

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)
APR 17 2012
Bayfield Co. Zoning Dept

Permit #: 12-0107
 Date: 5-9-12
 Amount Paid: \$75.00 BBS
 Refund: 4/18/12

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.

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: William & Katrina Turva Mailing Address: _____ City/State/Zip: _____ Telephone: 715-373-6000
 Address of Property: 70145 City Hwy A Contractor Phone: _____ City/State/Zip: _____ Cell Phone: _____
 Contractor: SELF Plumber: _____
 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: SE 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04-048-2-48-08-31-4 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) _____
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 31, Township 43 N, Range 8 W Town of: Tripp Lot Size _____ Acreage 2

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/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → 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 type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" 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 checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holdover</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
					<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: ATTACHED Height: _____
 Proposed Construction: 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) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>36</u>) X (<u>28</u>)	<u>888</u>
	Mobile Home (manufactured date)	(<u>19</u>) X (<u>30</u>)	<u>210</u>
	Addition/Alteration (specify) <u>Bathroom, Breakroom & Garage</u>	(<u>19</u>) X (<u>10</u>)	<u>90</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	() X ()	
	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 my (our) 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] [Signature] Date: 4-12-12
 (if there are multiple Owners listed on the Deed All Owners must sign or their(s) authorization must accompany this application)

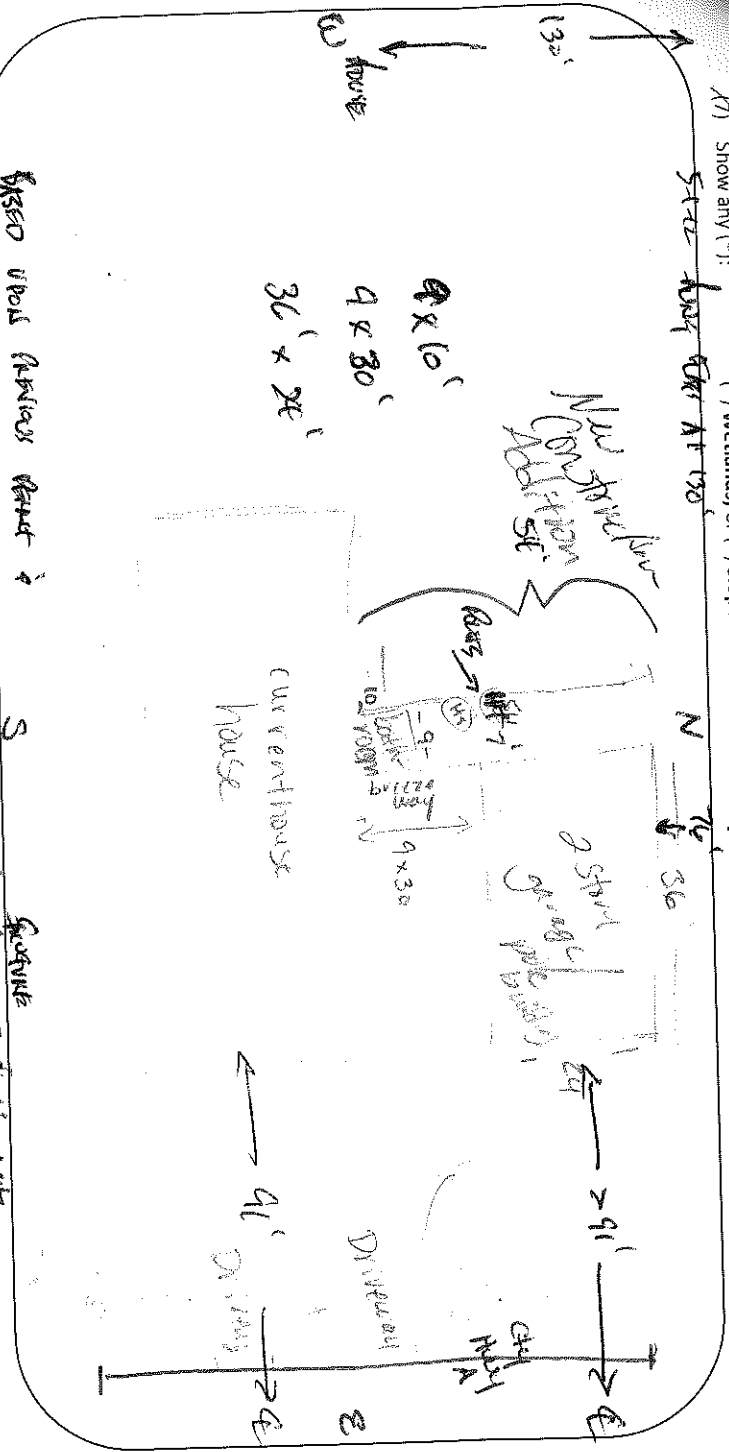
Authorized Agent: _____ Attach _____
 you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 70145 City Hwy A Iron River WI 54847 Copy of Tax Statement
MAY 9 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE if you recently purchased the property send your Recorded Deed

Secretarial Staff

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 (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Well (W), (*) River, (*) Stream/Creek, or (*) Pond
 - (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) **REVIEW RECORDATION FOR CHANGES TO PROPERTY WITH 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	90 Feet	Setback from the lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	10' 9"	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	175 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well	Feet
Setback to Drain Field	5 Feet		
Setback to Privy (Portable, Composting)	5 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: 384364 # of bedrooms: Sanitary Date: 2001

Permit Denied (Date): Reason for Denial:

Permit #: 12-0107 Permit Date: 5-9-12

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) 1997 No Yes (Mitigation Required)

Is Parcel in Common Ownership Yes (Fused/contiguous Lot(s)) No Yes (Mitigation Attached)

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: Yes No Previously Granted by Variance (B.O.A.) Case #: Yes No

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: **REVIEW RECORD FOR RECORDATION THE LOCATION OF ALL EXISTING STRUCTURES AS BEST AS POSSIBLE**

Date of Inspection: 12/12/12 Inspected by: DR

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

Signature of Inspector: [Signature] Date of Approval: 12/12/12

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