

SUBMIT: COT. PLEIETD 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)



| | |
|--------------|---------|
| Permit #: | 16-0847 |
| Date: | 8-2-16 |
| Amount Paid: | \$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"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>Peter Hexum</u> | | | | Mailing Address: <u>PO Box 86</u> | | | | City/State/Zip: <u>Iron River, WI 54847</u> | | | | Telephone: <u>715-292-4433</u> | | | |
| Address of Property: <u>70745 RangeLine Rd. River</u> | | | | City/State/Zip: <u>Iron River WI 54847</u> | | | | Contractor Phone: <u>Iron River WI 54847</u> | | | | Cell Phone: <u>715-292-4433</u> | | | |
| Contractor: <u>Homeowner/Builder</u> | | | | Agent Phone: <u>Ken Gorland</u> | | | | Plumber: <u>Ken Gorland</u> | | | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>MP 224109</u> | | | | Agent Mailing Address (include City/State/Zip): <u>PO. Box 2277, Lake Nebigamon</u> | | | | Recorded Document (i.e. Property Ownership): <u>1141</u> Page(s) <u>1895</u> | | | | Recorded Document (i.e. Property Ownership): <u>1141</u> Page(s) <u>1895</u> | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) <u>N1/2 SE 1/4, NE 1/4</u> | | PIN: (23 digits) <u>04-038-2-48-09-30-104-000-1000</u> | | GSM | | Vol & Page | | Lot(s) No. | | Block(s) No. | | | |
| Section <u>30</u> , Township <u>48</u> N, Range <u>9</u> W | | Town of: <u>Oulu</u> | | Lot Size | | Acreage | | | | | | | | | |

Shoreland → Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent Creek or Landward side of Floodplain)? 725 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage

Distance Structure is from Shoreline: 725 feet

Distance Structure is from Shoreline: 725 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>\$19,000</u> | <input 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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" 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 checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Asbestos</u> <input type="checkbox"/> Privy (Pvt) or <input type="checkbox"/> 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: 50 Width: 36 Height: 10
 Proposed Construction: Length: 31 Width: 16 Height: 8

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|--|--|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) <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) Deck <input type="checkbox"/> with a Deck with (2nd) Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage | () () () () () () () () | () () () () () () () () |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ <input checked="" type="checkbox"/> sanitary, or <input checked="" 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"/> Municipal Use | Accessory Building Addition/Alteration (specify) | () | () |
| <input type="checkbox"/> Rec'd for Issuance | Special Use: (explain) | () | () |
| <input type="checkbox"/> Conditional Use: (explain) | | () | () |
| <input type="checkbox"/> Other: (explain) | | () | () |

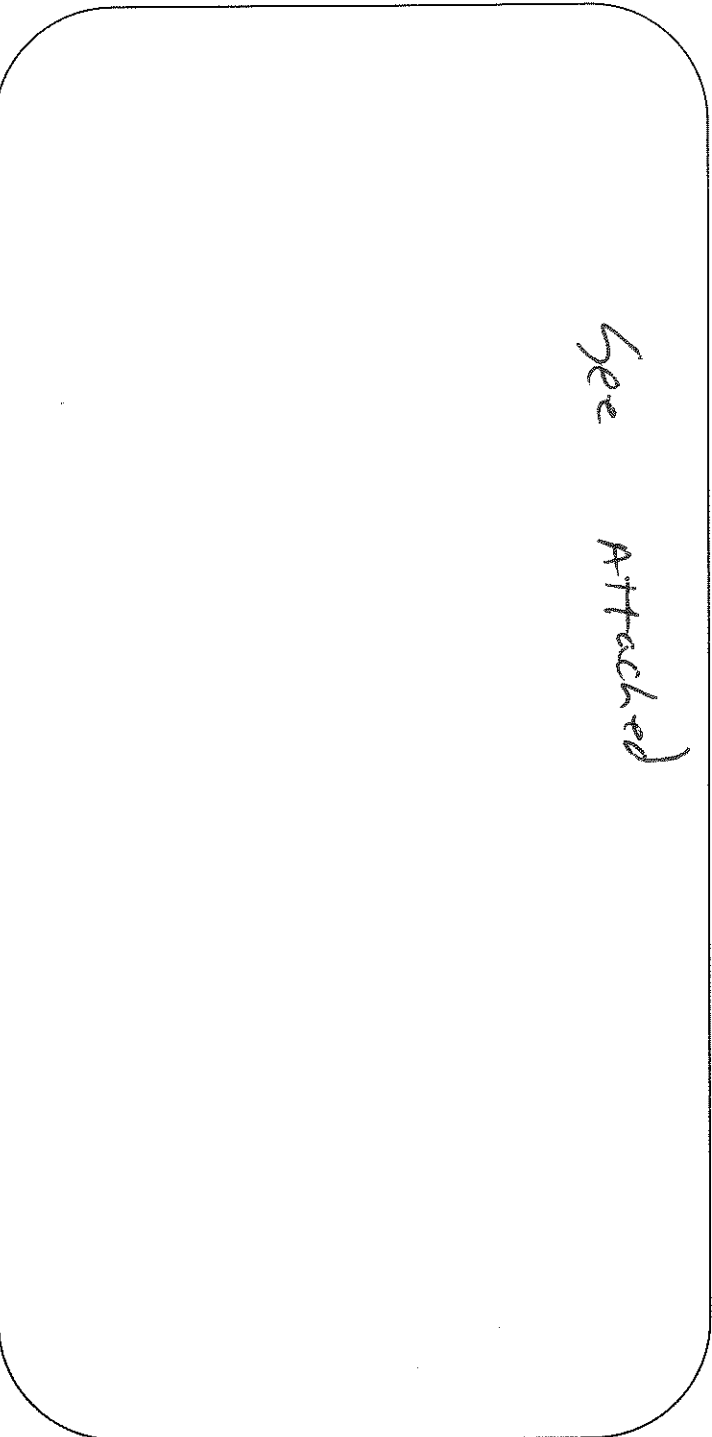
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue 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): Peter Hexum Date 7-29-16
 Authorized Agent: [Signature] Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit _____ Date _____
 Attach _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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 | 145 Feet | Setback from the Lake (ordinary high-water mark) | |
| Setback from the Established Right-of-Way | 112 Feet | Setback from the River, Stream, Creek | |
| Setback from the North Lot Line | + 500 Feet | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | + 500 Feet | Setback from Wetland | |
| Setback from the West Lot Line | + 500 Feet | 20% Slope Area on property | + 60 Feet |
| Setback from the East Lot Line | 112 Feet | Elevation of Floodplain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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) | | Sanitary Number: <u>16</u> | # of bedrooms: _____ | Sanitary Date: _____ |
| Permit Denied (Date): _____ | Reason for Denial: _____ | Permit Date: <u>8-2-16</u> | | |
| Is Parcel a Sub Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel in Common Ownership <input checked="" type="checkbox"/> Yes (fused/contiguous Lot(s)) <input type="checkbox"/> No Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <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 | Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____ Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____ | Inspection Record: _____ Inspected by: <u>Jessica Bore Muepfler</u> | Zoning District (<u>As-1</u>) Lakes Classification (<u>3-shrubs</u>) | Date of Re-Inspection: _____ | Date of Approval: <u>7-28-16</u> |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <u>Enclosed During space shall not exceed 500 sq. No Kitchen facilities allowed. Storage, meters and shall not be used for anything or sleeping purposes.</u> | | | | |
| Signature of Inspector: _____ | Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> |

(1) (2) (3)

Secretarial Staff

Conditional User: (explain)

Other: (explain)

I/we declare that this application, including any attachments, is true and correct to the best of our knowledge and belief, and that we are (we) responsible for the truth and accuracy of the information provided. We understand that any false information may be a result of perjury and we agree to accept the consequences of any such action.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or provide a power of attorney)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization is required)

Address to send permit:

