

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
 RECEIVED
 NOV 03 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 16-0414
 Date: 11-10-16
 Amount Paid: \$9011-316
 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: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Robert S. Lohr Mailing Address: 7100 Airport Rd. City/State/Zip: Iron River, WI 54847 Telephone: 715-320-8277

Address of Property: 7100 Airport Rd. City/State/Zip: Iron River, WI 54847 Cell Phone: 715-282-7676

Contractor: Clearly Buildings Contractor Phone: 715-458-2833 Plumber: Plumber Plumber Phone: Plumber

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-458-2833 Agent Mailing Address (include City/State/Zip): Plumber Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) Su 1/4, NW 1/4 PIN: (23 digits) 09-638-2-48-0925203-000-10000 Recorded Document: (i.e. Property Ownership) Page(s)

Su 1/4, NW 1/4 Gov't Lot W01P220 Vol & Page W01P220 Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage 80

Section 25, Township 48 N, Range 09 W Town of: Oulu

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

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

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

Value at Time of Completion * include donated time & material: \$ 30000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<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"/> Basement	<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"/> No Basement	<input checked="" type="checkbox"/> Relocate	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 42 Width: 72 Height: 20

Proposed Construction: Length: 42 Width: 72 Height: 20

Proposed Use: Residential Use

Commercial Use

Municipal Use

Rec'd for Issuance: NOV 10 2016

Secretary Staff: Secretary Staff

Principal Structure (first structure on property)

Residence (i.e. cabin, hunting shack, etc.)

with Loft

with a Porch

with (2nd) Deck

with (2nd) Deck with Attached Garage

Bunkhouse w/ sanitary, or sleeping quarters, or cooking & food prep facilities)

Mobile Home (manufactured date)

Addition/Alteration (specify) _____

Accessory Building (specify) POLE BUILDING

Accessory Building Addition/Alteration (specify) _____

Special Use: (explain) _____

Conditional Use: (explain) _____

Other: (explain) _____

Dimensions: () () () () () () () ()

Square Footage: () () () () () () () ()

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): Robert S. Lohr Masha Jalko Date: 10-31-2016

(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: _____

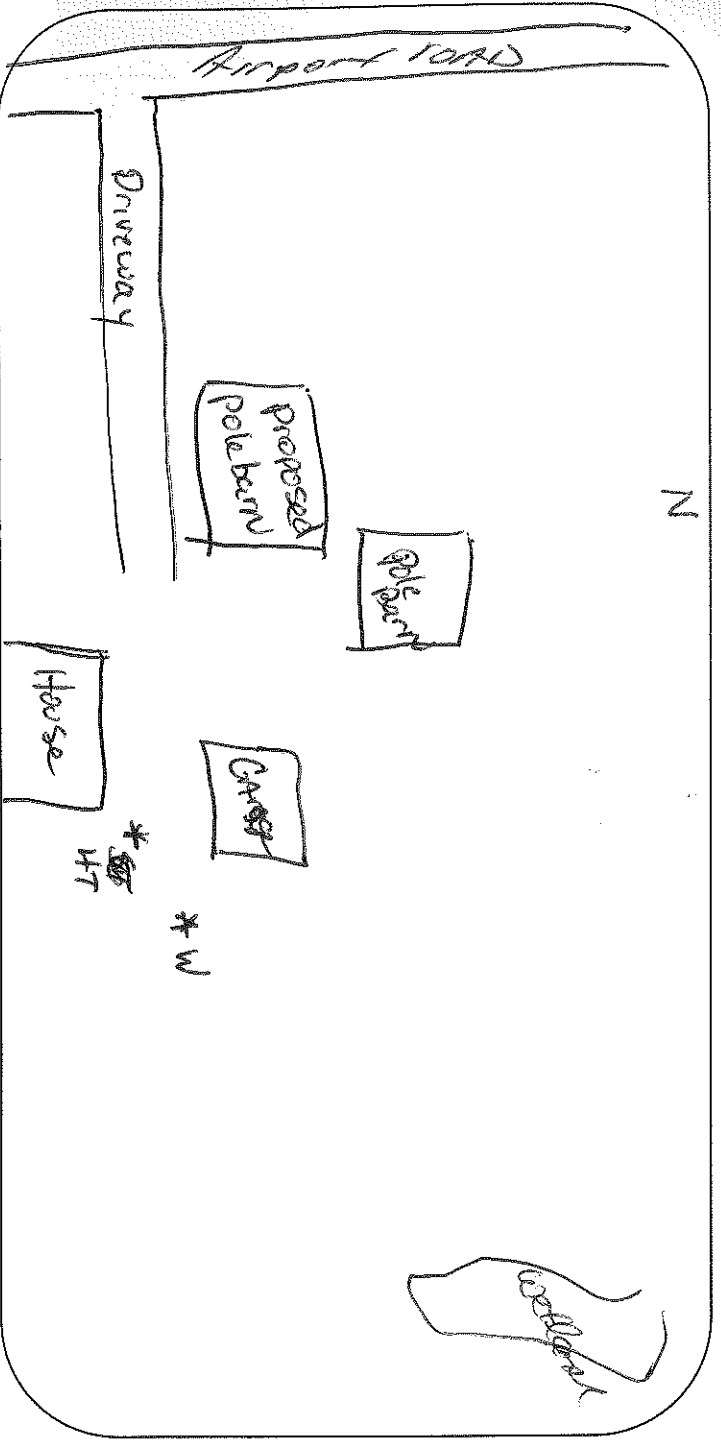
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 7100 Airport Rd. Iron River WI 54847 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	300 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	270 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	740 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	538 Feet	Setback from Wetland	700 Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	8,230 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	130 Feet	Setback to Well	160 Feet
Setback to Drain Field			

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 #: 16-0414 Permit Date: 11-10-16

Is Parcel a Sub-Standard Lot Yes (Deed) of Record No Mitigation Required Yes No Affidavit Required Yes No

Is Parcel in Common Ownership Yes (Used) / (Contiguous Lot(s)) No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No Mitigation Attached Yes No Affidavit Attached 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 Yes No Affidavit: Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No Affidavit: Yes No

Inspection Record: Site Staked.

Date of Inspection: 1-9-16 Inspected by: J. Crossland Murphy Zoning District: RC-1

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

Revisits show lot BEUSEN FOR HOW AN ADAPTATION OR COMMERCIAL PURPOSES W/O NECESSARY PERMIT TO CONVERT USE.

Signature of Inspector: _____ Date of Approval: 11-10-16

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