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)
JUL 12 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0323
Date:	
Amount Paid:	180-
Other:	
Refund:	

ENTERED 89

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. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

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

Owner's Name: DAVID FINKLEA	Mailing Address: 6060 EASTVIEW RD	City/State/Zip: 54847 IRON RIVER WI.	Telephone:
Address of Property: 6060 EASTVIEW RD	City/State/Zip: IRON RIVER WI 54847		Cell Phone: 510 468 9664
Email: (print clearly) DAVIDFRAKER@YAHOO.COM			
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 Required (for Agent)

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 27083	Recorded Document: (Showing Ownership)

SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page 1125 + 963	CSM Doc #	Lot(s) #	Block #	Subdivision:

Section _____, Township 46N N, Range _____ 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 →	Distance Structure is from Shoreline : _____ feet	Is your 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	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
$ 60K	☐ New Construction	☒ 1-Story	☐ Basement	☐ 1	☐ Municipal/City	☐ City
	☒ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	☐ 2	☐ (New) Sanitary Specify Type: _____	☒ Well
	☐ Conversion	☐ 2-Story	☒ Slab	☒ 3	☐ Sanitary (Exists) Specify Type: SEPTIC TANK	☐ _____
	☐ 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 addition, alteration or business is being applied for)	Length: 60 ft	Width: 40 ft	Height: 14 walls
Proposed Construction: (overall dimensions)	Length: 68 ft	Width: 40 ft	Height: 14 walls

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
called 9-6-22	☐	Principal Structure (first structure on property)	(X)	
☒ Residential Use	☐	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
☐ Commercial Use		with (2nd) Deck	(X)	
		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 (explain) _____	(X)	
	☐	Accessory Building (explain) _____	(X)	
	☒	Accessory Building Addition/Alteration (explain) POLE BARN	(68 X 40)	2720.
	☐	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): [signature] Date 7-11-22
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (See Note below) Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6060 EASTVIEW RD IRON RIVER 54847

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

email
~~call~~ when issued - wants to pick up

question - Ltr of Auth and fee - municipal?

Turn Over

APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

(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	Setback Measurements		Description	Setback Measurements	
Setback from the **Centerline of Platted Road**	90	Feet	Setback from the **Lake** (ordinary high-water mark)	N/A	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	84	Feet			
Setback from the **South** Lot Line	205	Feet	Setback from **Wetland**		Feet
Setback from the **West** Lot Line	75	Feet	**20% Slope Area on the property**	☐ Yes ☐ No	
Setback from the **East** Lot Line	202	Feet	Elevation of **Floodplain**		Feet
Setback to **Septic Tank** or **Holding Tank**	78	Feet	Setback to **Well**	51	Feet
Setback to **Drain Field**	78	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(s):

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.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: N/A	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0223	Permit Date: 9-8-2022		

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: Area was staked and leveled		Zoning District (A-1) Lakes Classification ( )
Date of Inspection: 8-17-2022	Inspected by: EM	Date of Re-Inspection:

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

To meet all set backs, including eaves and overhangs. No plumbing permitted. No bedrooms/living quarters permitted. For personal storage only. Town/State/DNR permits may be needed!

Signature of Inspector: Erica Malkmus	Date of Approval: 8-22-2022

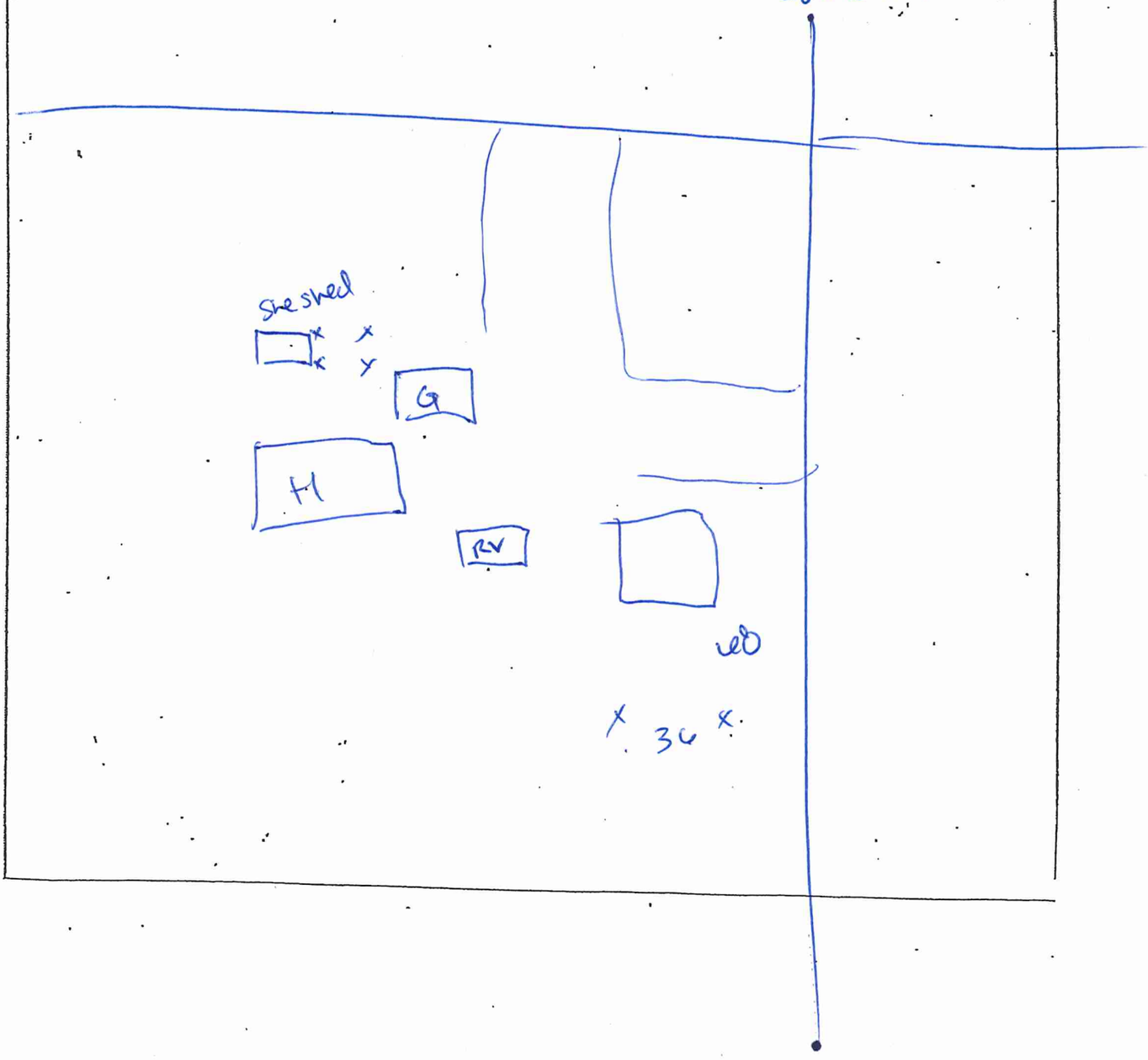
Hold For Sanitary: ☐ _____	Hold For TBA: ☐ _____	Hold For Affidavit: ☐ _____	Hold For Fees: ☐ _____	☐ _____

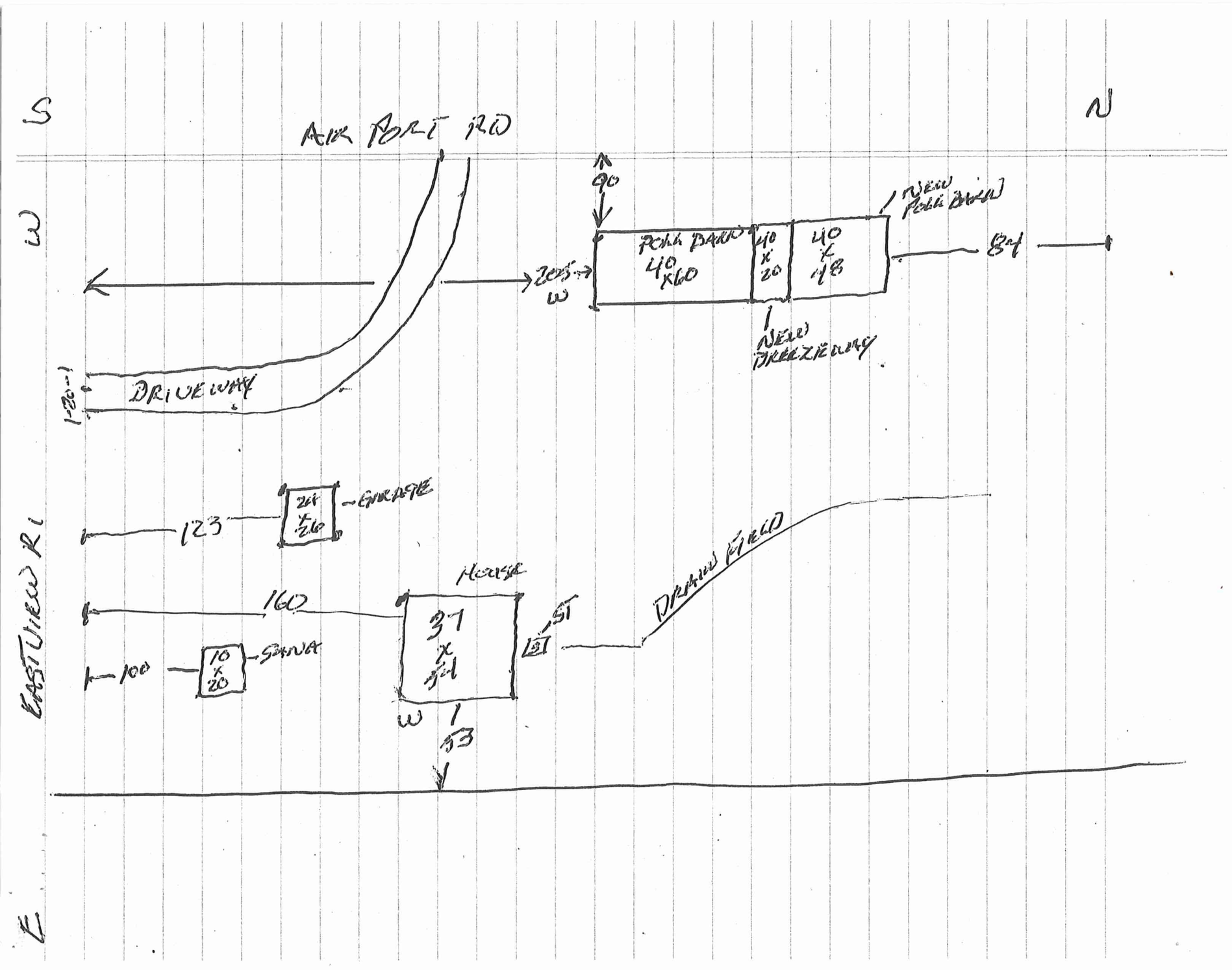
Field Investigation

Date: 8-15-2022	Arrive: Depart:
Landowner: ~~Hage Kerry~~ Finklea, David	Photos taken: Yes No
Project Location: 6060 Eastview Rd	Persons Present:
Waterway:	Purpose of visit:
PIN# _____ *Attach Real Estate Inquiry*	____ ZP Onsite ____ SAP ____ Sanitary ____ Wetland Delineation ____ Floodplain ____ OHWM ____ Boathouse ____ Complaint
Paid $_____ Receipt #_____	____ Averaging ____ Walkout ____ Other: _____

call when issued

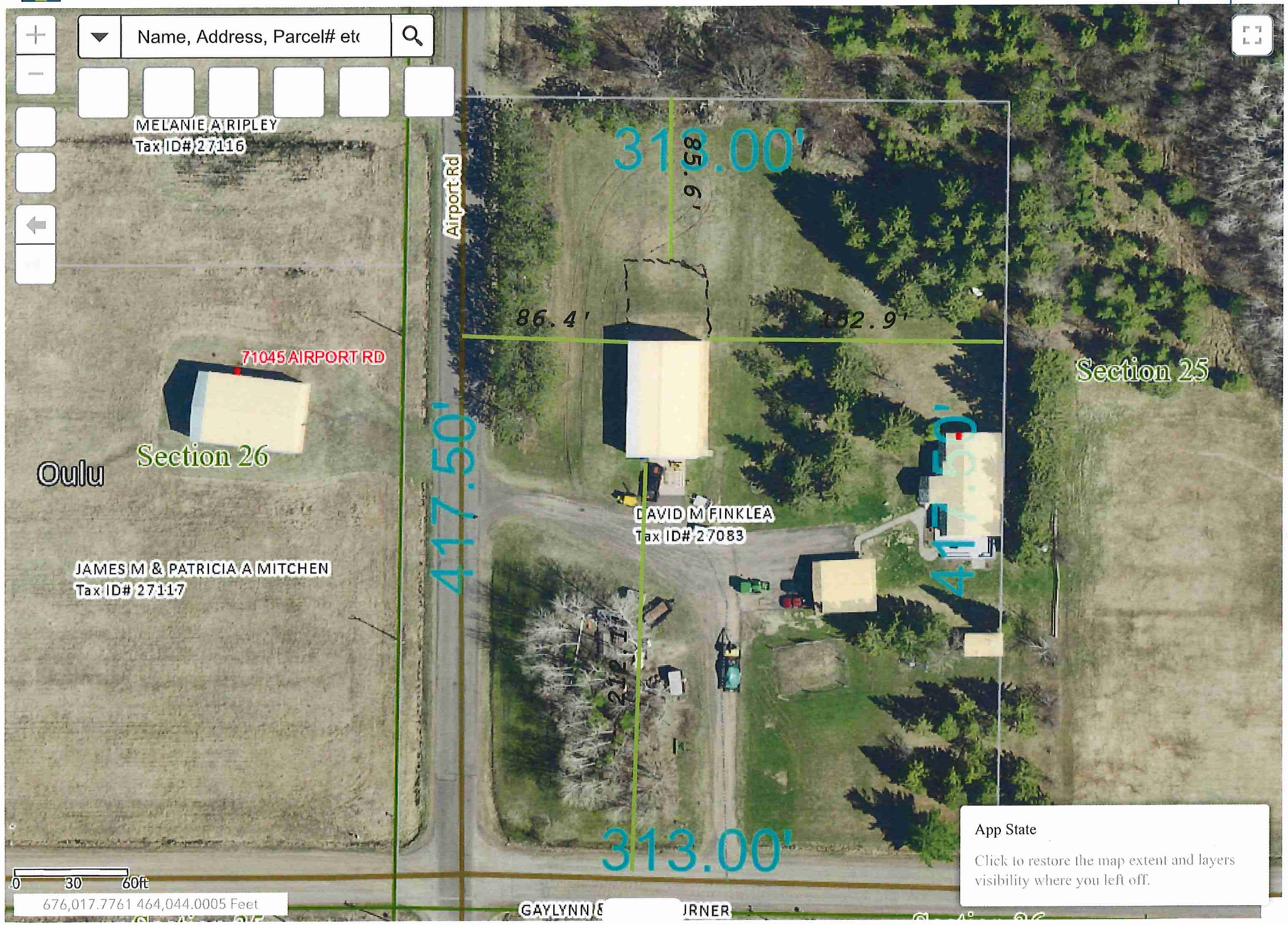
garage addition
68 x 40 x 14




S
N
W
E
AIR PORT RD
90
205
W
POLE BARN
40
x60
40
x
20
40
x
48
NEW POLE BARN
84
NEW DREEZEWAY
DRIVEWAY
1-20-1
123
24
x
26
GARAGE
EASTVIEW RD
160
HOUSE
37
x
54
ST
DRAIN FIELD
100
10
x
20
SANA
W
53

Bayfield County Land Records and GIS 1.3

[Land Records Home] [Help] [Zoning Map] [FT



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

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

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. **22-0223** Issued To: **David Finklea & Tori Piening**

Par in
Location: **SW** ¼ of **SW** ¼ Section **25** Township **48** N. Range **9** W. Town of **Oulu**

Gov't Lot Lot Block Subdivision CSM#

Residential Structure in Ag-1 zoning district
For: **Accessory: [1- Story]; Pole Barn (68' x 40') = 2,720 sq. ft.] Height of 14'**

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

Condition(s): Meet all setbacks, including eaves and overhangs. No plumbing permitted. No bedroom/living quarters permitted. For personal storage only. Town/State/DNR permits may be needed.

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.

Erica Meulemans, AZA
Authorized Issuing Official

September 2, 2022
Date