

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
 MAY 15 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-0184
 Date: 5-19-17
 Amount Paid: \$1755-16-17
 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.

Class A

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

Owner's Name: Solo Properties LLC Mailing Address: Suite 500, 555 Main St, Racine, WI 53403 Telephone: _____
 Address of Property: 45580 Metros Landing City/State/Zip: _____ Cell Phone: _____
 Contractor: Renaissance Rental Properties Inc Contractor Phone: (715) 558-4614 Plumber: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: (715) 817-2034 Agent Mailing Address (include City/State/Zip): Iron Lake Rd, WI 54847 Written Authorization Attached Yes No
 Mike Furtak (715) 817-2034 (6173 Iron Lake Rd, WI 54847) Tax ID# (4-5 digits) 8396 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 1149 R-9170

PROJECT LOCATION
 Legal Description: (Use Tax Statement) Part of
 Gov't Lot: 1/4 Lot(s) 1 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 5, Township 43 N, Range 7 W Town of: Cable Lot Size _____ Acreage 1.0

Shoreland Non-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: _____ feet
 Distance Structure is from Shoreline: 55' 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
\$ _____	<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 checked="" type="checkbox"/> Existing	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement (existing bldg) <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u> Sewer</u> <input type="checkbox"/> Privy (Prt) 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: 46.5 Width: 49' Height: 38
 Proposed Construction: Length: _____ Width: _____ Height: _____

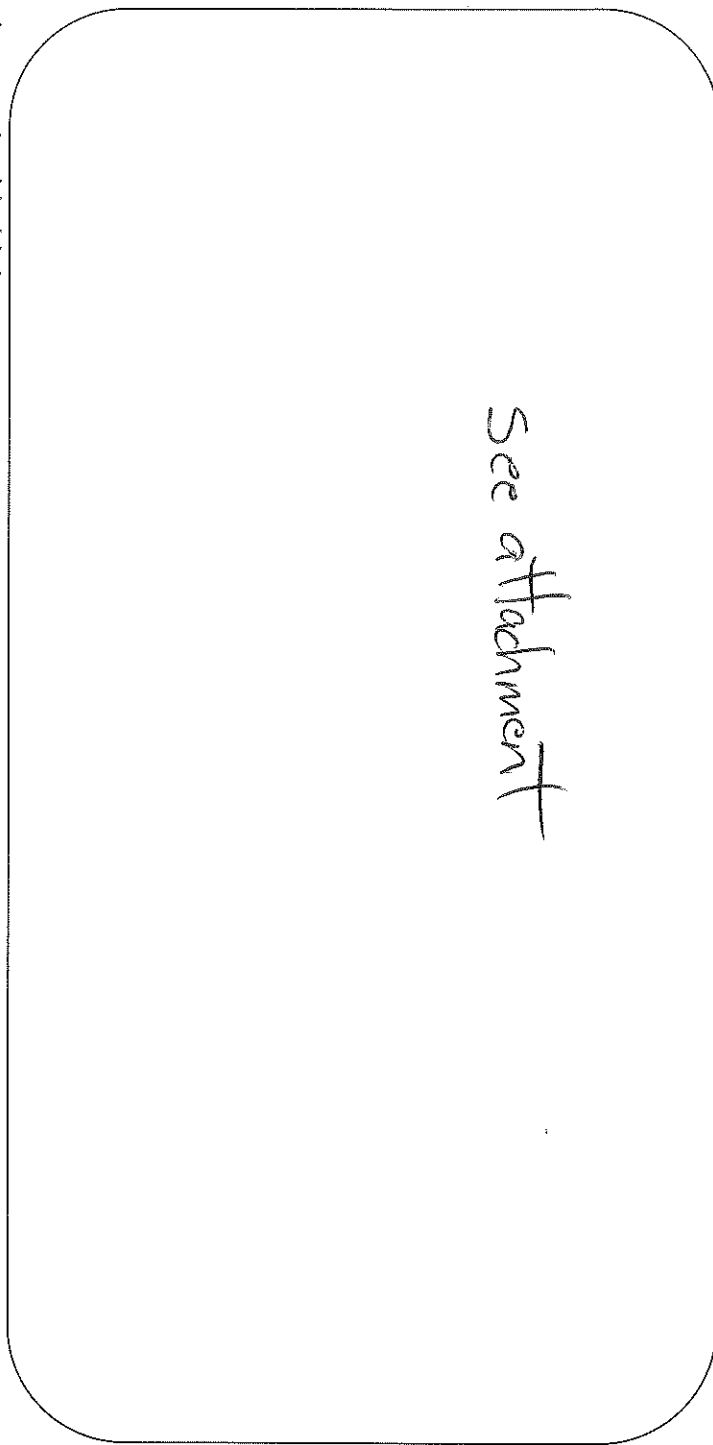
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	() () () () () () ()	<input checked="" type="checkbox"/> () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	() () () () ()	<input type="checkbox"/> () () () ()
<input type="checkbox"/> Municipal Use	Secretarial Staff	()	<input type="checkbox"/> ()

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): _____ Date: 4-5-2017
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Michael F Furtak
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 6173 Iron Lake Rd Iron River WI 54847 Attach _____
 (If you recently purchased the property send your Recorded Deed)

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 (*): **(*) 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	340+ Feet	Setback from the Lake (ordinary high-water mark)	55+ Feet
Setback from the Established Right-of-Way	300+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	80+ Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	30+ Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	12' Feet	Setback to Well	300+ Feet
Setback to Drain Field	30' 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.

(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 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) Sanitary Number: **59810** # of bedrooms: **3** Sanitary Date: **11/14/1984**

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: **17-0184** Permit Date: **5-19-17**

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

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

Is Structure Non-Conforming Yes No **Shoreland setback** No

Granted by Variance (B.O.A.) Yes No Case #: **N/A** Previously Granted by Variance (B.O.A.) Yes No Case #: **N/A**

Was Parcel Legally Created Yes No Existing

Was Proposed Building Site Delineated Yes No

Where Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Yes No

Affidavit Attached Yes No

Affidavit Required Yes No

Affidavit Attached Yes No

Inspection Record: **Property well maintained no outstanding code issues OK to issue Class A Special Use Permit.**

Date of Inspection: **5/17/2017** Inspected by: **Robert Seligman**

Conditions: **Must obtain license from Bayfield County Health Department.**

Signature of Inspector:

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____

Date of Approval: **5/17/2017**



Recorded Map



State



Tie Line

0 0.0175



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 59810 (11/14/1984)
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0154** Issued To: **Solo Properties LLC / Mike Furtak, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **5** Township **43** N. Range **7** W. Town of **Cable**

Par in
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [2- Story; 1 – Unit; Short-term Rental]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain license from Bayfield County Health Department.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 19, 2017

Date