

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

PAID
 RECEIVED
 6/20/15
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-03320
Date:	9-1-15
Amount Paid:	9-1-15 A 75
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 → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Sharon Prustakson</u>	Mailing Address: <u>AD Box 6000 Iron River WI</u>
Address of Property: <u>5320 Eastview Rd</u>	City/State/Zip: <u>Iron River WI 54847</u>
Contractor: _____	Contractor Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____	Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____	Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumber: _____
Plumber Phone: _____	Plumber: _____
Telephone: <u>372-6446</u>	Cell Phone: <u>218-340-4777</u>
Recorded Document: (i.e. Property Ownership) <u>1061</u> Pages: <u>658</u>	Recorded Document: (i.e. Property Ownership) <u>1061</u> Pages: <u>658</u>
PROJECT LOCATION: <u>5 1/2 34 74</u>	Gov't Lot: <u>74</u> Lot(s): _____ CSM: _____ Vol & Page: _____
Section: <u>24</u> , Township: <u>4B</u> N, Range: <u>9</u> W	Town of: <u>Dulu</u>
Lot Size: <u>7000</u>	Acres: <u>20</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes—continue →
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes—continue →
Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion *include donated time & material: <u>\$ 850</u>	Project: <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"/> Other: <u>Drainage</u>	# of Stories and/or basement: <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	Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	# of bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	What Type of Sewer/Sanitary System Is on the property? <input checked="" type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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	Water: <input type="checkbox"/> City <input checked="" type="checkbox"/> Well	
Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____	Proposed Construction:	Length: _____	Width: _____	Height: _____

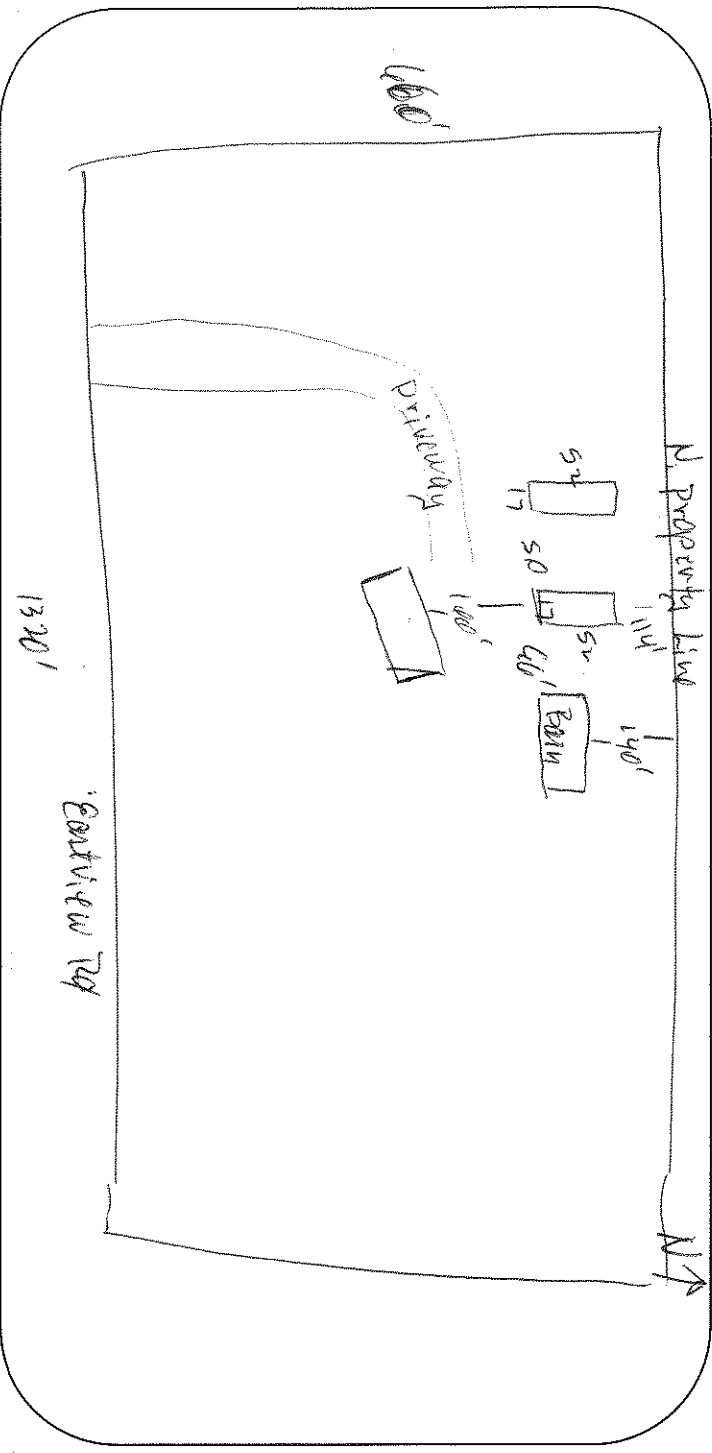
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	()
	Residence (i.e. cabin, hunting shack, etc.)	(X)	()
	with Loft	(X)	()
	with a Porch	(X)	()
	with (2 nd) Porch	(X)	()
	with a Deck	(X)	()
	with (2 nd) Deck	(X)	()
<input type="checkbox"/> Commercial Use	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 type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Drainage</u>	(X)	()
	Accessory Building (specify) <u>Drainage</u>	(17 X 52)	864
	Accessory Building Addition/Alteration (specify) _____	(X)	()
	Rec'd for Issuance	(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): Sharon Prustakson Date: 8-26-15
 (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: PO Box 600 Iron River WI 54847
 (If you recently purchased the property send your Recorded Deed)

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)

(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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	500 +/- Feet	Setback from the River, Stream, Creek	280 +/- Feet
Setback from the North Lot Line	114 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	494 Feet	Setback from Wetland	280 +/- Feet
Setback from the West Lot Line	650 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	245 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 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 marked by a licensed surveyor at the owner's expense.

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 or marked by a licensed surveyor at the owner's expense.

Howe-11-0130 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 Pole barn 120' x 24' x 12' for storage 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: 11-215 # of bedrooms: _____ Sanitary Date: _____

Permit #: 15-03588 Permit Date: 8-9-15 HT

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

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

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

Inspection Record: *Driveway appears to have been installed through ~~repaired~~ wetlands. Existing on single maps from 1993.*

Date of Inspection: 8-31-15 Inspected by: *ADRIAN & MURPHY*

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

Buildings shall not be used for human habitation code 5001137

SWEEPING PURPOSES

Signature of Inspector: _____ Date of Approval: 9/1/15

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

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)
 MAY 11 2015
 Bayfield Co. Zoning Dept.



Permit #:	15-0305
Date:	9-3-15
Amount Paid:	\$125
Refund:	9-3-15

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: TERRY & MARY NOYES Mailing Address: 51530 Ave. Superior, WI Telephone: 218 391-7254

Address of Property: XXX ERLILLA RD City/State/Zip: Burlington, WI - Beale Cell Phone: _____

Contractor: _____ 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) 1/4, _____ 1/4 PIN: (23 digits) 04 038-2-48-09-07-303-0 00-1000 Recorded Document: (i.e. Property Ownership) Volume 983 Page(s) 149

Gov't Lot _____ Lot(s) _____ G5M _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 07, Township 48 N, Range 09 W Town of: Owluc Lot Size _____ Acreage 18.35

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

Non-Shoreland 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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>10,000</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 type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	Year Round	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	Year Round	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 24 Height: 13

Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <u>STORAGE BLDG</u>	<u>24 X 24</u>	<u>576</u>
	<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"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	()	()
	<input type="checkbox"/> Addition/Alteration (specify) _____	()	()
	<input type="checkbox"/> Accessory Building (specify) _____	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	()	()
	<input type="checkbox"/> Conditional Use: (explain) _____	()	()
	<input type="checkbox"/> Other: (explain) _____	()	()

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.

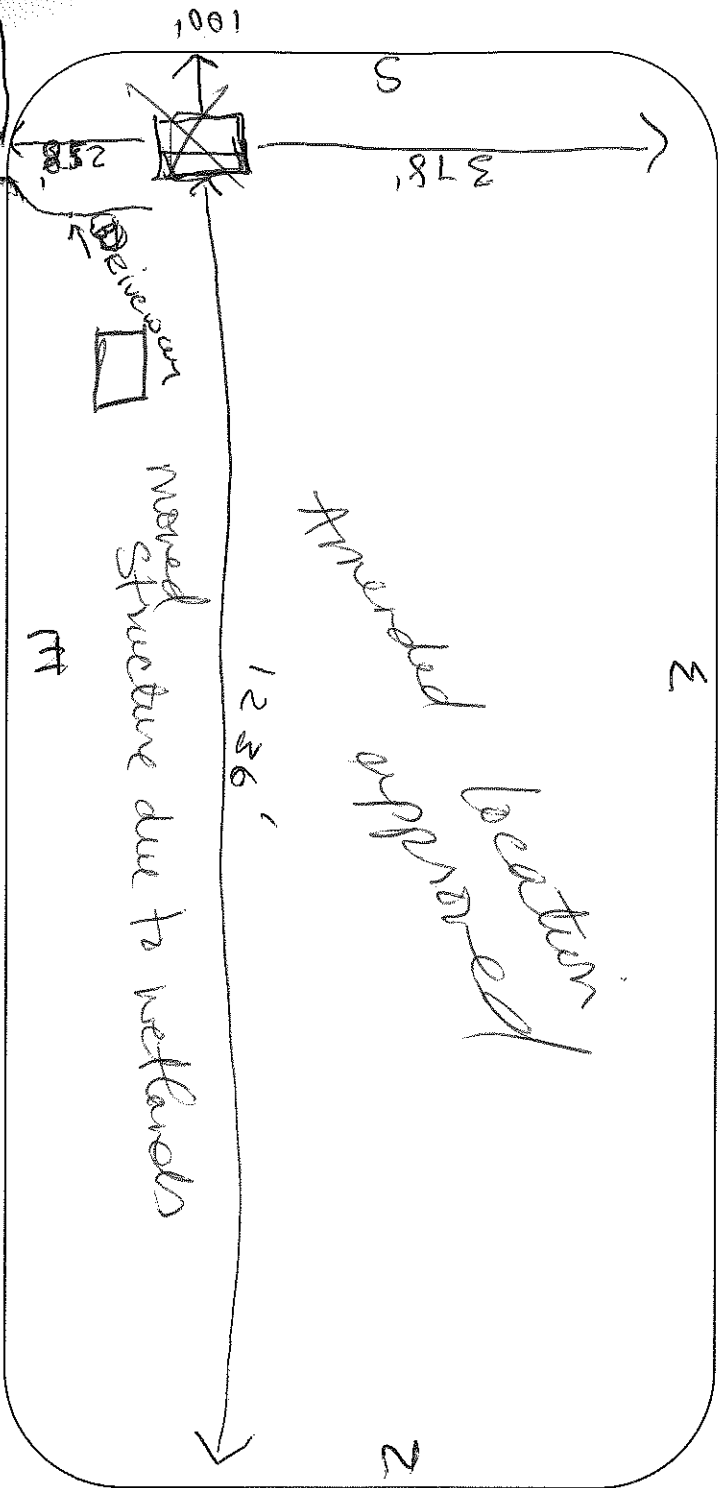
Owner(s): Jerry & Mary Noyes Date 5/6/15
 (If there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)

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 _____ Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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)

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	380 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	380 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	1236 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	318 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	258 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A 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) Sanitary Number: N/A # of bedrooms: 2 Sanitary Date: SANITIZATION
 Reason for Denial: N/A

Permit #: 15-0336 Permit Date: 9.3.15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous lots) 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 Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: numerous inspections approved per DNR location of wetland boundaries

Date of Inspection: Inspected by: GREENSBURG MURPHY Date of Re-Inspection:

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
BUILDING SHALL NOT BE USED FOR HUMAN HABITATION OR SLEEPING PURPOSES. BUILDING, INCLUDING EYES, SHALL BE LOCATED AT LEAST 75 FT FROM SOUTH PROPERTY LINE

Signature of Inspector: Date of Approval:

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

AND AT LEAST 63 FT FROM CENTER OF TRAVELIA ROW