

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
JUN 18 2008
Bayfield County Zoning Dept.

Application No.: 08-0260
Date: _____
Zoning District: AG-1
Amount Paid: \$75.00 EOS
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
Legal Description: part of SE 1/4 of SE 1/4 of Section 29 Township 49 North, Range 4 West, Town of Bayview
Gov't Lot 5 1/2 of Lot 67+68 Block _____ Subdivision A.A. Bayboub Co. CSM # 9.5
Volume _____ Page _____ of Deeds _____ Parcel I.D. # 008-1970-09 + 08 (combined) Use Tax Statement for Legal Description 008-1970-09 + 08 (combined)
Property Owner Ronald Jack / Pamela Ratliff Contractor Self (Phone) _____
Address of Property 32745 Westgate Road Plumber _____
Washburn WI 54891 Authorized Agent _____ (Phone) _____

Telephone _____ (Home) 779-3713 (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 _____ Basement: Yes _____ No Number of Stories 1
Estimated Cost of Construction \$10,000 Square Footage 1,008 Sanitary: New Existing Privy _____ City _____
USE: + 196 lean-to

- * Residence of Principal Structure (# of bedrooms) _____ 12 Mobile Home (manufactured date) _____
- Residence sq. ft. _____
- * 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) _____ w/ Special/Conditional Use (explain) _____
- Residential Accessory Building (explain) Garage/lean-to External Improvements to Principal Building (explain) _____
- Residential Accessory Building Addition (explain) shed External Improvements to Accessory Building (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.

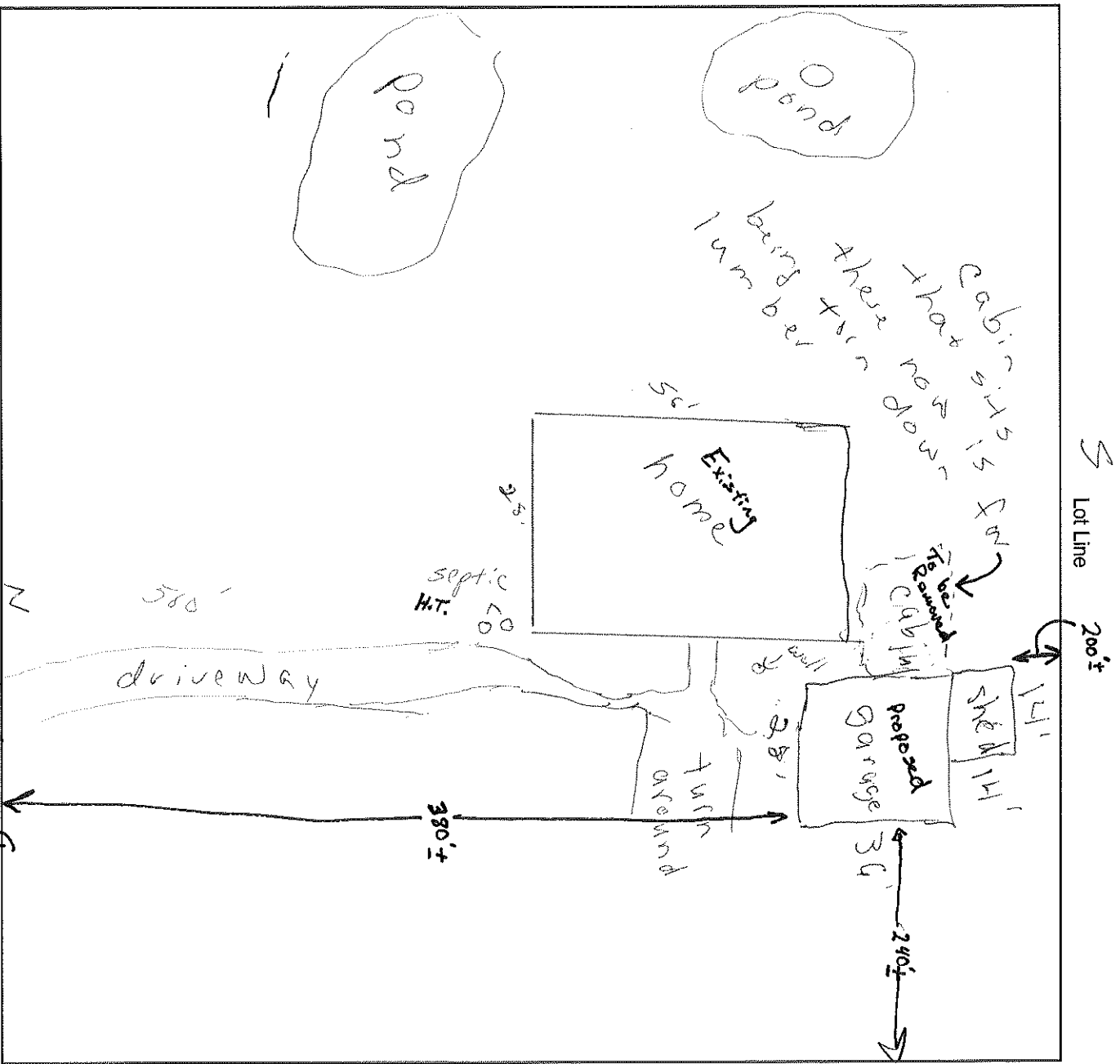
Owner or Authorized Agent (Signature) [Signature] Date 6-18-08
Address to send permit P.O. Box 199 Washburn 54891 ATTACH _____
Copy of Tax Statement _____
If you previously purchased the property Attach a Copy of Recorded Deed _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 6/23/08 Permit Number 08-0260 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Combining (2) two 475 acre parcels into one parcel by deed. Two (2) private ponds located on property. (Attached)
Meets code requirements per By Travis Tulovitsky Date of Inspection 6/20/2008
owner's representation.
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: No human habitation.

Signed Travis Tulovitsky Date of Approval 6/20/2008
Inspector _____ Rec'd for issuance _____



Name of Frontage Road (Wastgate)

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.