

**SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN

**RECEIVED**  
 MAY 04 2015

Bayfield Co. Zoning Dept.

Permit #:	15-0144
Date:	5-15-15
Amount Paid:	\$75
Refund:	5-15-15

**ENTERED**

\$75.00

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:** Rachel Raivola  
**Address of Property:** 3575 Co Hwy B  
**City/State/Zip:** Iron River WI 54847  
**Telephone:** 715-372-4674  
**Cell Phone:**  
**Contractor:** JR Ruston Construction  
**Contractor Phone:** 418-348-3524  
**Plumber:** Jimmy Brown  
**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:** Part of 1/4, NE 1/4 NW  
**Legal Description:** (Use Tax Statement) P1N: (23 digit) 4138248092810200  
 27155  
**Volume:** 101  
**Page(s):** 902  
**Recorded Document (i.e. Property Ownership):**  
**Subdivision:**  
**Section:** 23 Township 48 N. Range 9 W  
**Town of:** Oulu  
**Lot Size:**  
**Acreage:** 37

**Shoreland** →  Non-Shoreland

**Value at Time of Completion** \* include donated time & material: \$13,400
**Project:**  New Construction  1-Story  Seasonal  1  Municipal/City  City  
 Addition/Alteration  1-Story + Loft  Year Round  2  (New) Sanitary  Specify Type: SEPTIC  Well  
 Conversion  2-Story  3  Sanitary (Exists)  Specify Type: SEPTIC   
 Relocate (existing bldg)  Basement  3  Privy (pit) or  Vaulted (min 200 gallon)  
 Run a Business on Property  No Basement  None  Portable (w/service contract)  
 Foundation  None  Compost Toilet  None

**Distance Structure is from Shoreline:** 406 feet  
**Distance Structure is from Floodplain Zone:**  Yes  No  
**Distance Structure is from Shoreline:**  Yes  No  
**Are Wetlands Present?**  Yes  No

**What Type of Sewer/Sanitary System Is on the property?**  Municipal/City  Septic  Well

**Length:** 36' **Width:** 22' **Height:** 18'  
**Length:** 81' **Width:** 18' **Height:** 16'-8"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( X )	
<input type="checkbox"/> with Loft		( X )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) 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)	( X )	
	Mobile Home (manufactured date)	( X )	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) Entry, extend bedroom	( 8' X 18' )	144
	Accessory Building (specify)	( X )	
	Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance	Special Use: (explain)	( X )	
MAY 15 2015	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):** Rachel Raivola  
 Date: 5/4/2015  
 (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)

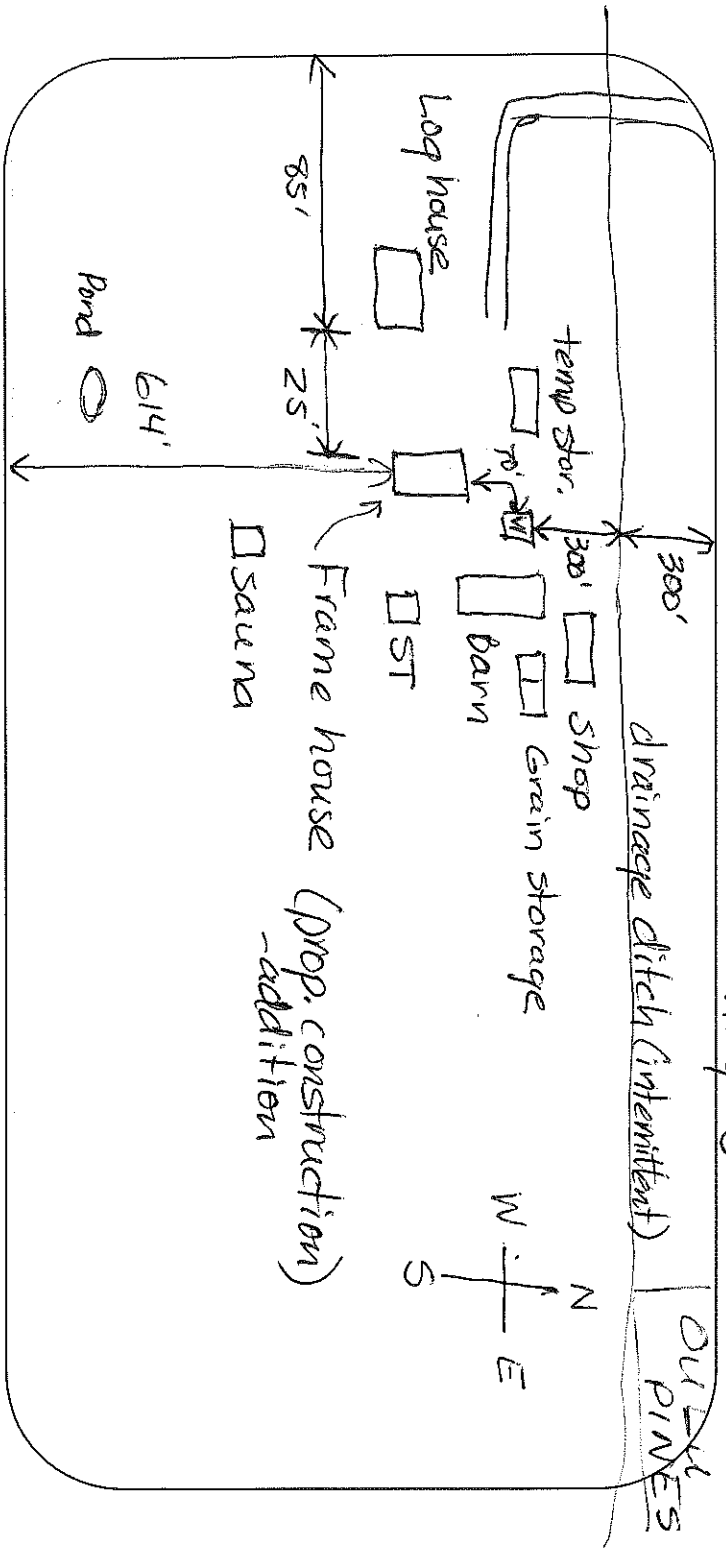
**Address to send permit:** \_\_\_\_\_  
 (If you recently purchased the property send your Recorded Deed)

Attach  
 Copy of Tax Statement  
 Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box 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: (\*) 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%



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	718 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	406 Feet
Setback from the North Lot Line	706 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	614 Feet	Setback from Wetland	406 Feet
Setback from the West Lot Line	110 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1202 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	106 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: REPAIRS/REPAIRS PENDING # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
 Permit #: 15-0144 Permit Date: 5-15-15

Is Parcel a Sub-Standard Lot  Yes  No  
 Is Parcel in Common Ownership  Yes (Deed of Record)  No  
 Is Structure Non-Conforming  Yes (Fused/Contiguous Lot(s))  No  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  
 Was Proposed Building Site Delimited  Yes  No  
 Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspection Record: 5-20-15 addition in kitchen of 1st floor - this is the original addition. showing the gap in wall surrounding porch. Inspected by deborah m. mullins. Zoning District R-1

Date of Inspection: 5-12-15 Inspected by deborah m. mullins Lakes Classification \_\_\_\_\_ Date of Re-Inspection: \_\_\_\_\_

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

Signature of Inspector: [Signature] Date of Approval: 5-15-15

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