

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)
SEP 02 2015
 Bayfield Co. Zoning Dept.

Permit #: **15-08389**
 Date: **9-10-15**
 Amount Paid: **\$150**
 Refund: **9-10-15**

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: **David L. Olson** Mailing Address: **P.O. Box 442 Iron River, WI 54847** Telephone: **765-372-8755**

Address of Property: **71040 Owl Rock Rd.** City/State/Zip: **Bole, WI 54820** Cell Phone: **218-344-0106**

Contractor: **Pat Nelson** Contractor Phone: **218-348-9223** Plumber: **Corey Gidley Plumbing** Plumber Phone: **715-634-3577**

Authorized Agent: **Person Signing Application on behalf of Owner(s)** Agent Phone: **715-634-3577** Agent Mailing Address (include City/State/Zip): **Iron River, WI** Written Authorization Attached Yes No

PROJECT LOCATION: **SW 1/4, SW 1/4** Legal Description: (Use Tax Statement) **SW 1/4, SW 1/4** PIN: (23 digits) **04-038-2-48-04-29-303-000-3000** Recorded Document: (i.e. Property Ownership) **11/4** Page(s) **898**

Gov't Lot: **SW 1/4, SW 1/4** Lot(s) **SW 1/4** CSM **W4 P578** Vol & Page **114 P578** Block(s) No. **SW 1/4, SW 1/4** Subdivision: **SW 1/4, SW 1/4**

Section **29**, Township **48N** N, Range **09** W Town of: **Owl, WI** Lot Size **40 Acres** Acreage **40 Acres**

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: **0** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Distance Structure is from Shoreline: **0** feet

Non-Shoreland 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
\$50,000.00	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
	Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: 300 gal. Holding Tank <input checked="" type="checkbox"/> X Well
	Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Holding Tank <input type="checkbox"/>
	Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pvt) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: **52'** Width: **60'** Height: **12'**

Proposed Construction: Length: **50'** Width: **24'** Height: **9'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	52' x 60' 15' x 62'	3120 620
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify)	24' x 50'	1200
	Accessory Building (specify)	10' x 10' 8' x 8'	80 80
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

Rec'd for Issuance **SEP 10 2015**

Secretarial Staff: **FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.** 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): **David L. Olson** **Dana M. Olson** Date **8/31/15**

Authorized Agent: _____ Date _____

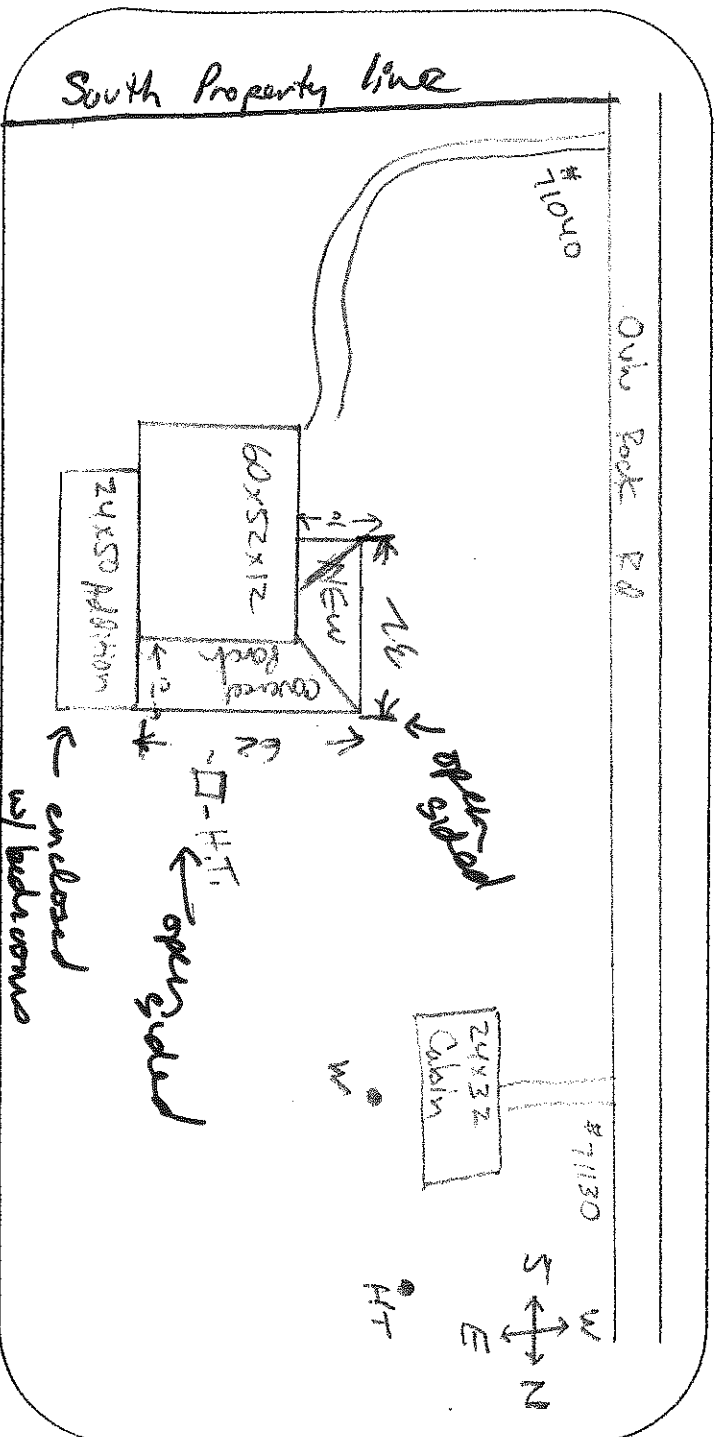
Address to send permit **P.O. Box 442 Iron River WI 54847** Attach **Copy of Tax Statement**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

(1) Show Location of: Proposed Construction

- (*) Show location of (): (1) Frontage Road (Name + Frontage Road)
- (*) Show: All Existing Structures on your Property
- (*) Show any (*): (1) Well (W); (1) Septic Tank (ST); (1) Drain Field (DF); (1) Holding Tank (HT) and/or (1) Privy (P)
- (*) Show any (*): (1) Lake; (1) River; (1) Stream/Creek; or (1) Pond
- (*) Show any (*): (1) Wetlands; or (1) Slopes over 20%



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)	Feet
Setback from the Established Right-of-Way	437' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	970' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	350' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	480' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	188' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	27' Feet	Setback to Well	330' 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: 14-925 # of bedrooms: 3 Sanitary Date: 9-25-14

Permit Denied (date): _____ Reason for Denial: _____

Permit #: 15-0335 Permit Date: 9-10-15

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	_____

Granted Variance (B.O.A.) 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: Plumbing on site. conversion to residence permitted. on permit # 15-0015 w/ 2 bedrooms. Addition into odd lot. 2 more bedrooms. HT size (5000g ok).

Date of inspection: 9-9-15 Inspected by: SPRAGGINS, MURPHY Lakes Classification (N/A)

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

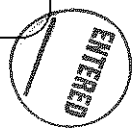
Any necessary VOC permits by no petition ~~submitted~~ shall be obtained. Addition shall be no closer than 5 ft to Holding tank.

Signature of Inspector: _____ Date of Approval: 9-10-15

Hold For Sanitary: Hold For PA: 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) 375-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**



RECEIVED
 SEP 09 2015
 BY: IRK ATG

Permit #:	15-0335
Date:	9-10-15
Amount Paid:	\$95
Refund:	9-10-15

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Sharon Gustafson Mailing Address: PO Box 606 Iron River WI Telephone: 373-6446

Address of Property: 5330 Eastview Rd City/State/Zip: Iron River WI 54847 Cell Phone: 918-390-9777

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) S1/4 S25W 1/4 PIN: (23 digits) 04-04-038-2-58-26-3 Recorded Document: (i.e. Property Ownership) 1061 Page(s) 688

Section 26, Township 48 N, Range 9 W Town of: Billy Lot Size 20 Ac Acreage 4

Shoreland → Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If Yes---continue → Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →

Non-shoreland Intermittent stream

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

not at project

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>\$50</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 Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Green House	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<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: _____ Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input type="checkbox"/> 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)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	()
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Green House</u>	(17 x 52)	884
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

1 (We) hereby certify that the information (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) 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.

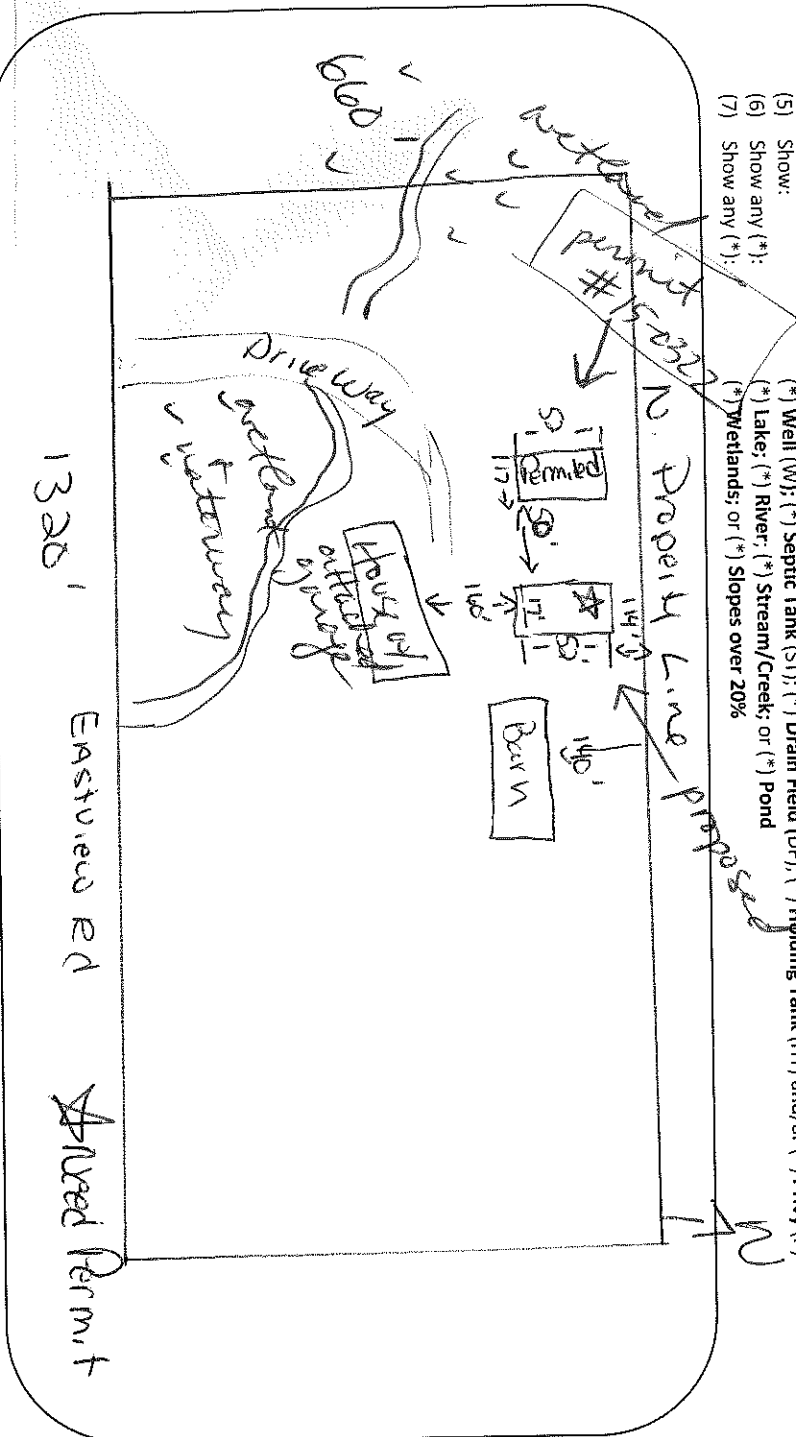
Owner(s): Sharon Gustafson Date 9-9-15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 606 Iron River WI 54847 Attach _____
 Copy of Tax Statement

See box below. 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: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	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	Feet
Setback from the North Lot Line	114 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	446 Feet	Setback from Wetland	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	645 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 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: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 15-0335 Permit Date: 9-10-15

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Contiguous Lot(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inspection Record: private driveway/parking area to go from front to rear. site in driveway of one to rear build-up caused by driveway. Driveway = pre-existing.

Date of Inspection: 9-9-15 Inspected by: J. C. ...

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

Signature of Inspector: Steve ...

Signature of Applicant: Steve ...

Hold For Sanitary: <input type="checkbox"/>	Hold For DBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>9-10-15</u>
---	--	--	---	----------------------------------