

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
OCT 20 2008
Bayfield Co. Zoning Dept.

ENTERED

Application No: 08-0603
Date: _____
Zoning District: F-1
Amount Paid: \$75.00 RAS
10/20/08

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 _____
Use Tax Statement for Legal Description

Legal Description: PT S 1/4 of SE SE 1/4 of Section 46 Township 46 North, Range 7 West, Town of Arades
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 6
Volume _____ Page _____ of Deeds Parcel I.D. Legacy - 022100403000

Property Owner Lyle W. Knutson Contractor SELF (Phone) 715 643-3115
Address of Property 3940 WEBSTER RD Plumber _____
TOWN OF HUGHES Authorized Agent _____ (Phone) _____

Telephone 715-643-3115 (Home) 715 232-0162 (Work)
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 _____
Fair Market Value 8,000 Square Footage 672
USE: * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) GARAGE
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) Lyle W. Knutson Date 10-15-08
Address to send permit PAUL KNUTSON E2589 944 AVE BOYCEVILLE ATTACH
WI. 54725 Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE

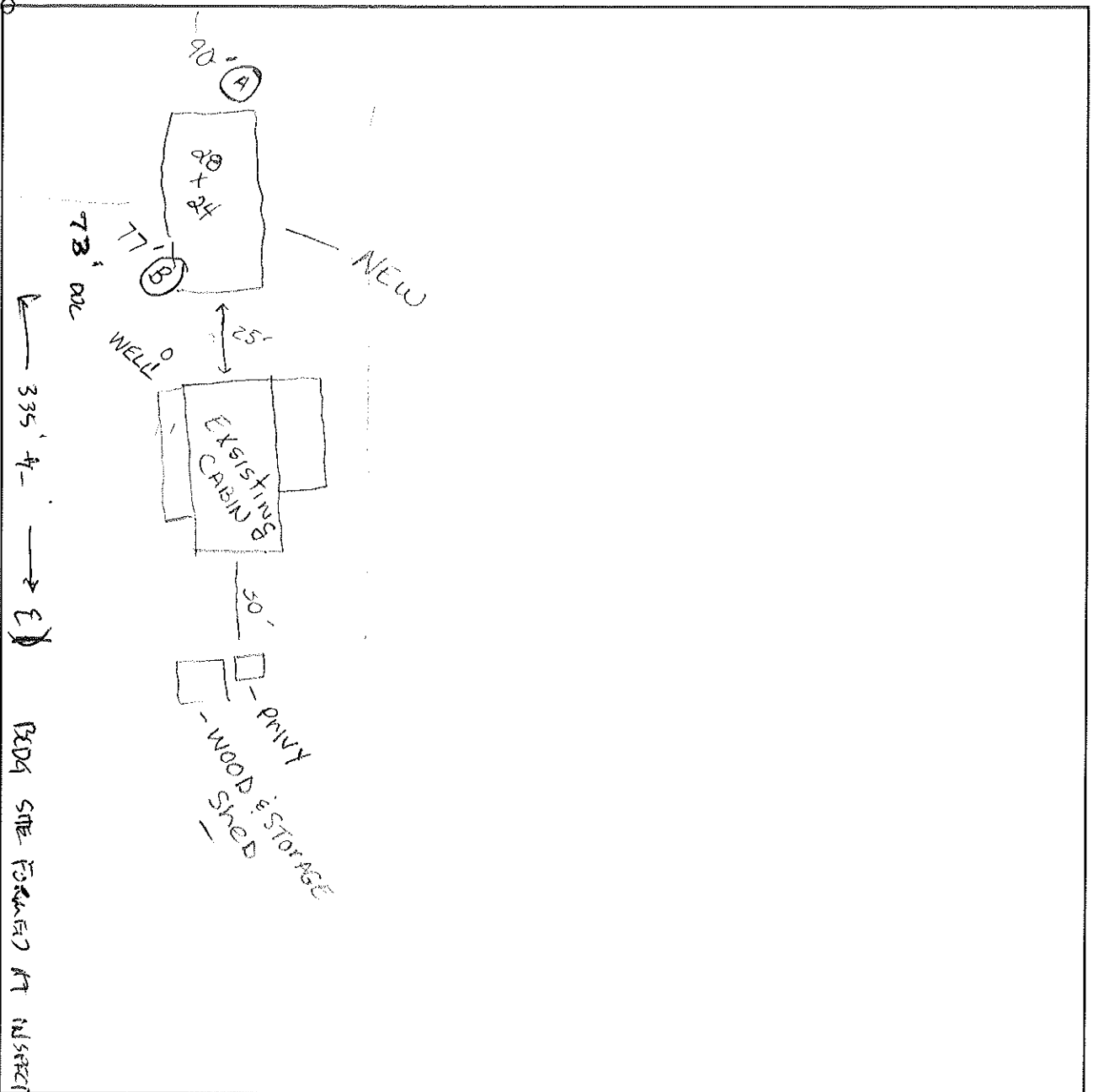
Permit Issued: _____ State Sanitary Number _____ Date _____
Date 10/29/08 Permit Number 08-0603 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: STRUCTURAL SERVICES/CONDITIONS AS REFERENCED BY OWNER APPEAR TO BE
BEING COMPLIANT & PERMIT MAY BE ISSUED. By DPC Date of Inspection 10-22-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____

Existing Residential Structure Signed by [Signature] Inspector _____
Date of Approval 10-22-08
Rec'd for Issuance OCT 29 2008

440

N
Lot Line



Name of Frontage Road (Webster 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.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Holding tank to closest lot line e. Holding tank to building f. Holding tank to well g. Holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Septic Tank and Drain field to closest lot line l. Septic Tank and Drain field to building m. Septic Tank and Drain field to well n. Septic Tank and Drain field to lake, river, stream or pond. o. Well to building
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IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (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, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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
 OCT 17 2008
 Bayfield Co. Zoning Dept.

ENTERED

Application No. 08-0602
 Date: _____
 Zoning District F-1
 Amount Paid: 75.00 PDS
10/16/08

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 _____

Use Tax Statement for Legal Description

Legal Description NE 1/4 of SE 1/4 of Section 7 Township 47 North, Range 9 West, Town of Hughes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10

Volume _____ Page _____ of Deeds Parcel I.D. 022 P-20-01-440

Property Owner Paul D. Nelson Contractor Home Owner (Phone) (715) 372-6145
 Address of Property 68305 Sznaider Road Plumber _____
Boyle WI 54820 Authorized Agent _____ (Phone) _____

Telephone 715-372-6145 (Home) 218 591-4207 (Work)

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New Addition Existing _____
 Fair Market Value 124000 Square Footage 18000
USE: * _____
 * Residence or Principal Structure (# of bedrooms) _____

- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) garage
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____

Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes _____ No Existing Number of Stories _____
 Sanitary: New _____ Existing Privy _____ City _____
Type of Septic/Sanitary System Conventional
 Mobile Home (manufactured date) _____

- 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) _____

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Owner or Authorized Agent (Signature) Paul D. Nelson Date 10-14-08

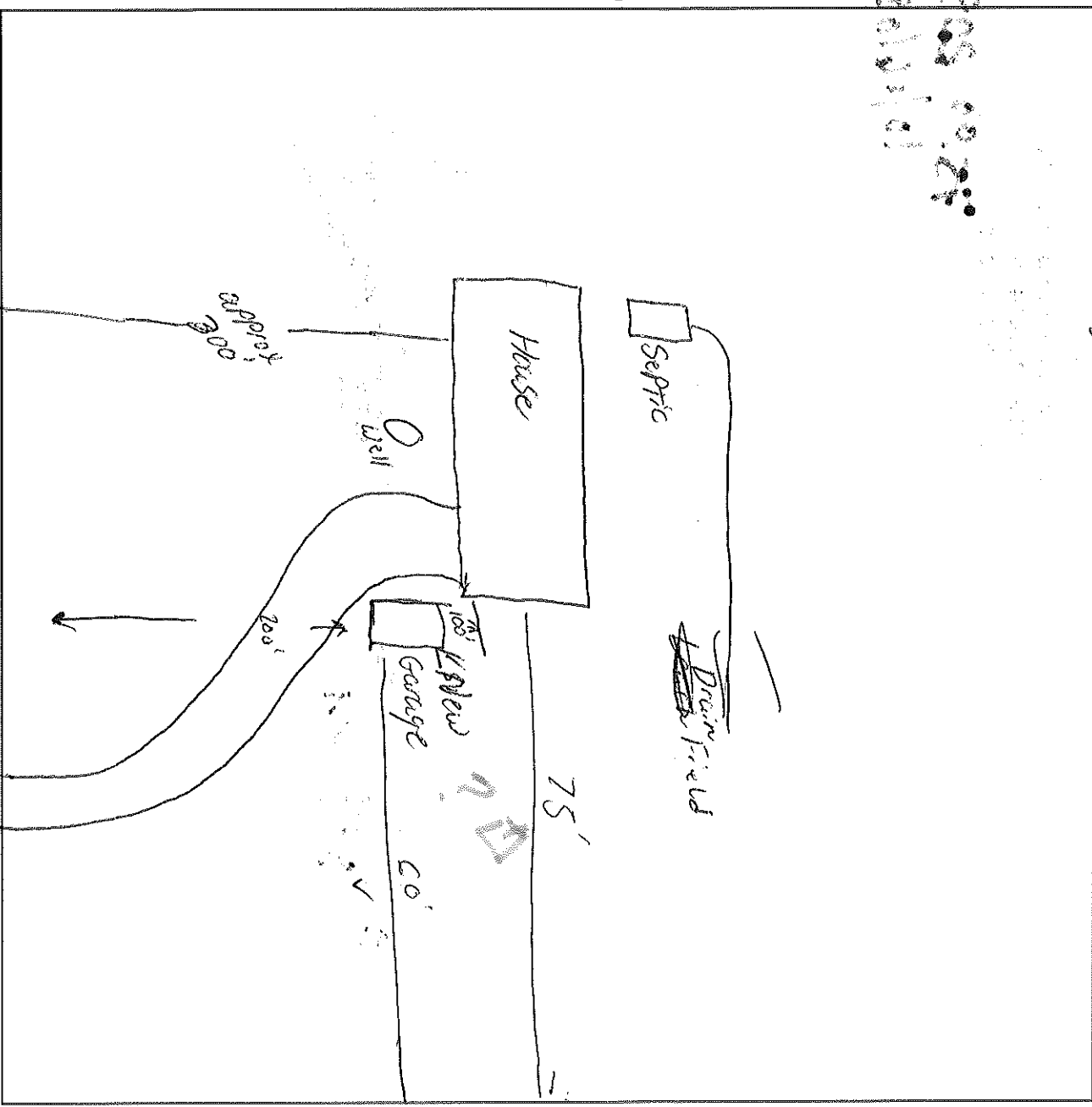
Address to send permit 68305 Sznaider Rd Boyle WI 54820 ATTACH _____

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date 10/29/08 Permit Number 08-0602 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURAL SEPTIC/CONDITIONS AS REQUESTED BY ALEX TREMPER TO BE DONE
CONCRETE + 20 PERMIT ONLY BE BY DOC Date of Inspection 10-27-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector [Signature] Date of Approval 10-28-08
 * Per DC #/ \$ transposed. OCT 29 2008 - Ref'd - 8th on Fair mkt value
 Secretarial Staff - 8 Don plot plan

330' Lot Line



NOTE: Privately, site area marked

Name of Frontage Road (S Schneider 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.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
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 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Holding tank to closest lot line
 - e. Holding tank to building
 - f. Holding tank to well
 - g. Holding 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. Septic Tank and Drain field to closest lot line
 - l. Septic Tank and Drain field to building
 - m. Septic Tank and Drain field to well
 - n. Septic Tank, and Drain field to lake, river, stream or pond.
 - o. Well to building

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