

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
 DEC 1 0 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0015
 Date: 1-21-15
 Amount Paid: \$425 B-11-14
 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: Dan Olson, Dana Olson
 Mailing Address: P.O. Box 442 Iron River, WI 54847
 Telephone: 715 372-8755

Address of Property: 7130 Dolb Rock Rd
 City/State/Zip: Iron River, WI 54847
 Cell Phone:

Contractor: SELF
 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) S41 1/4 SW 1/4 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 29, Township 48 N, Range 9 W Town of: Dolb

PIN: (23 digits) 04-0383-43-04-29-3 03-000-10000 3
 Recorded Document: (i.e. Property Ownership) Volume 1104 Page(s) 395
 Lot Size Acres Acreage 30.3

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes No

If yes--continue Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Distance Structure is from Shoreline: _____ feet

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
\$70,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u> <input type="checkbox"/> Privy (Pit) or 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

Existing Structure: (if permit being applied for is relevant to it) Length: 60 Width: 52 Height: 22
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	()
<input type="checkbox"/> Residential Use	with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (specify)	() X ()	()
	Accessory Building (specify)	() X ()	()
	Accessory Building Addition/Alteration (specify)	() X ()	()
	Special Use: (explain) <u>Residence in A-F Conversion</u>	(52 X 60)	(3,120)
	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.

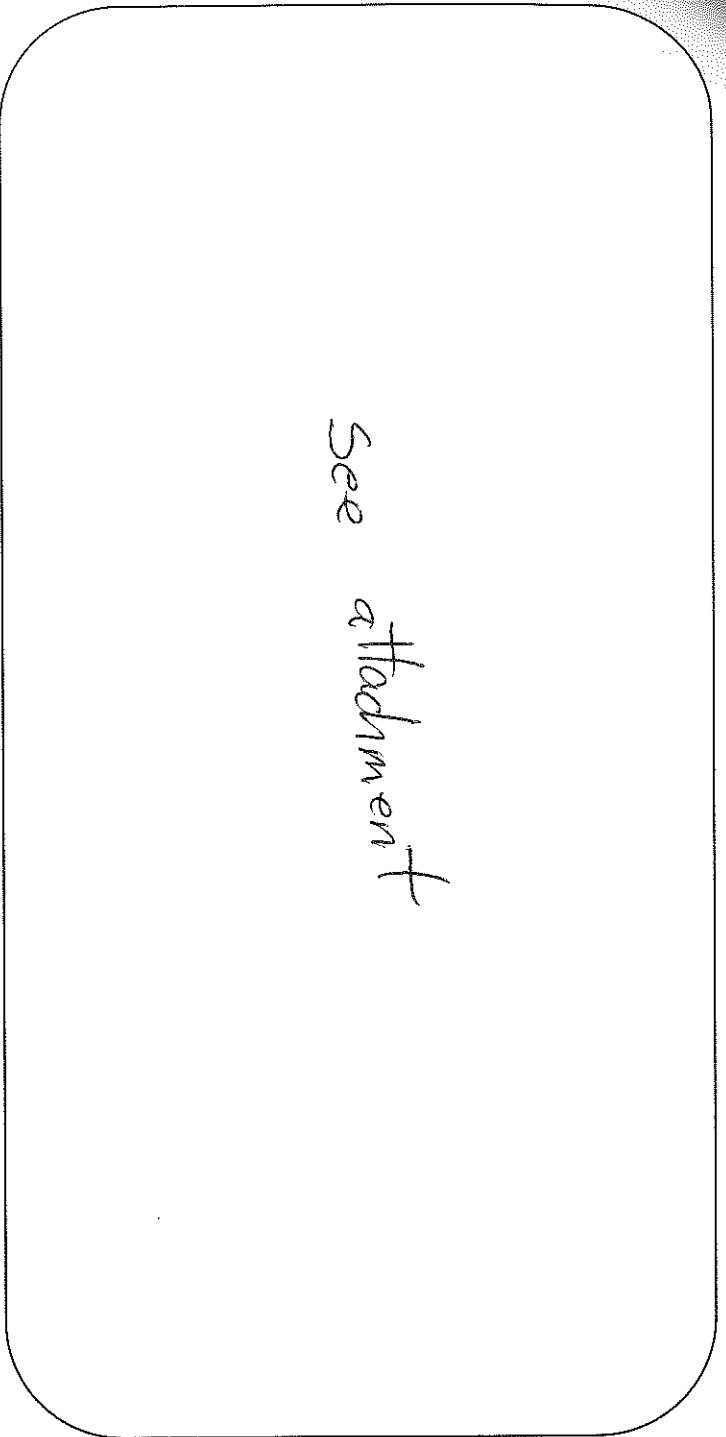
Owner(s): W. Olson & D. Olson Date 12-10-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 same as above Attach _____
 Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
ALREADY CONNECTIONS TO EXISTING HTS? NEED PRIVATE INTERCEPT!

Draw or sketch your property (regardless of what you are applying for)

- Show Location of:
 Show / Indicate:
 Show Location of (*):
 Show:
 Show:
 Show any (*):
 Show any (*):
- 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%



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	500+ Feet	Setback from the Lake (Ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	500+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	300+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1,000+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	17 Feet	Setback to Well	200+ Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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)

Permit Denied (Date): _____ Sanitary Number: 14-905 # of bedrooms: 3 Sanitary Date: 9-25-14

Permit #: 15-0015 Permit Date: 1-21-15

Reason for Denial: _____

Is Parcel a Sub-Standard Lot
 Is Parcel in Common Ownership
 Is Structure Non-Conforming
 Granted by Variance (B.O.A.)

Yes No (Deed of Record)
 Yes No (rused/Contiguous Lot(s))
 Yes No Mitigation Required
 Yes No Mitigation Attached
 Yes No Previously Granted by Variance (B.O.A.)

Yes No Was Parcel Legally Created
 Yes No Was Proposed Building Site Delineated
 Yes No Were Property Lines Represented by Owner
 Yes No Was Property Surveyed

Yes No Affidavit Required
 Yes No Affidavit Attached
 Yes No Affidavit Required
 Yes No Affidavit Attached

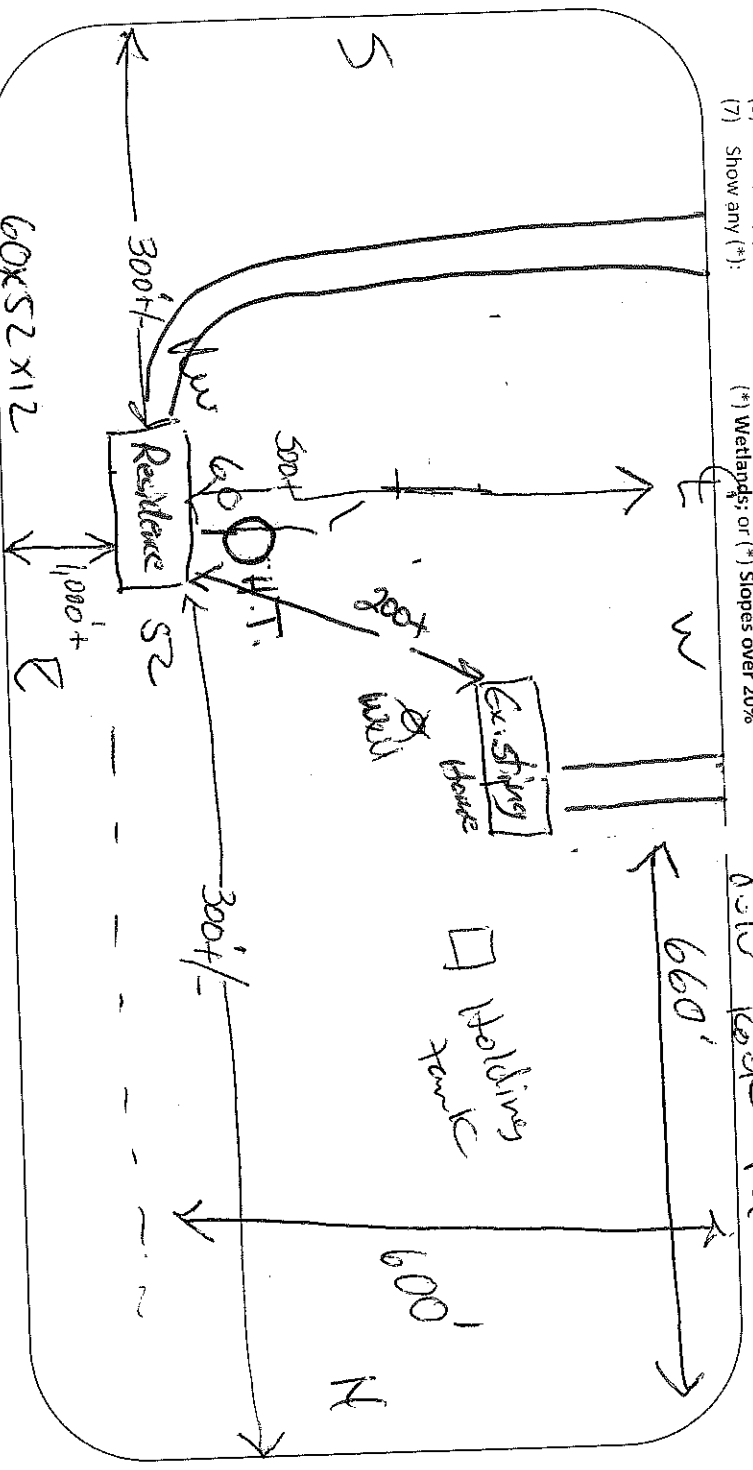
Inspection Record:
 Was Proposed Building Site Delineated: Yes No
 Date of Inspection: 12-10-14 Inspected by: M. Fuchs Zoning District: (4-1)
 Lakes Classification: (N/A)

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

Signature of Inspector: Michael Fuchs Date of Approval: 12/11/14
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

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: (*) Wall (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%



60x52x12

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	500' Feet	Setback from the Lake (Ordinary high-water mark)	NA NA NA Feet
Setback from the Established Right-of-Way	500' Feet	Setback from the River, Stream, Creek	NA NA Feet
Setback from the North Lot Line	300' Feet	Setback from the Bank or Bluff	NA NA Feet
Setback from the South Lot Line	300' Feet	Setback from Wetland	NA NA Feet
Setback from the West Lot Line	1,000' Feet	Setback from 20% Slope Area	NA NA Feet
Setback from the East Lot Line	1,000' Feet	Elevation of Floodplain	200' Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	200' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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 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 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 thirty (30) feet, but less than fifty (50) feet, from the minimum required setback, the boundary line from which the setback must be measured must be visible from one 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: 14-905	# of bedrooms: 3	Sanitary Date: 9-25-14
Permit #: 13-0318	Permit Date: 9-20-13	Reason for Denial:		
Permitted Denied (Date):	Reason for Denial:			
<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"/> Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: <i>Met all setbacks.</i>	Inspected by: <i>M. Furdak</i>	Zoning District: <i>(A-1)</i>	Lakes Classification: <i>(NA)</i>	Date of Re-Inspection:
Date of Inspection: 9-18-13	Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No (if No they need to be attached.)	Date of Approval: 9-13		
Signature of Inspector: <i>Michael Furdak</i>	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
<i>See TBA</i>				