

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

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.

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 MAR 01 2017  
 Bayfield County Planning Office



Permit #:	17-0035
Date:	3-16-17
Amount Paid:	\$ 125
Refund:	3-16-17

**TYPE OF PERMIT REQUESTED** →  LAND-USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Russell J. Hele Mailing Address: P.O. Box 7 City/State/Zip: Iron River, WI 54847 Telephone: 715-372-4937

Address of Property: 70295 Rangeline Road City/State/Zip: Iron River, WI 54847 Cell Phone: 715-292-2561

Contractor: SELF 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) NE 1/4, SE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 36, Township 48 N, Range 9 W Town of: Del Lot Size \_\_\_\_\_ Acreage 12.9

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. Interstream) \_\_\_\_\_ Distance Structure is from Shoreline: \_\_\_\_\_ feet  Is Property in Floodplain Zone?  Yes  No

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage \_\_\_\_\_ Distance Structure is from Shoreline: \_\_\_\_\_ feet  Yes  No

Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Value at Time of Completion <small>* Include donated time &amp; material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 13,000.00	<input 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 checked="" 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 checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2 Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<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 type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<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"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 18'

Proposed Construction: Length: 38' Width: 24' Height: 18'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/>	with Loft	( ) X ( )	
<input type="checkbox"/>	with a Porch	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input checked="" type="checkbox"/>	with Attached Garage	( ) X ( )	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	
<input type="checkbox"/>	Mobile Home (manufactured date) _____	( ) X ( )	
<input type="checkbox"/>	Addition/Alteration (specify) _____	( ) X ( )	
<input type="checkbox"/>	Accessory Building (specify) _____	( ) X ( )	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( 14 X 24 )	336
<input type="checkbox"/>	Municipal Use	( ) X ( )	
<input type="checkbox"/>	Special Use: (explain) _____	( ) X ( )	
<input type="checkbox"/>	Conditional Use: (explain) _____	( ) X ( )	
<input type="checkbox"/>	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 this information 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): \_\_\_\_\_ Date 3/1/17

(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

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%

(Director) See attached

Rob looked at the permits for the HB5/contractor special B and interpreted the permit to be for a "ced building contract" not a home based business. Therefore the sq' limitation on the acy bldg is not applicable per HB5 576 sq' building 576 + 336 = 912 ± 25% = 228 sq' w/ this building

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. Must be used for residential purposes

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	283 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	81' Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	350' Feet	Setback from Wetland	
Setback from the West Lot Line	600' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	283 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	30' Feet	Setback to Well	
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.

HB5B (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Permit # 17-0035

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 Dwelling: 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: Holding # of bedrooms: N/A Sanitary Date: Approved

Reason for Denial: 13-305 N/A commercial

Permit #: 17-0035 Permit Date: 3-16-17

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

Is Parcel in Common Ownership  Yes  No  (Fused/contiguous lots)  Yes  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Previously Granted by Variance (B.O.A.)  Yes  No

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: \_\_\_\_\_

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Date of Inspection: 3-1-17 Inspected by: Carroll Boyd Accey

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

Zoning District: ( ) Lakes Classification: ( )

Date of Re-Inspection: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

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

