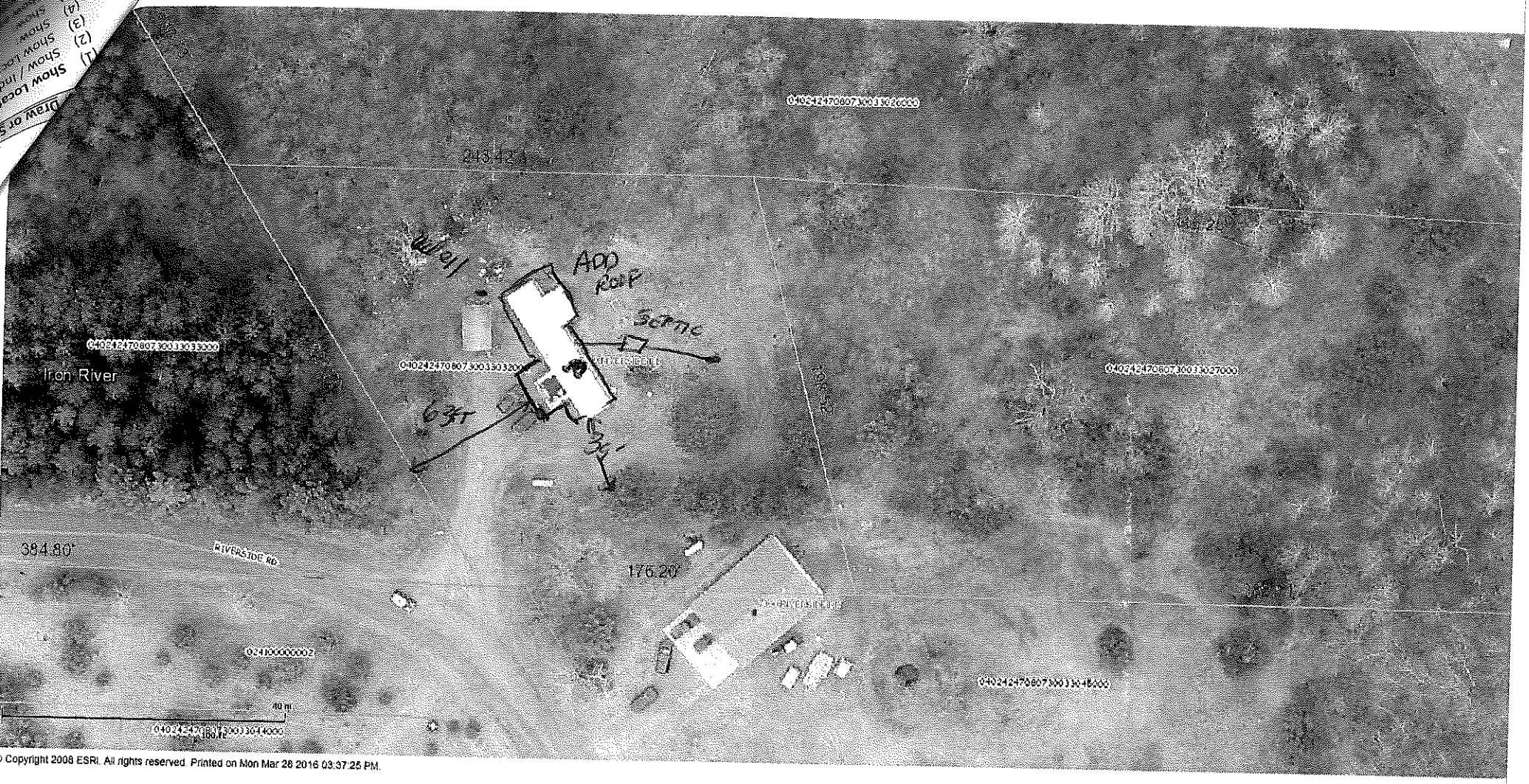
Date of Inspection: 1-13-16 Inspected by: J Croonborg Murphy Date of Re-Inspection:

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

Signature of Inspector: Date of Approval: 6-30-16

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

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

Date Stamp (Received) RECEIVED APR 18 2016 Bayfield Co. Zoning Dept

ENTERED

Permit #:	16-0185
Date:	6-30-16
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.

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

Owner's Name: James Halvorson	Mailing Address: 7625 Staples Ave	City/State/Zip: Iron River Wis 54847	Telephone:
Address of Property: 7625 Staples Ave	City/State/Zip: Iron River Wis 54847		Cell Phone: 715 817 5122
Contractor: None	Contractor Phone: None	Plumber: None	Plumber Phone: None
Authorized Agent: (Person Signing Application on behalf of Owner(s)) None	Agent Phone: None	Agent Mailing Address (include City/State/Zip): None	Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- 04-024-2-47-08-07-200 2281600					Recorded Document: (i.e. Property Ownership) Volume 892 Page(s) 96	
____1/4, ____1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No. 2024	Block(s) No. 8	Subdivision: Staples Addition	
Section 07, Township 47 N, Range 08 W				Town of: Iron River			Lot Size 150'. 150'	Acreage .373

☐ 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
$ 25'000	☐ 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) ____	(X)	
	☐	Accessory Building Addition/Alteration (specify) ____	(X)	
	●	Special Use: (explain) class B Home Base Business	(36 X 40)	1440
	☐	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): James Halvorson Date April 10 2016

(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 ____

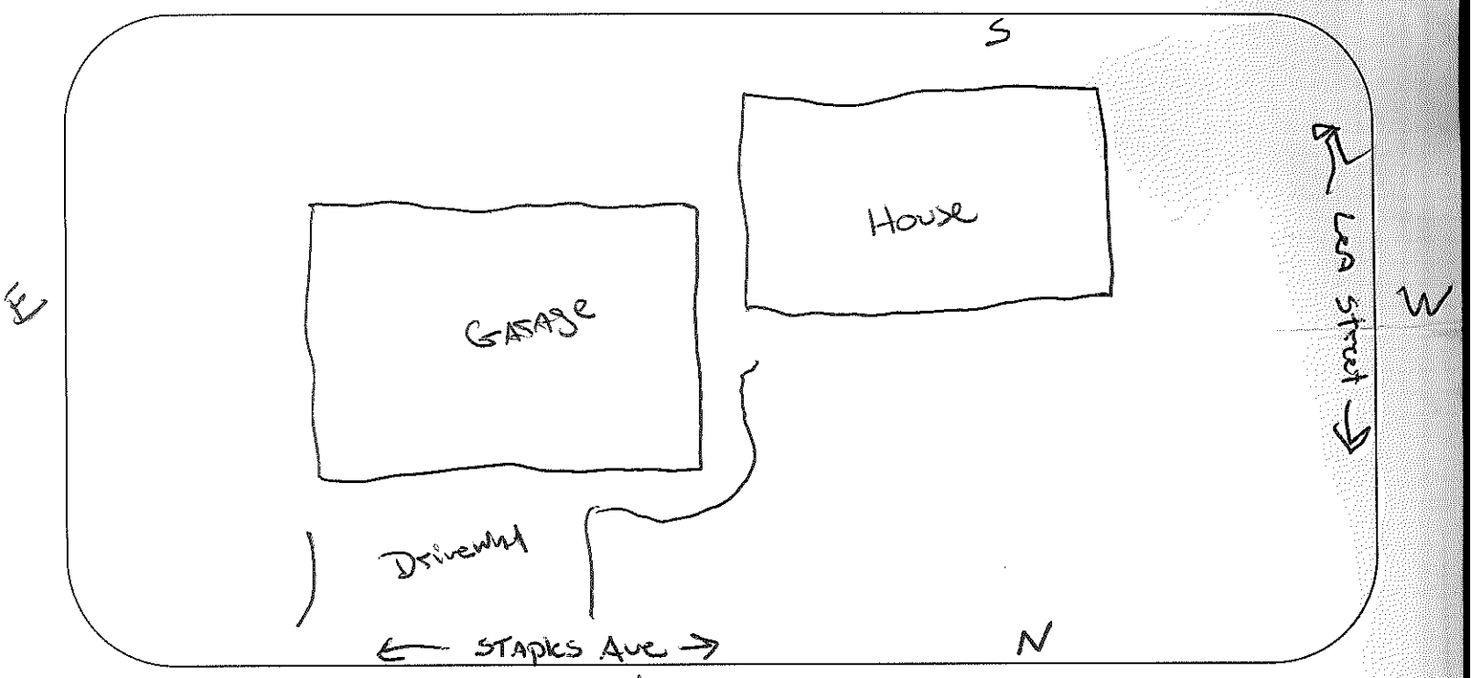
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

SENT BY ZONING

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

...ox 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) per plot plan

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**	12 Feet		Setback from the **River, Stream, Creek**	Feet
			Setback from the **Bank or Bluff**	Feet
Setback from the **North** Lot Line	58 Feet			
Setback from the **South** Lot Line	56 Feet		Setback from **Wetland**	Feet
Setback from the **West** Lot Line	28 Feet		**20% Slope Area on property**	☐ Yes ☐ No
Setback from the **East** Lot Line	12 Feet		Elevation of **Floodplain**	Feet
Setback to **Septic Tank** or **Holding Tank**	Feet		Setback to **Well**	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).

13-0073 GARAGE PERMIT

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.

14-0092 DECK

Issuance Information (County Use Only)	Sanitary Number: municipal	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 16-0185	Permit Date: 6-30-16		

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)) lots of block	☐ 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	Were Property Lines Represented by Owner ☐ Yes ☒ No
Was Proposed Building Site Delineated ☐ Yes ☐ No use only	Was Property Surveyed ☐ Yes ☒ No
Inspection Record:	Zoning District (R-4) Lakes Classification (N/A)
Date of Inspection: 6-9-16	Inspected by: Jeroonboro Murphy Date of Re-Inspection:

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

PER Condition of planning + zoning committee and restriction in definition of "home based business."

Signature of Inspector:				Date of Approval: 6-28-16
Hold For Sanitary: ☐	Hold For TBA: ☐	Hold For Affidavit: ☐	Hold For Fees: ☐	☐

and date received for signature

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