



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 07 2011

Application No.: 12-0013
 Date: 2/23/2012
 Zoning District: A-1/-
 Amount Paid: \$75.00 RDS
6/7/11

Bayfield Co. Zoning Dept.

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description R 1/4 of N 1/4 of Section 20 Township 50N North, Range 4 West, Town of Bayfield
 Gov'l Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 35.44
 Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-006-2-50-04-20-1 01-006-10000

Property Owner Craig and Billie Hoopman Contractor N/A (Phone) _____
 Address of Property 32785 Stev Rt. Rd Plumber N/A
Bayfield, WI 54804 Authorized Agent N/A (Phone) _____

Telephone 715-779-3438 (Home) 715-779-5712 (Work) 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
 Fair Market Value 19,000.00 Square Footage 1834 Ft.
 USE: _____
 Type of Septic/Sanitary System 4/1-

- * 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) Conversion of use
- Residential Accessory Building (explain) Use burnt house for storage
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- External Improvements to Accessory Building (explain) _____
- External Improvements to Principal Building (explain) _____
- Special/Conditional Use (explain) _____
- External Improvements to Principal Building (explain) _____
- 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) Stella R. N. Date 6-6-11
 Address to send permit P.O. Box 712, Bayfield WI 54814

* See Notice on Back
 APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number 227831 Date 1-4-12
 Date 2/23/12 Permit Number 12-0013 Permit Denied (Date) _____

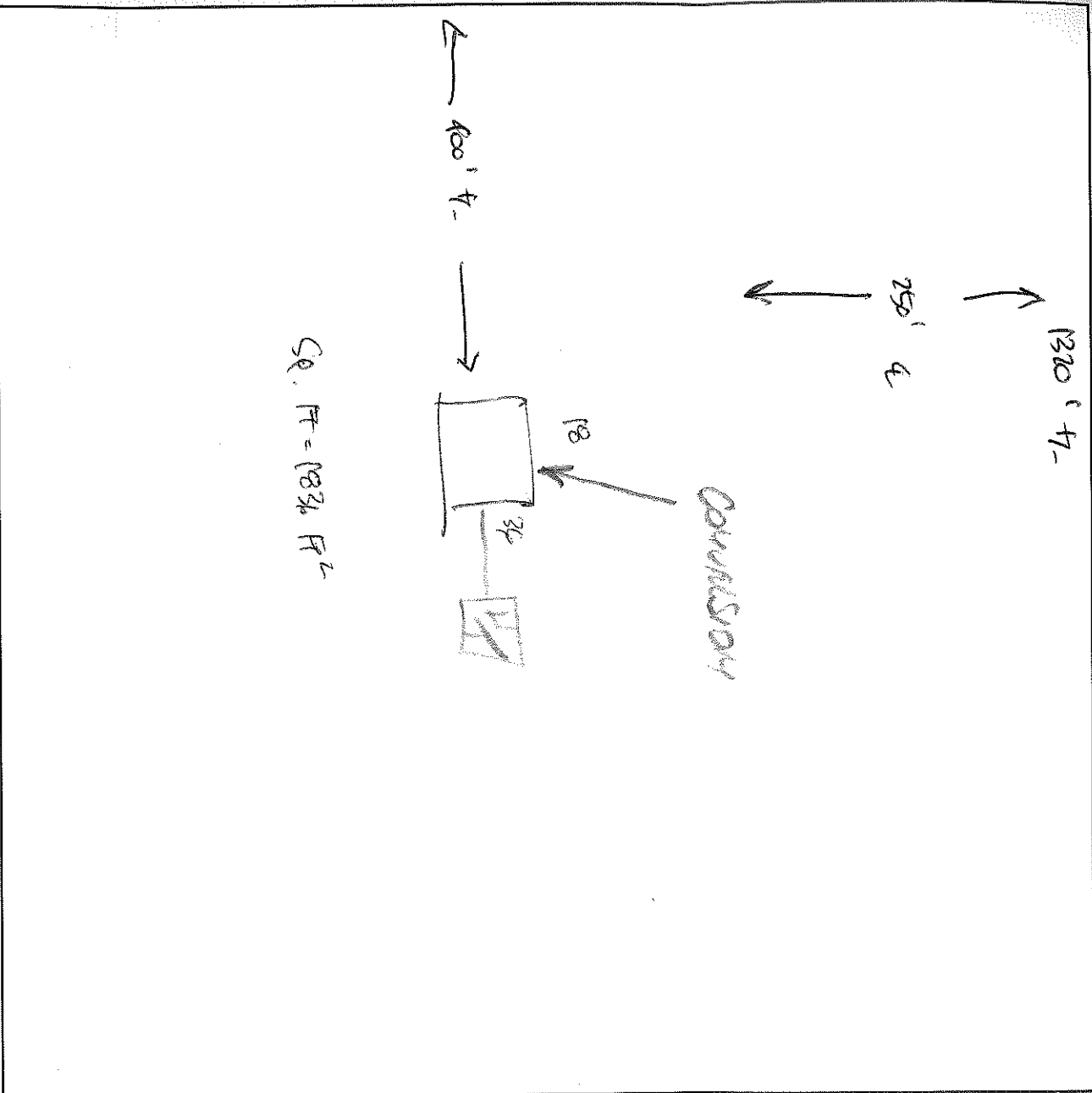
Reason for Denial: _____
 Inspection Record: Pre-existing structure, existing pails. This is a continuation of use.
 Calculating to set-backs By DR Date of Inspection 6-10-11/2-17-12

Mitigation Plan Required: Yes No
 Condition: To be a "backhouse" & necessary structure, no more than base of the existing culvert.
Variances (B.O.A.) # _____

1) Kitchen/food preparation activities
2) Septic chambers/bedroom
3) Window openings/ventilated fireplaces Inspector DR Date of Approval _____
4) Maximum height for building w/ky air eaves 50 sq. ft. Secretary 2/23/12
 Rec'd for Issuance Feb 17 2012

Note - All existing masonry work used for a residence is present

Lot Line



Sq. Ft. = 1834 Ft²

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.
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:
 - 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

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.