

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 Submitted: **MAY 8 2012**
 Bayfield Co. Zoning Dept.

Permit #:	10-0140
Date:	5-23-12
Amount Paid:	\$75.00 PDS 5/15/12
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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: **Ryan Pykola** Mailing Address: **PO Box 5 Iron River, WI 54847** Telephone: **715 372 4035**

Address of Property: **3295 Bayfield Line Rd.** City/State/Zip: **Iron River, WI 54847** Cell Phone: **715-813-0206**

Contractor: **John Johnson** Contractor Phone: **Plumber:** Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Franeine Pykola** Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: **Section 21, Township 48 N, Range 9 W** Legal Description: (Use Tax Statement) **1/4, NW 1/4** PIN: (23 digits) **04-038-2-48-09-21-2-01-000-2600** Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

Value at Time of Completion *Include donated time & material \$15,000.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water		
							<input checked="" type="checkbox"/> Non-Shoreland <input type="checkbox"/> Shoreland →	
<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"/> No Basement <input type="checkbox"/> Foundation	<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 Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: CONVERTED <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			
						Length: _____	Width: _____	Height: _____
						Length: _____	Width: _____	Height: _____
						Length: _____	Width: _____	Height: _____
						Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Deck	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
	with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify) GARAGE	(24) X (24)	576
	Accessory Building Addition/Alteration (specify)	() X ()	()
	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): **Franeine Pykola** Date **May 8, 2012**
 (If there are Multiple Owners listed on the Deed Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Franeine Pykola** Date _____
 Address to send permit **PO Box 5 - Iron River, WI 54847** Copy of Tax Statement
MAY 10 2012 23 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

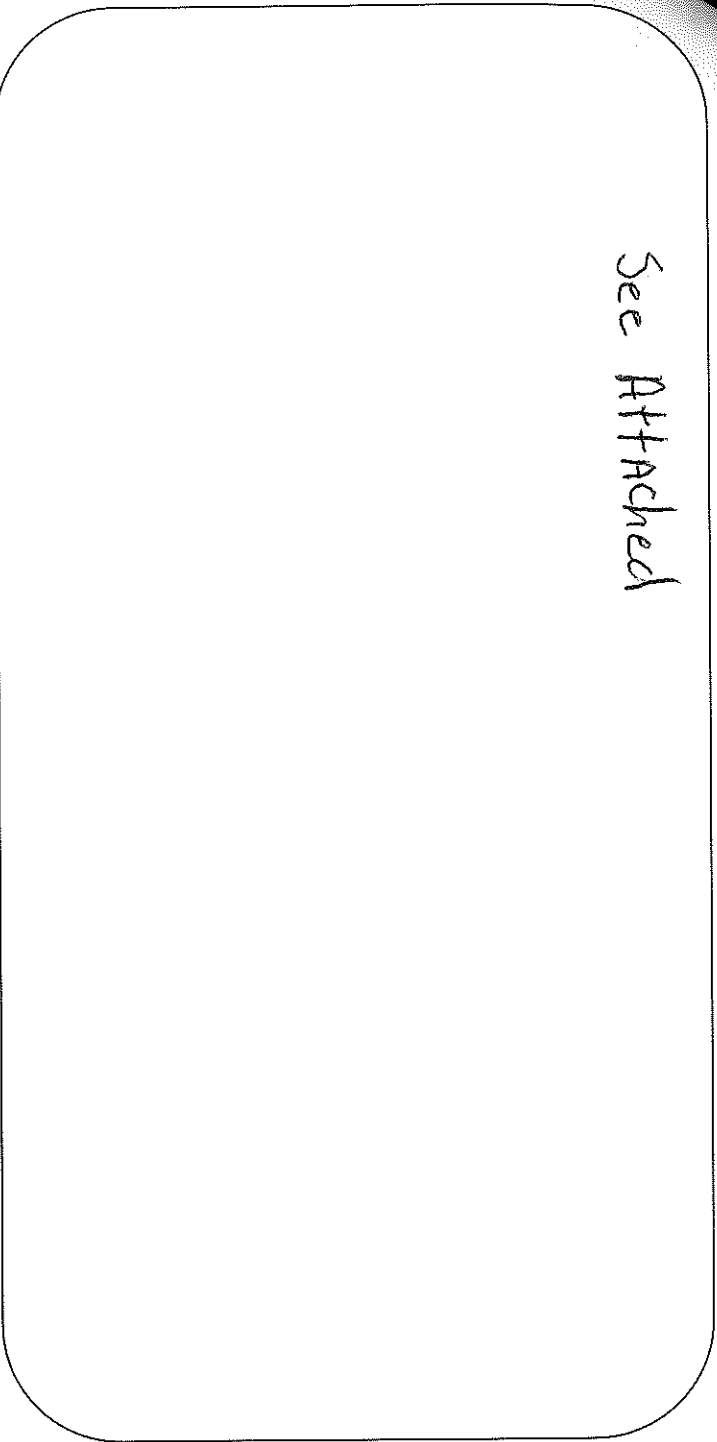
Material Staff **NEED LETTER OF RUTH.**



Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (S.T.); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):

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	175' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	175' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	70' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	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).

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.

Issuance Information (County Use Only)		Sanitary Number: <u>11475</u>	# of bedrooms: _____	Sanitary Date: <u>6-23-11</u>
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <u>12-0140</u>	Permit Date: <u>5-23-12</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	Was Proposed Building Site Delineated	Were Property Lines Represented by Owner	Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>ADDED BY SITE AS DENIED & ALL PERMITS ARE NOT TO BE ISSUED UNLESS SERV & USE REQUIREMENTS & PERMIT ARE BE ISSUED</u>				
Date of Inspection: <u>5-8-12</u>	Inspected by: <u>DL</u>	Zoning District: <u>(R-1)</u>	Lakes Classification: <u>()</u>	Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>(If No they need to be attached.)</u>				
Signature of Inspector: <u>[Signature]</u>	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
Date of Approval: <u>[Signature]</u>				

PLC - ROUTE TO EAST

Property Line's

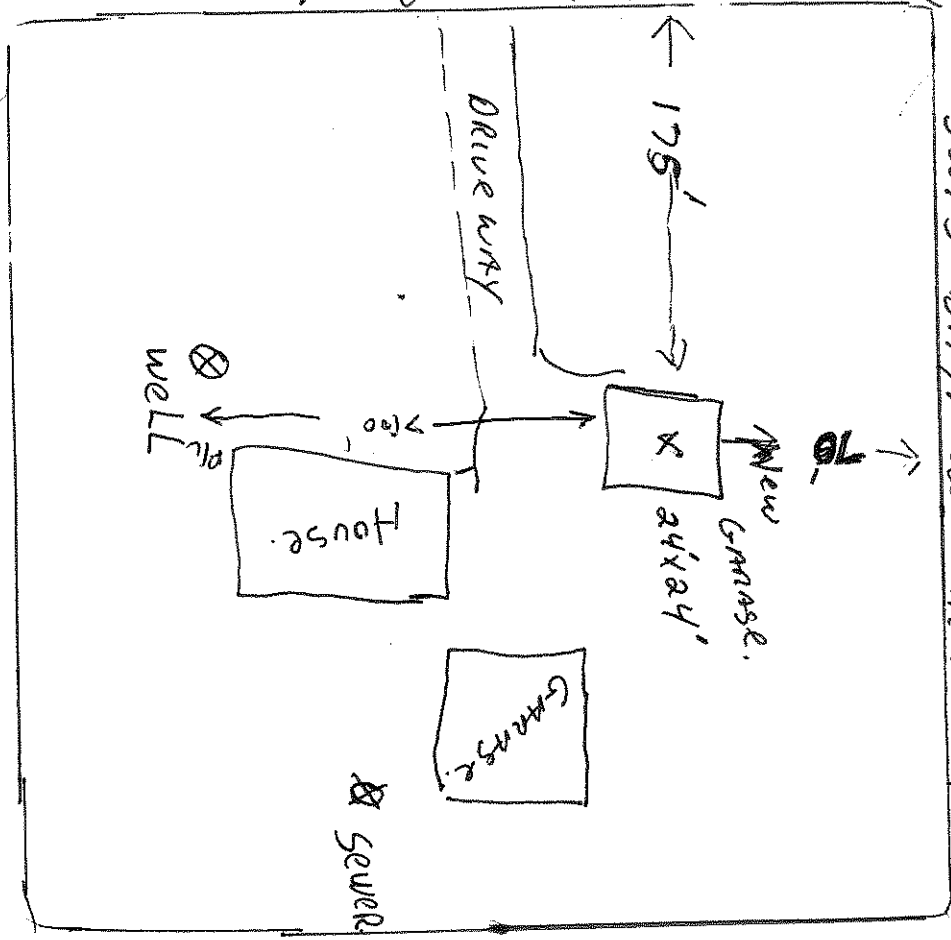
RYAN PYKOLA.

3295 Bayfield Line Rd. S15 acres

N

S

Bayfield Line Road.



370' ±

330' ±