

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

*Completed Land Use Packet & Fees get sent to zoning*

**NOTES TO THE APPLICANT NEED TO BE ON POST IT NOTES, NOT THE APPLICATION. NO RESOURCES!**

Permit #:	17-08975
Date:	7-25-17
Amount Paid:	375 616-17
Return:	USD 7-25-17 (RECORRECT)

**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: WALTER BARBARA WARNER Mailing Address: PO Box 71 City/State/Zip: Bayfield, WI 58602 Telephone: 715 3691-4323

Address of Property: 74845 Airport Rd City/State/Zip: Iron River, WI 54847 Cell Phone: 715 969 6303

Contractor: American Lenses Hayward Contractor Phone: 715-634-5322 Plumber: Shannon A. Tech Plumber Phone: 558-4616

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-634-5322 Agent Mailing Address (include City/State/Zip): Shannon A. Tech Written Authorization Attached  Yes  No

PROJECT LOCATION: NE 1/4, NE 1/4 Legal Description: (Use Tax Statement) 26718 Tax ID# (4-5 digits) 26718 Recorded Deed (i.e. # assigned by Register of Deeds) Document #: \_\_\_\_\_ fr: \_\_\_\_\_

Section 11, Township 48 N, Range 9 W Town of: OULLA Lot Size 1,320 x 1,295 Acreage 39.432

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Are Wetlands Present?  Yes  No

Value at Time of Completion \* include donated time & material: \$ 150,000

<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> Year Round	<input checked="" 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>461619</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bid)	<input checked="" 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"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<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: 52 Width: 28 Height: 15'

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( 28 X 52 )	1,316
	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with (2 <sup>nd</sup> ) Deck	( 38 X 14 )	530
	with a Deck 3 1/2" x 4" joists / 1/2" plywood decking / 2x4 posts w/ 2x4 bracing	( )	( )
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
	Mobile Home (manufactured date)	( )	( )
	Addition/Alteration (specify)	( )	( )
	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use		( )	( )
	Rec'd for Issuance	( )	( )
	Special Use: (explain)	( )	( )
	Conditional Use: (explain)	( )	( )
	Other: (explain)	( )	( )

JUL 24 2017  
 Secretarial Staff

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): Walter & Barbara Warner Barbara Warner Date 6/9/17 6.9.17

(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 \_\_\_\_\_

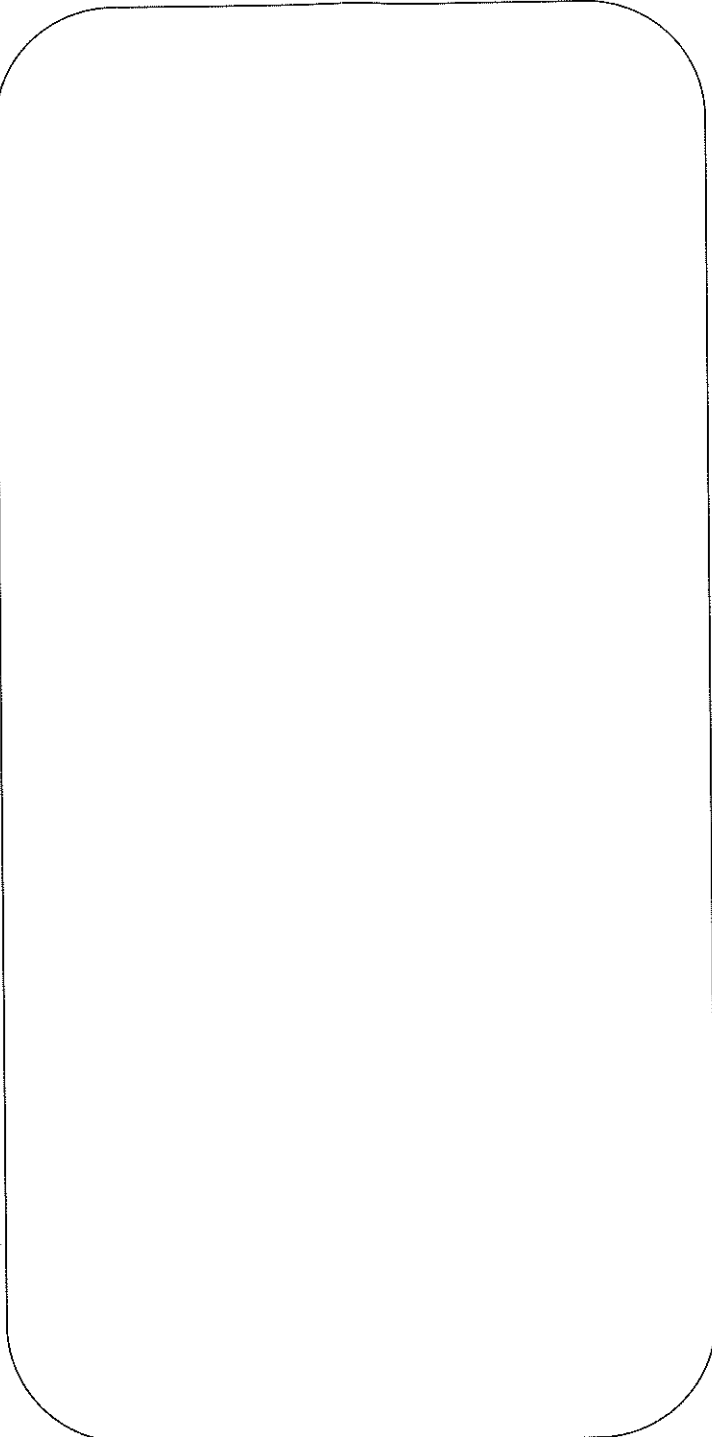
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 15628 State Rd, 77 Hayward, WI 54843 Attach Copy of Tax Statement

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

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	500' 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	1000' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	300' Feet	Setback from Wetland	40' Feet
Setback from the West Lot Line	800' Feet	20% Slope Area on property	0' No
Setback from the East Lot Line	500' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	325' Feet	Setback to Well	350' 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 to the other previously surveyed corner or marked by 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: 08-1945 # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 170095 Permit Date: 7-25-17

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

Is Parcel in Common Ownership  Yes  No (Fused/Contiguous Lot(s))  No  No

Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner  Yes  No

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

Inspection Record: Zoning District (R-1) Lakes Classification (M/A) Date of Re-Inspection:

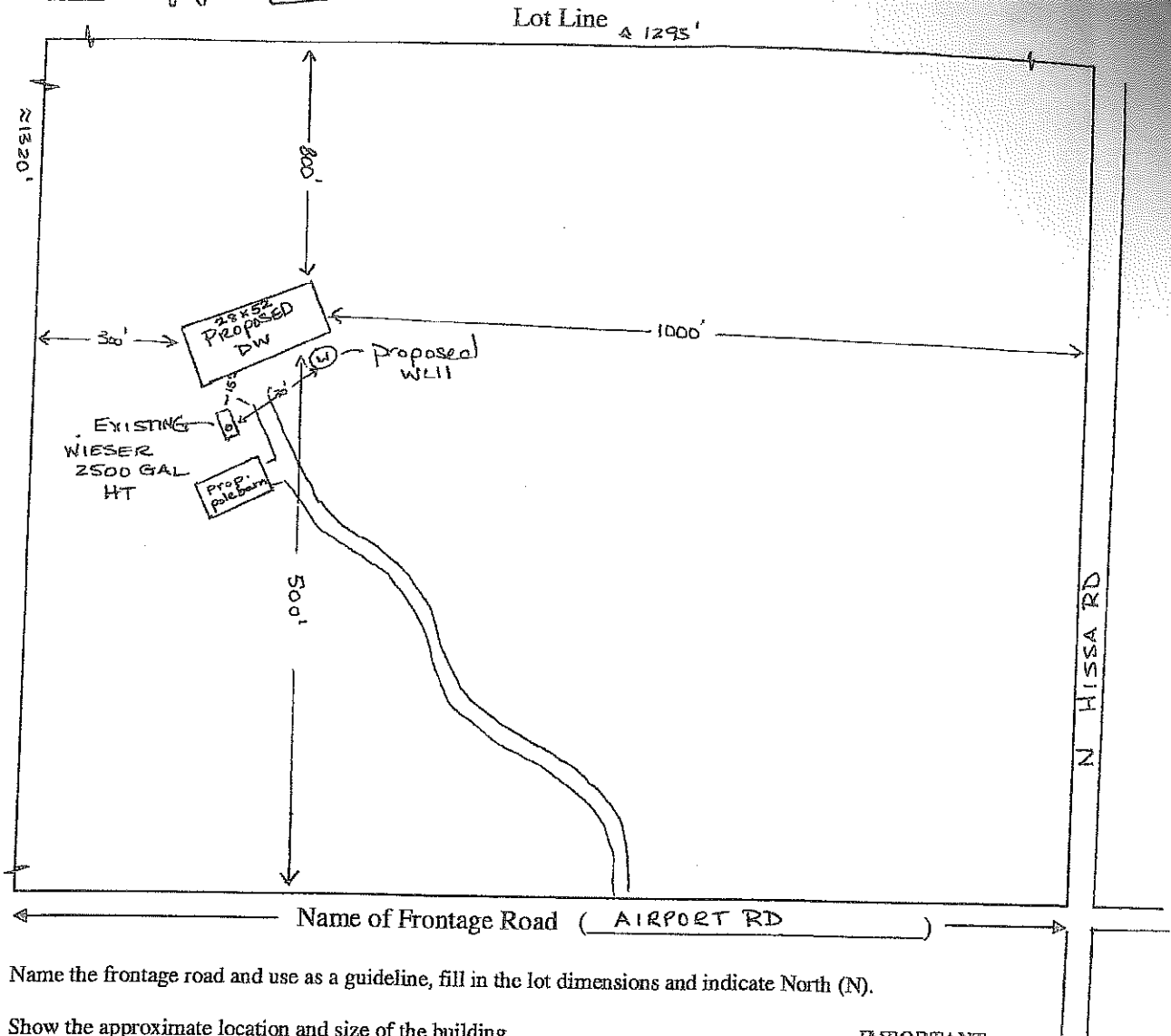
Date of Inspection: 6-22-17 Inspected by: J. Murphy

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

VX PERMIT N INSPECTIONS REQUIRED CONNECTION TO PRIVATE HOLDING TANK MUST BE DONE BY A MASTER PLUMBER SEE CONDITIONS PLACED BY TOWNSHIP FORM A

Signature of Inspector: [Signature] Date of Approval: 7-17-17

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:   Date of Approval: 7-17-17



**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 COMPLETELY**

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 

<ol style="list-style-type: none"> <li>a. Building to all lot lines</li> <li>b. Building to centerline of road</li> <li>c. Building to lake, river, stream or pond</li> <li>d. Septic / holding tank to closest lot line</li> <li>e. Septic/holding tank to building</li> <li>f. Septic / holding tank to well</li> <li>g. Septic / holding tank to lake, river, stream or pond</li> <li>h. Privy to closest lot line</li> </ol>	<ol style="list-style-type: none"> <li>i. Privy to building</li> <li>j. Privy to lake, river, stream or pond</li> <li>k. Drain field to closest lot line</li> <li>l. Drain field to building</li> <li>m. Drain field to well</li> <li>n. Drain field to lake, river, stream or pond</li> <li>o. Well to building</li> </ol>
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**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891  
(715) 373-6138

u/forms/sanitaryapplication1  
June 2006

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

LAND USE – X  
SANITARY – 08-194S  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0275** Issued To: **Walter & Barbara Warner**

Location: **NE ¼ of NE ¼ Section 11 Township 48 N. Range 9 W. Town of Oulu**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Use: [ 1- Story; Residence (28' x 52') = 1,456 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** UDC permit and inspections required. Connection to holding tank must be done by a master plumber. **Towns Conditions:** 1] no change to the project construction type (new construction, mobile house, manufactured house, recreational vehicle) is allowed without review but the Town Plan Commission and approval of the Town Board 2] the Town may periodically review the Special Use Permit to assure compliance with the permit conditions and the Town's Comprehensive Plan.

**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.

**Jennifer Murphy**

Authorized Issuing Official

**July 25, 2017**

Date