

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)



Permit #:	16-03824
Date:	9-22-16
Amount Paid:	\$180 824.16
Refund:	\$180 920.16

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Kanagas
 Address for property: Ray Donnell Kanagas
71590 Hoover Lane Rd
 City/State/Zip: Iron River WI 54847
 Telephone: (715) 753-4654
 Cell Phone: (715) 5487
 292-5415

Contractor: _____
 Contractor Phone: _____
 Plumber: _____
 Plumber Phone: _____

Authorized Agent: (For signing Application on behalf of Owner(s)) _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): 4720 Elk Hwy B

PROJECT LOCATION: Legal Description: (Use Tax Statement)
Section 27, Township 48 N, Range 29 W
 Town of: DUNN
 Lot(s): _____ CSM: _____ Vol & Page: _____
 Lot(s) No.: _____ Block(s) No.: _____
 Subdivision: _____
 Lot Size: _____ Acreage: 6

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

Recorded Document (i.e. Property Ownership) Volume: 299 Page(s): 17

Shoreland Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue If yes---continue

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10,000	<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 type="checkbox"/> 1-Story <input checked="" 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>septic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" 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: 40' Width: 24' Height: 12'-11" to 12'-11" w/ 1st floor

Proposed Construction: CHANGE BY BUNKHOUSE Proposed Structure Length: _____ Width: _____ Height: _____

Proposed Use	Principal Structure (first structure on property)	Dimensions	Footage
<input type="checkbox"/> Residential Use/Alteration	Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	<u>garage/storage</u> (24 x 24) (24 x 24) (24 x 24) (24 x 24) (24 x 24) (24 x 24) (24 x 24)	<u>960</u> (576) (576) (576) (576) (576) (576) (576)
<input type="checkbox"/> Commercial Use/Alteration	Bunkhouse w/ <input type="checkbox"/> sanitary, <input checked="" type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		<u>240</u> (24 x 10) (24 x 10) (24 x 10) (24 x 10) (24 x 10) (24 x 10) (24 x 10)
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)		(24 x 10) (24 x 10) (24 x 10) (24 x 10) (24 x 10) (24 x 10) (24 x 10)
<input type="checkbox"/> Addition/Alteration (specify)	Accessory Building (specify) <u>PER OWNER ON INSPECTION</u>	<u>24 x 40</u>	<u>960</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building Addition/Alteration (specify) <u>8-9-16</u>		(24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40)
<input type="checkbox"/> Special Use: (explain)			(24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40)
<input type="checkbox"/> Conditional Use: (explain)			(24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40)
<input type="checkbox"/> Other: (explain)			(24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40) (24 x 40)

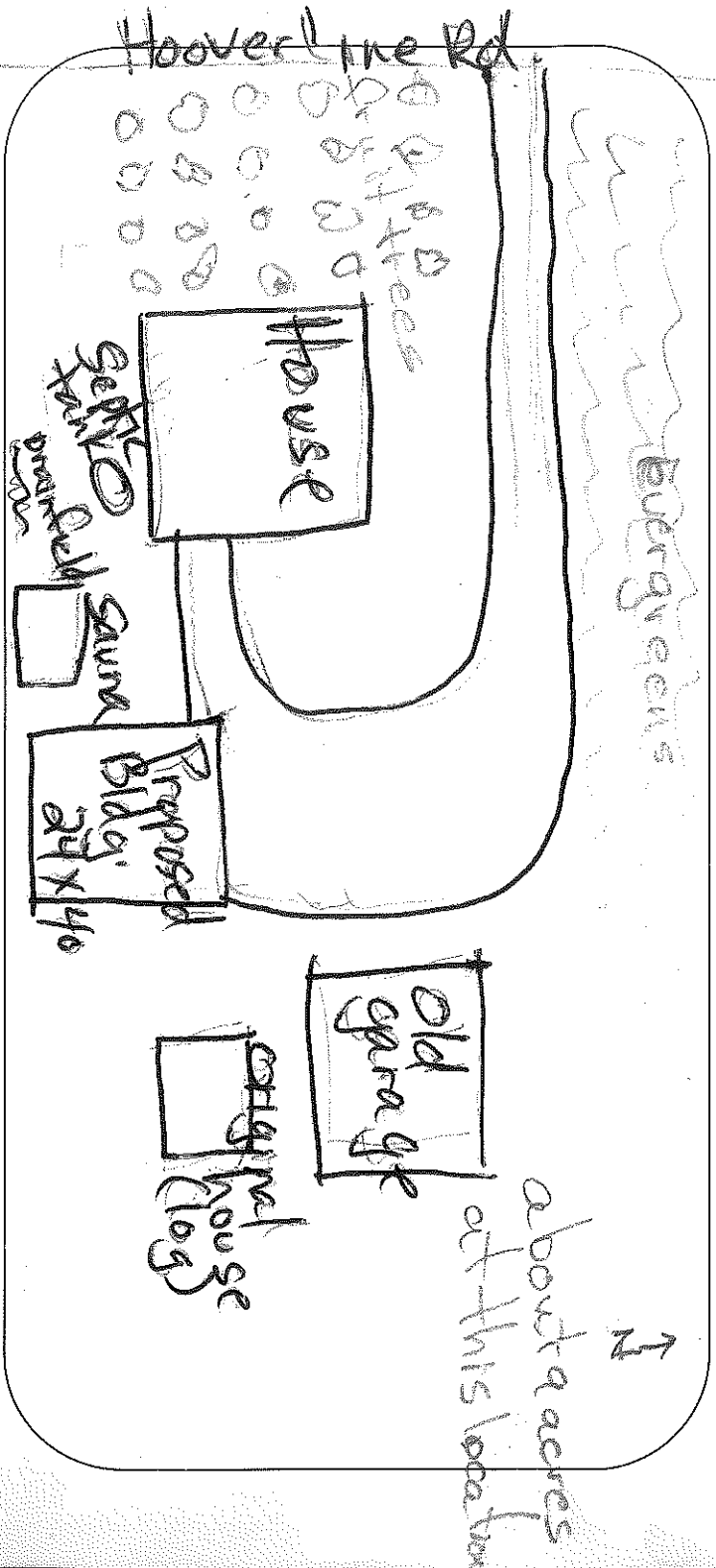
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 for any reasonable time for the purpose of inspection.

Owners: John Kanagas
 (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
 If you recently purchased the property send your Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 (*): 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)

(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	300 yds Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100 yds Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 yds Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 yds Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	500 yds 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 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 16-0324	Permit Date: 9-22-16		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming	<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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: slab poured last year - primarily started couple weeks ago original house on plot plan not habitable			
Date of Inspection:	Inspected by:	Zoning District	OR-1
		Uses Classification (N/A)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if no they need to be attached)		Date of Re-inspection:	
UDC PERMIT AND INSPECTION IS REQUIRED. BUILDING SHALL NOT HAVE PUMPS, FURNITURE, UNLESS APPROVED. CONNECTION			
Signature of Inspector:		Date of Approval:	9-22-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>