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 29 2018
Bayfield Co. Zoning Dept.

Permit #:	18-0083
Date:	4-5-18
Amount Paid:	$175 4-5-18
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: IGOR SEREMET	Mailing Address: 5603 51ST ST NW	City/State/Zip: ROCHESTER MN 55901	Telephone: 507-398-7190
Address of Property: 67405 CO HWY A	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) 04-022-2-47-09-13-4 01-000-20000	Recorded Document: (i.e. Property Ownership) Volume 1094 Page(s) 111

NE 1/4, SE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		
Section 13, Township 47 N, Range 9 W				Town of: Hughes			Lot Size	Acreage 0.46	

☐ 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
$ 59,000	☐ 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: 24 ft	Width: 20 ft	Height: 17 FF
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.)	(24 X 20)	480
		with Loft	(9 X 20)	200
☒ Residential Use		with a Porch	(X)	
		with (2nd) Porch	(X)	680
		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) Short term rental	(X)	
	☐	Conditional Use: (explain) _____	(X)	
	☐	Other: (explain) _____	(X)	

Rec'd for Issuance
APR 05 2018
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): Igor Seremet / Liliana Seremet Date 3/29/2018
(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)

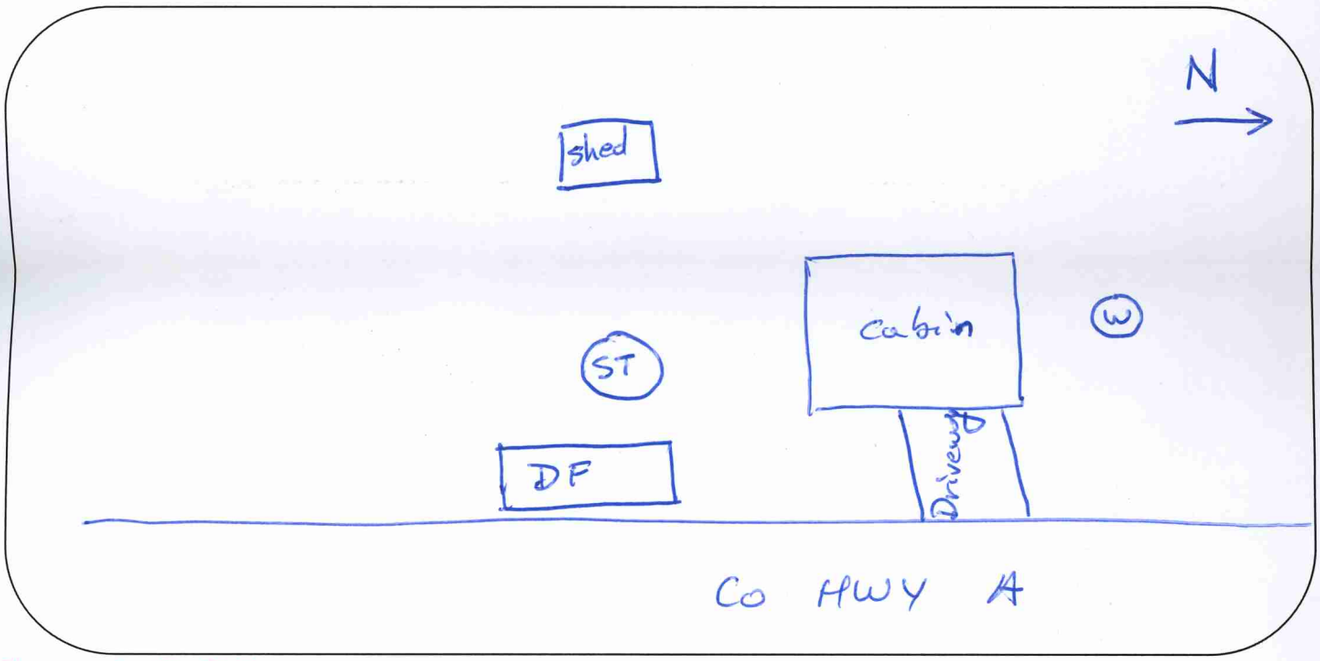
Address to send permit 5603 51ST ST NW, ROCHESTER MN 55901

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**



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**	85	Feet	Setback from the **Lake** (ordinary high-water mark)	—	Feet
Setback from the **Established Right-of-Way**	80	Feet	Setback from the **River, Stream, Creek**	—	Feet
			Setback from the **Bank or Bluff**	—	Feet
Setback from the **North** Lot Line	15	Feet			
Setback from the **South** Lot Line	75	Feet	Setback from **Wetland**	—	Feet
Setback from the **West** Lot Line	~100	Feet	**20% Slope Area on property**	☐ Yes	☑ No
Setback from the **East** Lot Line	80	Feet	Elevation of **Floodplain**	—	Feet
Setback to **Septic Tank** or ~~**Holding Tank**~~	15	Feet	Setback to **Well**	20	Feet
Setback to **Drain Field**	12	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: 13-215	# of bedrooms: 2	Sanitary Date: 5/8/2013
Permit Denied (Date):	Reason for Denial:		
Permit #: 18-0083	Permit Date: 4-5-18		

Is Parcel a Sub-Standard Lot	☑ Yes (Deed of Record) 164/569	☐ 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 #: NA	Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #: NA
Was Parcel Legally Created ☑ Yes ☐ No	Were Property Lines Represented by Owner ☑ Yes ☐ No
Was Proposed Building Site Delineated ☑ Yes ☐ No Existing	Was Property Surveyed ☑ Yes Attached ☐ No

Inspection Record: Existing Structure. TBA Here. "New" Septic. ok to issue LU permit

Zoning District (R1)
Lakes Classification (—)

Date of Inspection: 4/4/2018 | Inspected by: Robert Schiesman | Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Must Secure License from Bayfield County Health Department.
Maximum occupancy limited to Six (6) people based on design size of existing POWTS.

Signature of Inspector: [signature] | Date of Approval: 4/4/2018

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

13-67 Res Sani. 13-215

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – **X**
SANITARY – **13-21S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **18-0083** Issued To: **Igor & Bijana Seremet**

Par in Location: **NE** ¼ of **SE** ¼ Section **13** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [1 – Unit; 1- Story; Short-term Rental]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must secure license from Bayfield Health Department. Maximum occupancy limited to six (6) people based on design size of existing POWTS.

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

April 5, 2018
Date

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) 4/4/18 IK
RECEIVED APR 04 2018
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	18-0084
Date:	4-5-18
Amount Paid:	Paid Cash $300.00 RDS 4/4/2018
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:
CLARENCE MATTSON	1627 34TH STREET	SUPERIOR WI 54880	715 395 1832
Address of Property:	**City/State/Zip:**		Cell Phone:
67210 W CRYSTAL LK RD	IRON RIVER WI 54847		218 428 6235
Contractor: SELF	Contractor Phone: 218 428 6235	Plumber: NONE	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# 18473	Recorded Document: (i.e. Property Ownership) 2014R-554846 1127 158

_____1/4, _____ 1/4	Gov't Lot 3	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:

Section 15, Township 47 N, Range 9 W	Town of: HUGHES	Lot Size	Acreage 18

☐ 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 : 420' feet		
☐ Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
$ 100,000.	☑ New Construction	☑ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☑ (New) Sanitary Specify Type: SEPTIC	☑ Well
	☐ Conversion	☐ 2-Story	☐ SLAB	☐ 3	☐ Sanitary (Exists) Specify Type: _____	☐ _____
	☐ Relocate (existing bldg)	☐ _____		☐ _____	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on Property		Use	☑ None	☐ Portable (w/service contract)	
			☐ Year Round		☐ Compost Toilet	
	☐ _____		☐ _____		☐ None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 100'	Width: 70'	Height: 16' SIDEWALLS

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) STORAGE	(70 X 100)	7000 (7000)
	☐	**Accessory Building Addition/Alteration** (specify) _____	(X)	
	☐	**Special Use:** (explain) _____	(X)	
	☐	**Conditional Use:** (explain) _____	(X)	
	☐	**Other:** (explain) _____	(X)	

Rec'd for Issuance APR 05 2018 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): Clarence Mattson Date 4/4/18
(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 1627 34th Superior WI 54880

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**

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**	285	Feet	Setback from the **Lake** (ordinary high-water mark)	410	Feet
Setback from the **Established Right-of-Way**	285	Feet	Setback from the **River, Stream, Creek**		Feet
			Setback from the **Bank or Bluff**		Feet
Setback from the **North** Lot Line	20	Feet			
Setback from the **South** Lot Line	622	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	309	Feet	**20% Slope Area on the property**	☐ Yes	☐ No
Setback from the **East** Lot Line	410	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	80	Feet	Setback to **Well**	410	Feet
Setback to **Drain Field**	90	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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 18-0084	Permit Date: 4-5-18		

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 #: NA	Previously Granted by Variance (B.O.A.) ☐ Yes ☑ No	Case #: NA
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 Attached ☐ No

Inspection Record: Project Location as represented by home owner appears to be Code Compliant. OK to issue LU permit.

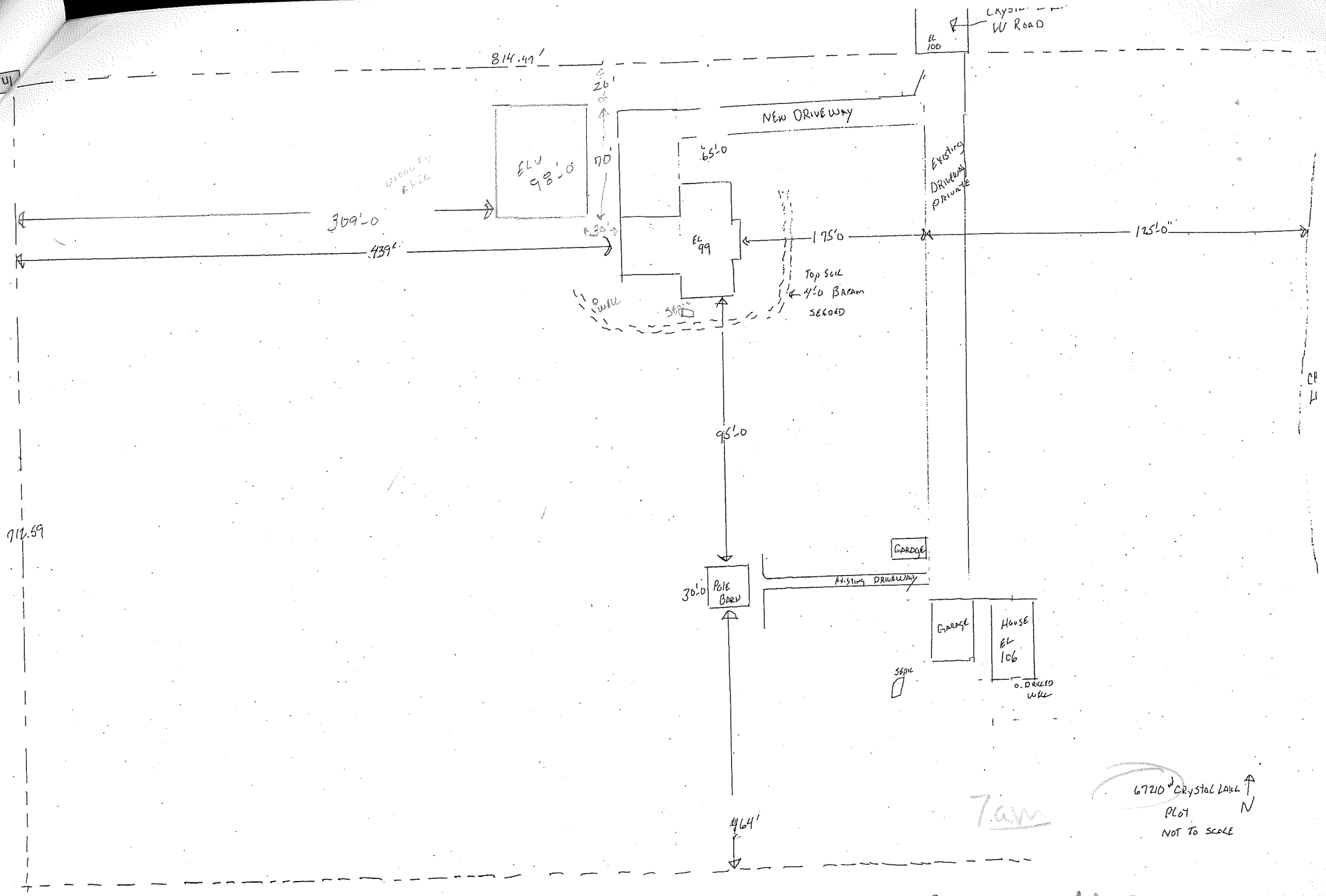
Zoning District (RRB)
Lakes Classification (2)

Date of Inspection: 4/4/2018	Inspected by: Robert Schierman	Date of Re-Inspection:

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No – (If No they need to be attached.)
Not to be used for human habitation. No H_2O under pressure entering structure Unless said structure is served by a code Compliant POWTS

Signature of Inspector:	Date of Approval: 4/4/18

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



CLARENCE MATTSON
218 428 6235 CELL
715 395 1832 OFFICE
(SHERRY)

ARIZONA SNOWBIRD 48
@YAHOO.COM

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **18-0084** Issued To: **Clarence & Sherry Mattson**

Location: - ¼ of - ¼ Section **15** Township **47** N. Range **9** W. Town of **Hughes**

2 parcels in
Gov't Lot **3** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Storage (70' x 100') = 7,000 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure entering structure unless said structure is served by a code compliant POWTS.

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

April 5, 2018
Date