

**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
AUG 28 2012

Permit #:	10-038	RETURNED
Date:	9-5-12	
Amount Paid:	\$75.00 PDS	
Refund:	9/11/12	

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.
Bayfield Co. Zoning Dept OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/zsp)

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

Owner's Name: Mark Pihle Mailing Address: 73600 Airport Rd City/State/Zip: Iron River, WI 54847 Telephone: 715-372-4544

Address of Property: 73600 Airport Rd. City/State/Zip: Iron River, WI 54847 Cell Phone: _____

Contractor: PK 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) SW 1/4, NW 1/4 Gov't Lot _____ Lot(s) _____ GSW _____ Vol & Page 921 89 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section 13, Township C4L4 N, Range 9 W, Town of: C4L4 Lot Size _____ Acreage 40.00

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue -->

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	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
\$ <u>20,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cast Iron</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Garage Length: 24' Width: 24' Height: 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)			
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)			
<input type="checkbox"/> with Loft			
<input type="checkbox"/> with a Porch			
<input type="checkbox"/> with (2 nd) Porch			
<input type="checkbox"/> with a Deck			
<input type="checkbox"/> with (2 nd) Deck			
<input type="checkbox"/> with Attached Garage			
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)			
<input type="checkbox"/> Mobile Home (manufactured date)			
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Garage</u>		(<u>24</u> X <u>24</u>)	<u>576</u>
<input type="checkbox"/> Accessory Building (specify) _____		(_____ X _____)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(_____ X _____)	
<input type="checkbox"/> Special Use: (explain) _____		(_____ X _____)	
<input type="checkbox"/> Conditional Use: (explain) _____		(_____ X _____)	
<input type="checkbox"/> 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): Mark Pihle Mark Pihle Mark Pihle Date Aug. 23, 2012

(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)

Rec'd for Issuance SEP 5 2012

Address to send permit _____ Attach Copy of Tax Statement

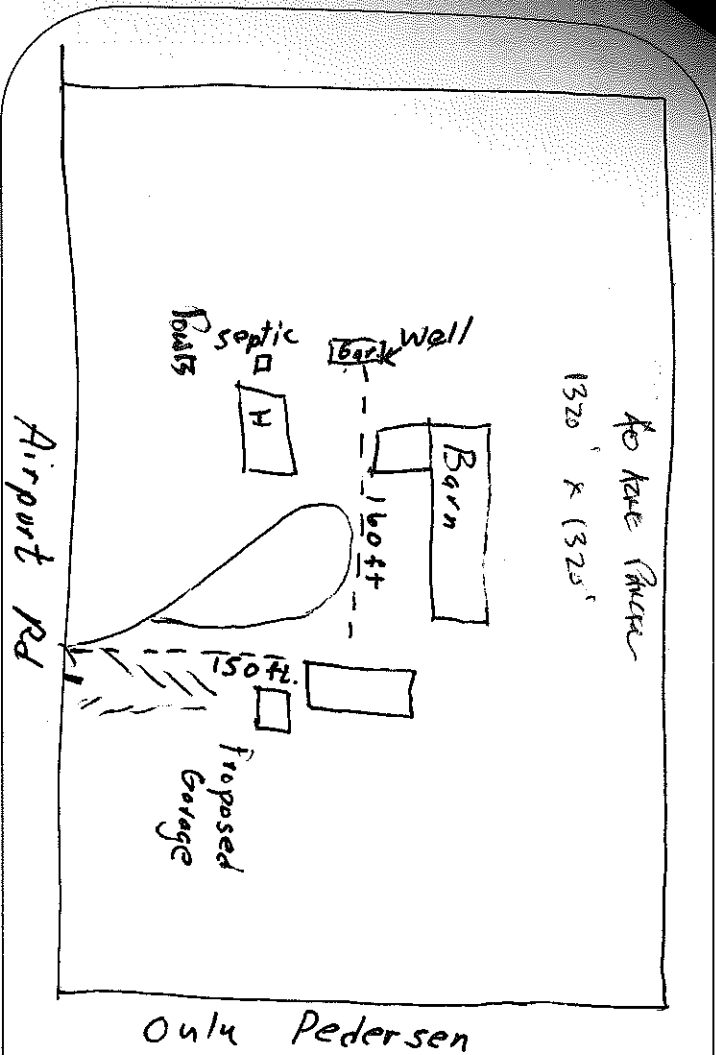
If you recently purchased the property send your Recorded Deed

Secretarial Staff

NEED SETBACKS

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	170' 4"	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	700' 4"	Setback from the Bank or Bluff	
Setback from the South Lot Line	570' 4"	Setback from Wetland	
Setback from the West Lot Line		Setback from 20% Slope Area	N/A
Setback from the East Lot Line	400' 4"	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	25'	Setback to Well	250'
Setback to Drain Field	210'		
Setback to Privy (Portable, Composting)			

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)

Permit Denied (Date): _____ Sanitary Number: _____ # of Bedrooms: _____ Sanitary Date: _____

Permit # 12-0334 Permit Date: 9-5-12

Is Parcel a Sub-Standard lot Yes (Deed of Record) No Yes (Fused/Contiguous lots) No

Is Parcel in Common Ownership 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: Proposed base BLDG. IS REPRESENTED BY ADDRESS & AREA THEREON

Inspection Record: REMARKS: THE LIL GRASS MAY BE OBSID.

Date of Inspection: 8-5-12 Inspected by: DPK

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

Signature of Inspector: [Signature] Date of Approval: 8-5-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: