

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
MAY 27 2008

Application No.: 08-0283
Date: _____
Zoning District: A-1
Amount Paid: \$253.00 PDJ
\$175 TDA Fee
PDJ 5/29/08
PLS CALL

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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: E 1/2 - 51E 1/4 of N/W 1/4 of Section 8 Township 48 North, Range 9 West, Town of 0024
Gov't Lot _____ Lot _____ Block _____ Subdivision 038-1015-06SM# Acreage 40.20
Volume 793 Page 805 of Deeds Parcel I.D. # 038-1014-07 Use Tax Statement for Legal Description _____
Property Owner Robert & Beverly D. Tapani Contractor SELF (ROBERT TAPANI) (Phone) (715) 372-5529
Address of Property 2460 DULU PIONEER RD., BRULE, WI 54820 Plumber NOR-PINES PLUMBING
Authorized Agent Doug Mantzley (Phone) (715) 739-6255
Written Authorization Attached: Yes No

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 2172 Sanitary: New Existing _____ Privy _____ City _____
USE: * Residence or Principal Structure (# of bedrooms) 4
 * Residence w/deck-porch (# of bedrooms) 4
Residence sq. ft. _____ Porch sq. ft. 96
Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 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) Robert Tapani Beverly Tapani Date 5-19-2008
Address to send permit ROBERT TAPANI 2460 DULU PIONEER RD, BRULE WI 54820 ATTACH
Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

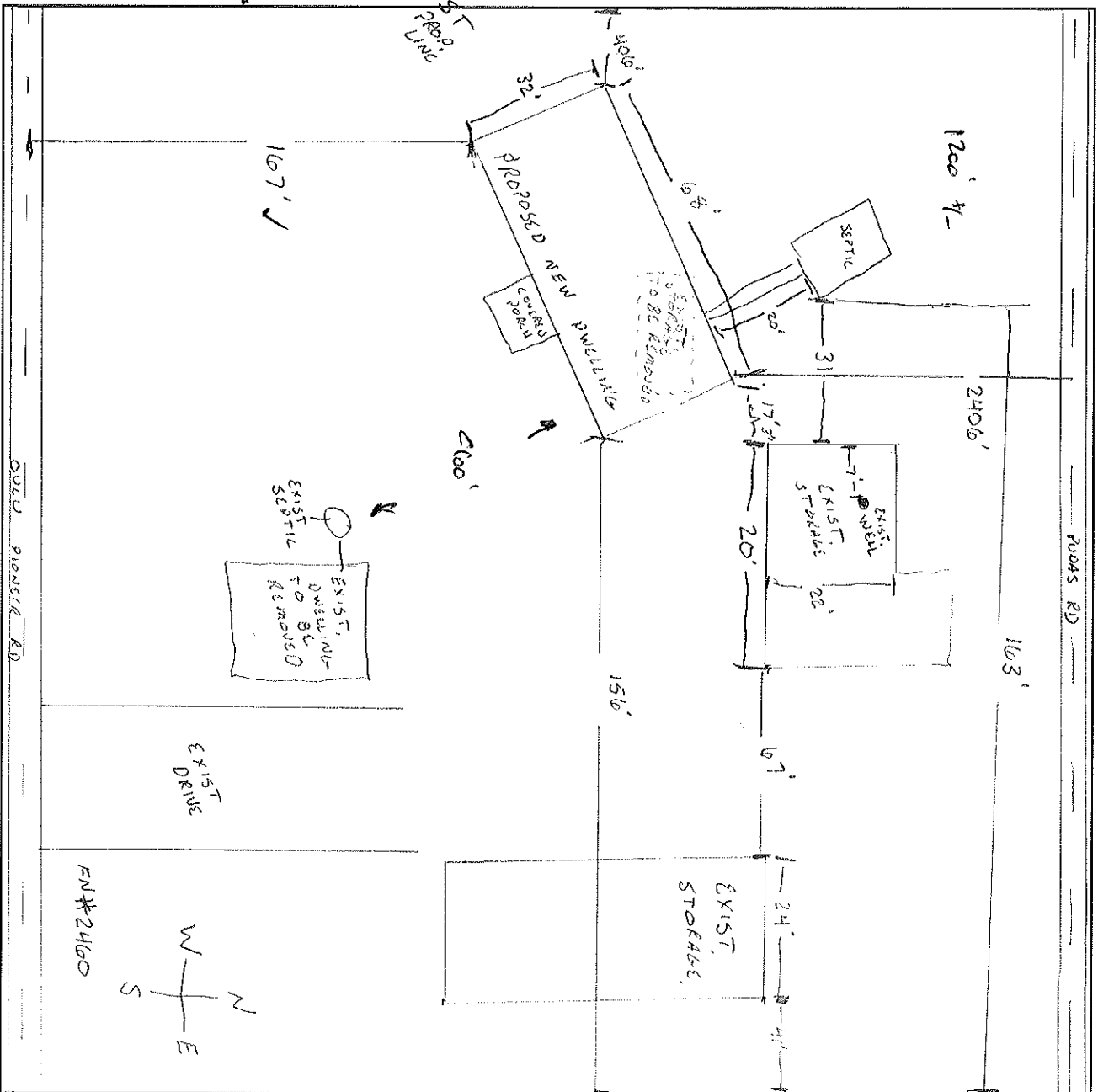
* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 08-75.S Date 6/26/08
Date 7-1-08 Permit Number 08-0283 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEAL TO BE COE
COMPLAINT AT THE US PERMIT MAY BE ISSUED BY CONDITIONS. By DRL Date of Inspection 6-13-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: A uniform setbacks code (UOC) permit from the county contracted UOC
INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.
Signed [Signature] Inspector
Date of Approval 6-13-08
JUL 01 2008

640

Lot Line



NOTE: ALL SITE DATA RECALCULATED BY OPERATOR

Name of Frontage Road CULV. PROWEEK 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
 - 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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 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 JUN 18 2008
 Bayfield Co. Zoning Dept

Application No.: 08-00057
 Date: _____
 Zoning District: A-17 NA
 Amount Paid: 50.00 DW
EDS 6/18/08

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 FEAR.
 Legal Description SE 1/4 of NW 1/4 of Section 8 Township 36 North, Range 9 West, Town of COLO
 Gov't Lot _____ of Block _____ Subdivision _____ CSM # _____ Acreage 20

Volume _____ Page _____ of Deeds Parcel I.D. # 038-1015-04 Use Tax Statement for Legal Description _____

Property Owner ROBERT BEVERLY TAPANI Contractor Self (Phone) _____
 Address of Property 2460 COLO PIONEER Plumber _____
BRULE, WI 54821 Authorized Agent _____ (Phone) _____

Telephone (715) 372-5577 Home (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 K Square Footage _____ Sanitary: New _____ Existing K Privy _____ City _____
 Estimated Cost of Construction Existing

- USE: * Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) FEAR.

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) Robert Tapani Date 6/10/08

Address to send permit _____ ATTACH _____
 Copy of Tax Statement _____
 * See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed _____

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 7-1-08 Permit Number 08-00057 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: EXISTING SHORELINE WITH 150 FEET OF PROPOSED NEW RESIDENCE IN AN A-1 ZONING DISTRICT. PERMIT MAY BE BY DOL ISSUED IF CONDITIONS. Date of Inspection 6-13-08 Variance (B.O.A.) # _____
 Mitigation Plan Required: Yes No
 Condition: TOTAL EXISTING RESIDENTIAL PAVELINGS MUST BE REMOVED BY JUNE 13, 2008 OR AN EXTENSION MUST BE OBTAINED FOR IT TO BE BEYOND THIS TIME.
 Signed [Signature] Inspector _____ Date of Approval 6-13-08
 Rec'd for Issuance

