

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
 MAR 24 2011

ENTERED
 Permit #: 17-0075
 Date: 4-24-17
 Amount Paid: \$105 3-24-17
 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.

Bayfield Co. Zoning Dept

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

Owner's Name: Terry Hasenberry
 Address of Property: 72205 Oldo Rock Rd
 City/State/Zip: Iron River, WI
 Telephone: 715-661-1390
 Contractor: Dave Rancho
 City/State/Zip: Iron River, WI
 Plumber Phone: 218-393-5959
 Agent Phone: 218-393-5959
 Agent Mailing Address (include City/State/Zip):
 Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, SE 1/4
 Legal Description: (Use Tax Statement) P1N1: (23 digits) 04-
 Gov't Lot: Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 19, Township 48 N, Range 9 W Town of: Oldo
 Lot Size: Acreage 40

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Distance Structure is from Shoreline: 312 feet
 Distance Structure is from Shoreline: feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material: \$35,000.00

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	1-Story	<input checked="" type="checkbox"/> Seasonal	1	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input checked="" type="checkbox"/> Addition/Alteration	1-Story + Loft	Year Round	2	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HI	
<input type="checkbox"/> Conversion	2-Story		3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Relocate (existing bldg)	Basement			<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Run a Business on Property	No Basement			<input checked="" type="checkbox"/> Compost Toilet	
	Foundation			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 35 Width: 21 Height: 16 22
 Proposed Construction: Length: 12 Width: 21 Height: 8 22

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
	with Loft	(X X)	
	with a Porch	(X X)	
	with (2 nd) Porch	(X X)	
	with a Deck	(X X)	
	with (2 nd) Deck	(X X)	
<input type="checkbox"/> Commercial Use	Bunhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
	Mobile Home (manufactured date)	(X X)	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) Kitchen + Bath rooms	(12 X 21)	252
	Accessory Building (specify)	(X X)	
	Accessory Building Addition/Alteration (specify)	(X X)	
	Special User: (explain)	(X X)	
	Conditional User: (explain)	(X X)	
	Other: (explain)	(X X)	

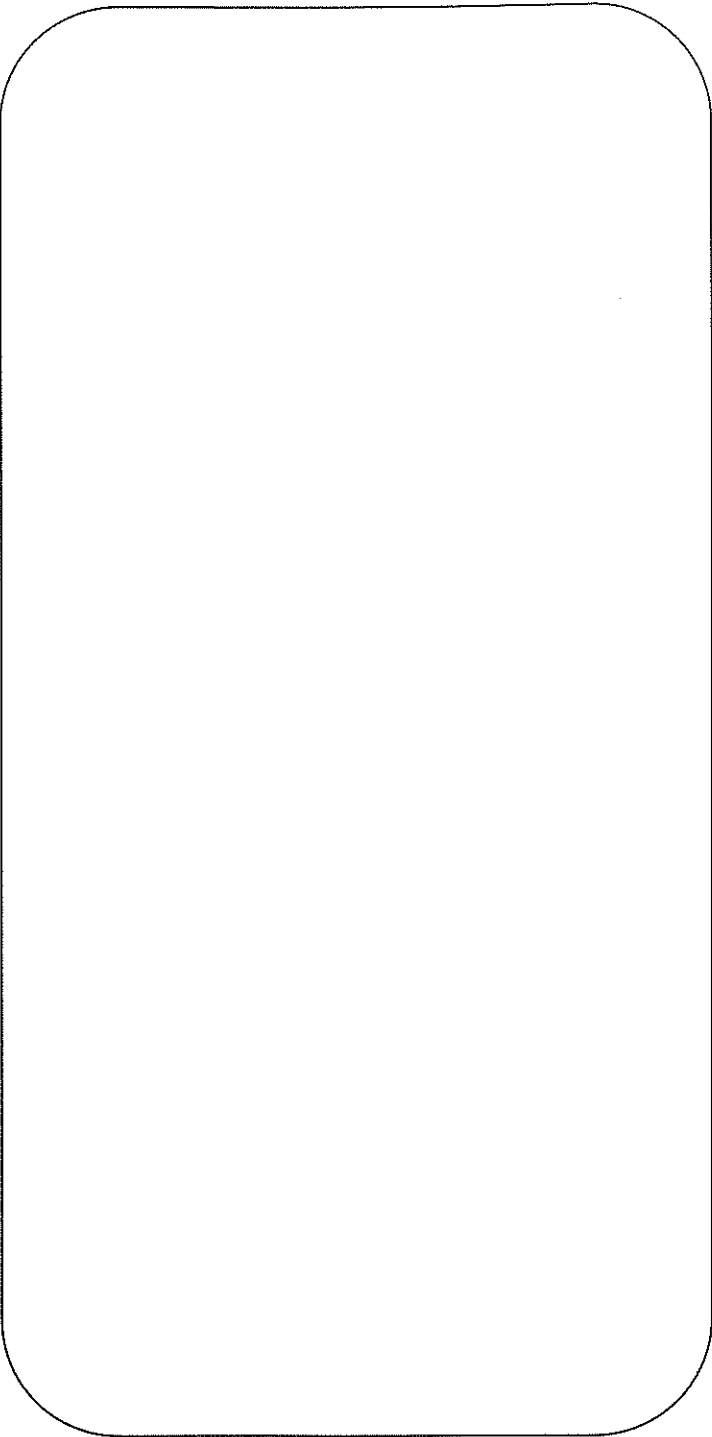
Rec'd for ISSUANCE APR 24 2011
 Secretarial Stamp

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): [Signature] Date: 3/24/17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date: 3/24/17
 (If you are signing on behalf of the owner(s) letter of authorization must accompany this application)
 Address to send permit: 18457 68th Ave Chippewa Falls, WI 54802 9
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

See 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 (*): (*) 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)

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	109 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	312 Feet
Setback from the North Lot Line	375 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	887 Feet	Setback from Wetland	168 Feet
Setback from the West Lot Line	161 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	44 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)	43 Ft 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: 17-105	# of bedrooms: _____	Sanitary Date: 4-24-17
Permit Denied (Date): _____	Reason for Denial: REUSE	Permit Date: 4-21-17		
Permit #: 17-0005				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: noticing running water, kitchen + water in old farmhouse. held for sanitary.				
Date of Inspection: 3-28-17	Inspected by: Caseyberry Murphy	Zoning District Lakes Classification (NH)		
Condition(s): None.	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)	Date of Re-Inspection:		
Signature of Inspector:		Date of Approval: 3-29-17		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

