

ENTERED

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 11 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0289
Date: _____
Zoning District: R-4
Amount Paid: \$75.00 PDS
6/11/08

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.
Changes in plans must be approved by the Zoning Department.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
Legal Description: _____ 1/4 of Section 29 Township 50 North, Range 8 West, Town of Port Wing
Govt Lot 9-12 Block 28 Subdivision _____ CSM # _____ Acreage 2.99
Volume 899 Page 944 of Deeds Parcel I.D. # 04-042-2-50-0829-4 00-173-35000
Property Owner William & Brenda Swannack Contractor Self / Hipsher Forest Products
Address of Property 8790 7th Street Plumber _____
Port Wing, WI 54865 Authorized Agent _____
Telephone 715-235-0554 (Home) 715-235-3685 (Work) _____
Parcel I.D. # 04-042-2-50-0829-4 Use Tax Statement for Legal Description _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition Existing _____
Basement: Yes No Number of Stories _____
Estimated Cost of Construction 16,000 Square Footage 1,260 Existing _____ Privy _____ City X
USE: ? City Sanitary New _____
 * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) BOE BOY
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Residence sq. ft. _____
Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____ Deck(2) sq. ft. _____
Residence sq. ft. _____ Garage sq. ft. _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

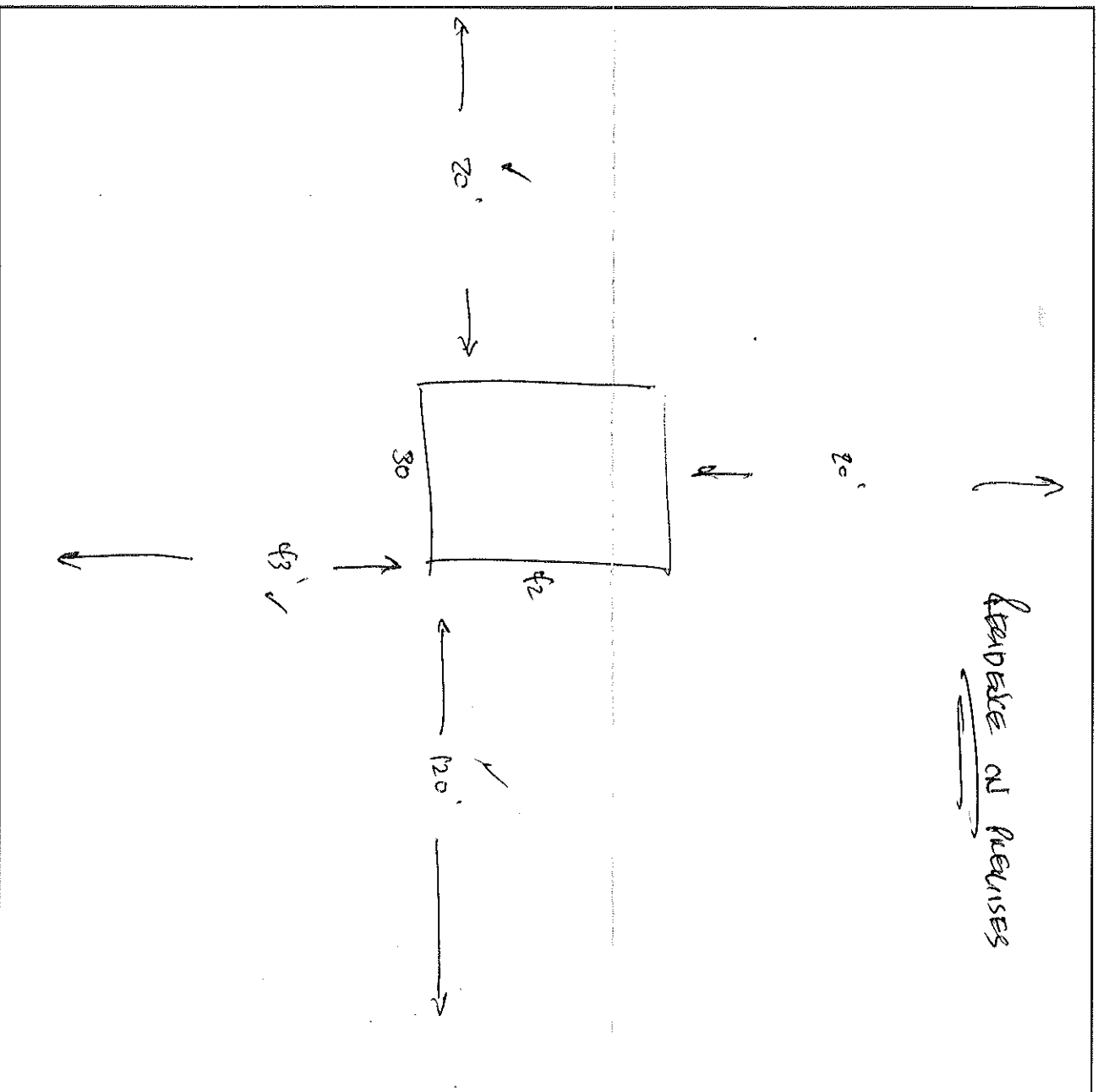
FAILURE TO OBTAIN A PERMIT AT STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 or Authorized Agent (Signature) Bill & Brenda Swannack Date 6/10/08
Address to send permit 44577 370th Ave Menomonie, WI 54751 ATTACH _____
Copy of Tax Statement _____

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
If you previously purchased the property Attach a Copy of Recorded Deed _____

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 7-2-08 Permit Number 08-0289 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURE SETBACKS/CONDITIONS AS REPRESENTED BY ORDER APPEALS TO BE
COE COHERANT CO. PERMIT BY BOE Date of Inspection 6-26-08
WHY BE USED.
Mitigation Plan Required: Yes No
Condition: _____ Variance (B.O.A.) # _____
Record for Issuance
Back to Doc / ?
JUL 01 2008
City District _____ Signed [Signature] Inspector _____ Date of Approval _____
Sec. State of order - Forest - 7-1-08
per DC -
Doug - looks on plot plan - per DC -
as tho this a princ. bldg. ??

Lot Line



Name of Frontage Road (_____)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
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:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (a-o) COMPLETELY

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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APPLICATION FOR PERMIT
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MAY 30 2008
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LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE OTHER

Legal Description NE 1/4 of SW 1/8 Township 49 North, Range 8 West, Town of Port Wing

Gov't Lot Lot Block Subdivision CSM # Acreage 40

Volume 837 Page 526 of Deeds Parcel I.D. # 04-042-2-49-08-18-301 Use Tax Statement for Legal Description

Property Owner CLINTON HARRISON Parcel I.D. # 0010000 1047-1036-07 (Phone)

Address of Property 7380 PORT WING LN RD, PORT WING, WI 54865 Plumber DAVE - BLAKEMAN PLUMBING

Telephone 715-774-3151 (Home) (Work) Authorized Agent Clinton Harrison (Phone)

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing Basement: Yes No Number of Stories 1

Estimated Cost of Construction 100,000 Square Footage 1488 Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms) 3 3 + 12' x 14' addition

Residence sq. ft. 1488 Mobile Home (manufactured date)

* Residence w/deck-porch (# of bedrooms) Commercial Principal Building

Residence sq. ft. Porch sq. ft. Commercial Principal Building Addition (explain)

Deck sq. ft. Deck(2) sq. ft. Commercial Accessory Building (explain)

* Residence w/attached garage (# of bedrooms) Commercial Accessory Building Addition (explain)

Residence sq. ft. Garage sq. ft. Commercial Other (explain)

Residential Addition / Alteration (explain) Special/Conditional Use (explain)

Residential Accessory Building (explain) External Improvements to Principal Building (explain)

Residential Other (explain) ELR REBUILD External Improvements to Accessory Building (explain)

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 or Authorized Agent (Signature) Clinton B. Harrison Date 5/30/08

Address to send permit P.O. Box 124 Port Wing, WI 54865 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT -- PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number 08-055 Date 7-3-08

Date 7/3/08 Permit Number 0810310 Permit Denied (Date)

Reason for Denial:

Inspection Record: STRUCTURAL SETBACKS & CONDITIONS AS REPRESENTED BY OTHER AGENCIES TO BE THE RESPONSIBILITY & PERMIT WRAP BE ISSUED BY ORDINANCES. By DOC Date of Inspection 6-13-08

Mitigation Plan Required: Yes No Variance (B.O.A.) #

Condition: A UNIFORM SHELTERING CODE (UOC) PERMIT FROM THE LOCALITY CONTRACTED UOC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

2) SETBACK MUST BE AT LEAST 75' FROM THE (C)'S FOR THE TO THE PARCEL IN THE NE 1/4 OF THE SW 1/4 SEC. 15 T 49 N L 8 N. Signed [Signature] Date of Approval 6-13-08
Inspector

* Letter of Authorization required

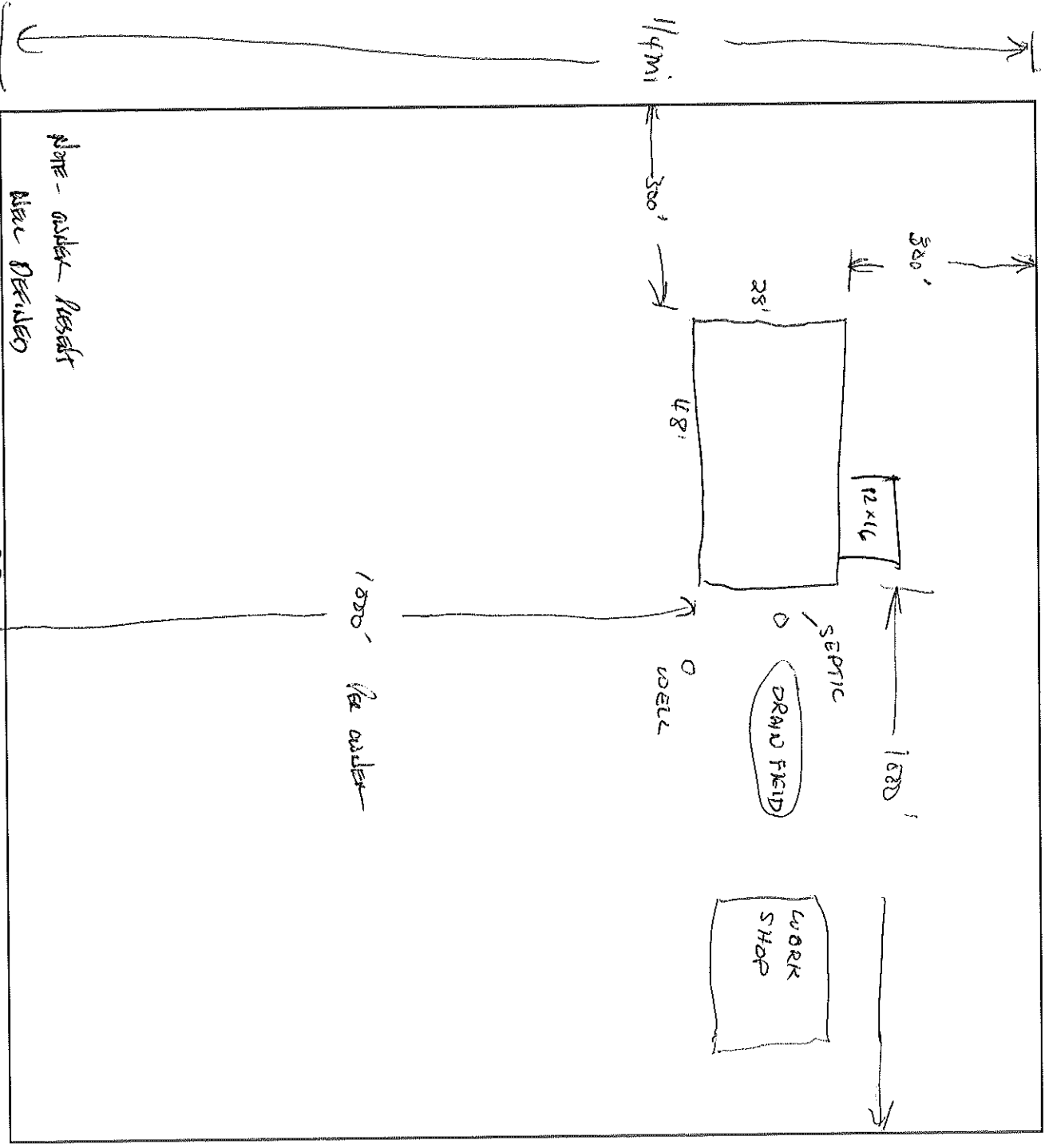
ENTERED

Application No.: 09-0310
Date: 09/1/08
Zoning District: Class A
Amount Paid: 300
TBA 175 - 6/17/08
doc

1145-2

N

Lot Line



stone - outdoor Reseater
near Deck/door

PORT WINDG LN RD
Name of Frontage Road (PORT WINDG LN RD)

1. Name the frontage road and use as a guideline. fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure - (include any deck(s), porch or garage)
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:
 - a. Building to all lot lines 300/300 /1000/1000
 - b. Building to centerline of road 1000
 - c. Building to lake, river, stream or pond N/A
 - d. Septic tank to closest lot line 280'
 - e. Septic tank to building 12'
 - f. Septic tank to well 28'
 - g. Septic tank to lake, river, stream or pond N/A
 - h. Privy to closest lot line N/A
 - i. Privy to building N/A
 - j. Privy to lake, river, stream or pond N/A
 - k. Drain field to closest lot line 280'
 - l. Drain field to building 75'
 - m. Drain field to well 240'
 - n. Drain field to lake, river, stream or pond. N/A
 - o. Well to building 30'

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