

# Temporary Permit

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  
JUL 14 2008  
Bayfield Co. Zoning Dept.

Application No.: 08-00067  
Date: \_\_\_\_\_  
Zoning District: AG-1  
Amount Paid: \$50.00 PDS  
7/14/08

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: 5<sup>3</sup> of 5E 1/4 of SW 1/4 of Section 13 Township 49 North, Range 5 West, Town of Bayview  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.5  
Volume 926 Page 860 of Deeds Parcel I.D. # 04-008-2-49-05-13-3 04000 Use Tax Statement for Legal Description  
Property Owner David Autrey & Peggy Smith Contractor Mike Steck (Phone) 715-682-5759  
Address of Property 30450 Mattson Rd Plumber NA  
Washburn WI 54806 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Telephone 715-682-2336 (Home) Same (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 1/2  
Estimated Cost of Construction Existing Square Footage 1150 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
**USE:**  
 \* Residence or Principal Structure (# of bedrooms) Existing to be Removed.  
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) Demolish in 1 yr.  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OF 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 7/13/08

Address to send permit 913 6<sup>th</sup> Ave West, Ashland WI 54891 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

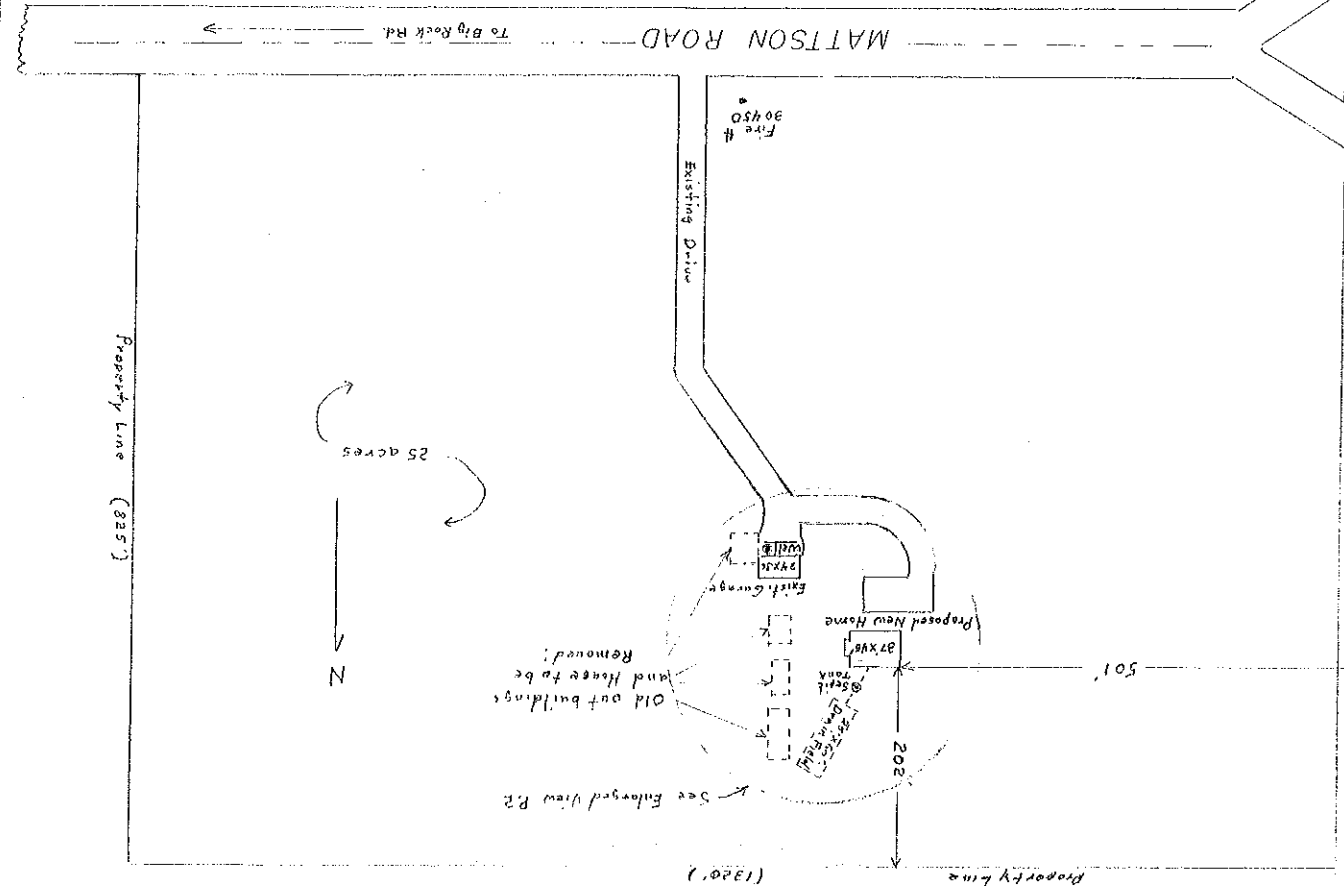
Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 7-15-08 Permit Number 08-00067 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Temporary permit application for existing residence; w/in 150 ft of new residence. By Travis Tubowitz Date of Inspection 7/01/2008  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: Existing residence to be removed within one (1) year from the date of this permit July 15, 2009.  
Signed Travis Tubowitz 7/14/2008 Date of Approval  
Inspector \_\_\_\_\_ Rec'd for Issuance \_\_\_\_\_

JUL 15 2008

Secretarial Staff

SITE PLAN for DAVE AWTRY and PEGGY SMITH  
S 1/2 of SE 1/4, SW 1/4, SEC. 13, T49N, R5W

Plot 2



**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 24 2008  
 Bayfield Co. Zoning Dept.

Application No: 08-0324  
 Date: \_\_\_\_\_  
 Zoning District AG-1  
 Amount Paid: 621 - dak  
TBA 175 - dak

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 Class A  
 Legal Description S 5 of S 14 of SW 1/4 of Section 13 Township 49 North, Range 5 West, Town of Bayview  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.5  
 Volume 92.6 Page 860 of Deeds 04-008-2-49-05-13-3-04-000-20000 Tax Parcel I.D. # \_\_\_\_\_ Use Tax Statement for Legal Description \_\_\_\_\_  
 Property Owner David Awtry and Peggy Smith Contractor Mike Steck (Phone) 715-282-5759  
 Address of Property 30450 Mattson Road Plumber Dennis Bachard  
 \_\_\_\_\_ Washburn, WI 54891 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715 682-2336 (Home) 715 682-2336 (Work)  
 Is your structure in a Shoreland Zone? Yes  No  if yes.  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Estimated Cost of Construction 207,000.00 Square Footage 1977 Sanitary: New Existing \_\_\_\_\_  
 USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) 2  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. 351  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_

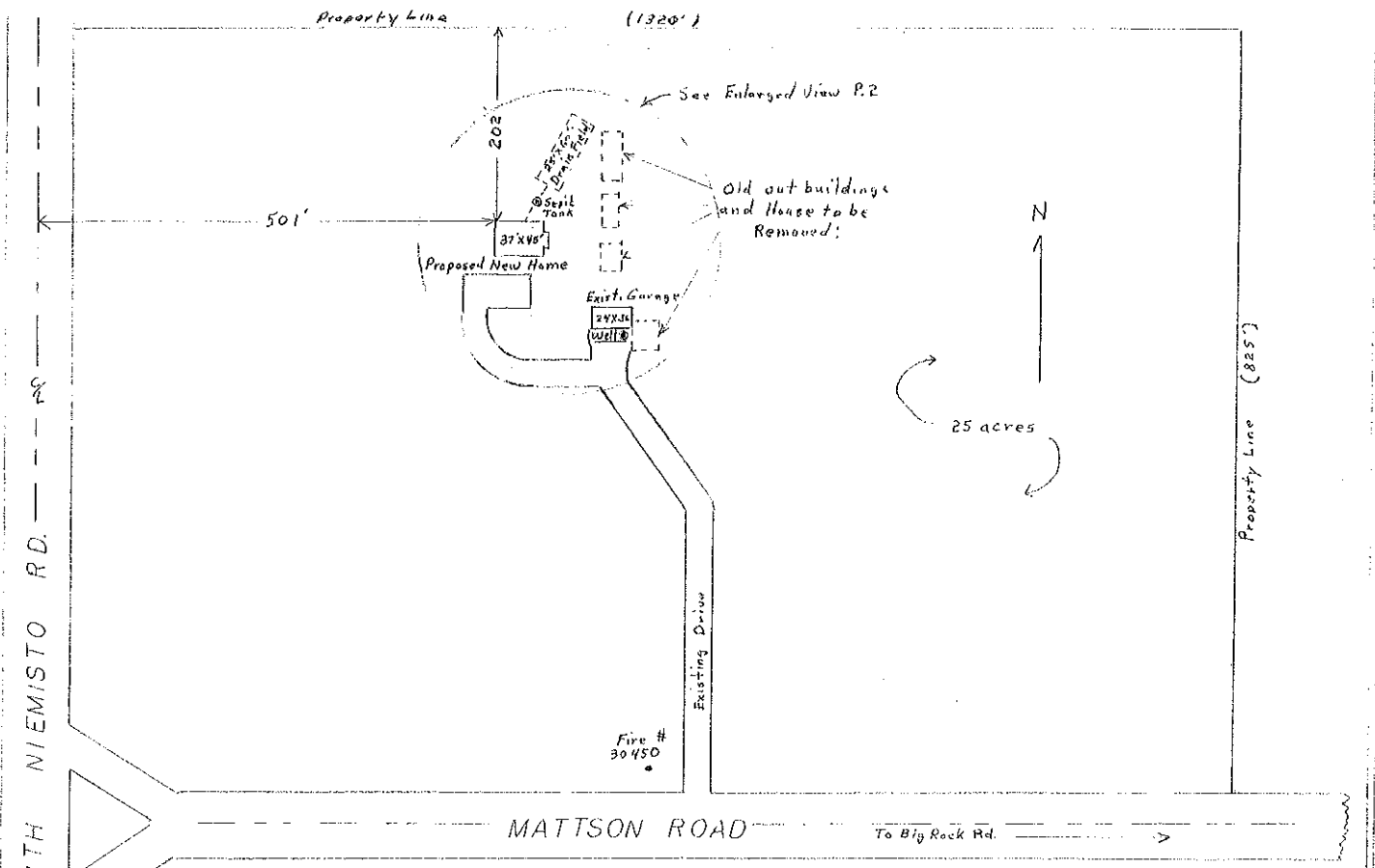
\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
 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 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) David Awtry Date 6/11/2008  
 Address to send permit 913 67th Ave West, Ashland, WI 54806 Copy of Tax Statement ATTACH  
 \* 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 08-905 Date 7/08/2008  
 Date 7-15-08 Permit Number 08-0324 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets code requirements per owner's representation. Bldg. site well staked. Existing house will be removed made temporary permit. By Travis Tulowitsky Date of Inspection 7/01/2008  
 - Temp. permit application received 7/14/08.  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_  
 Signed Travis Tulowitsky Date of Approval 7/14/2008  
 Inspector Travis Tulowitsky Rec'd for issuance \_\_\_\_\_  
 JUL 15 2008  
 Secretarial Staff



P1 of 2

SITE PLAN for: DAVE AWTRY and PEGGY SMITH

S  $\frac{3}{8}$  of, SE  $\frac{1}{4}$ , SW  $\frac{1}{4}$ , SEC. 13, T. 49 N. R. 5 W

75.00

**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**  
 JUL 16 2008

**ENTERED**  
 Application No: 08-0347  
 Date: \_\_\_\_\_  
 Zoning District: A6-1  
 Amount Paid: \$75.00 PDS  
7/16/08

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield County 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 \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description \_\_\_\_\_ 1/4 of Section 29 Township 49 North, Range 41 West, Town of Bayview

Gov't Lot \_\_\_\_\_ Lot 38 Block \_\_\_\_\_ Subdivision AA Birkelow CSM # \_\_\_\_\_ Acreage 4.75

Volume 901 Page 131 of Deeds Parcel I.D. 008-1067-08

Property Owner Bob & Jan Benson Contractor DAVE BUTLER (Phone) 715 934-2154

Address of Property 32615 Percy Rd. Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone \_\_\_\_\_ (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 \_\_\_\_\_

Fair Market Value 22,500 Square Footage 864 City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

\* 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) 24x36 GARAGE

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) Robert J. Benson Date 7-16-08

Address to send permit P.O. Box 505 Washburn WI 54891 ATACH \_\_\_\_\_

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

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7/22/08 Permit Number 08-0347 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Meets code requirements per owner's representation. Property lines were flagged by owner and proposed bldg. location was checked. By Travis Telowitzky Date of Inspection 7/21/2008

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

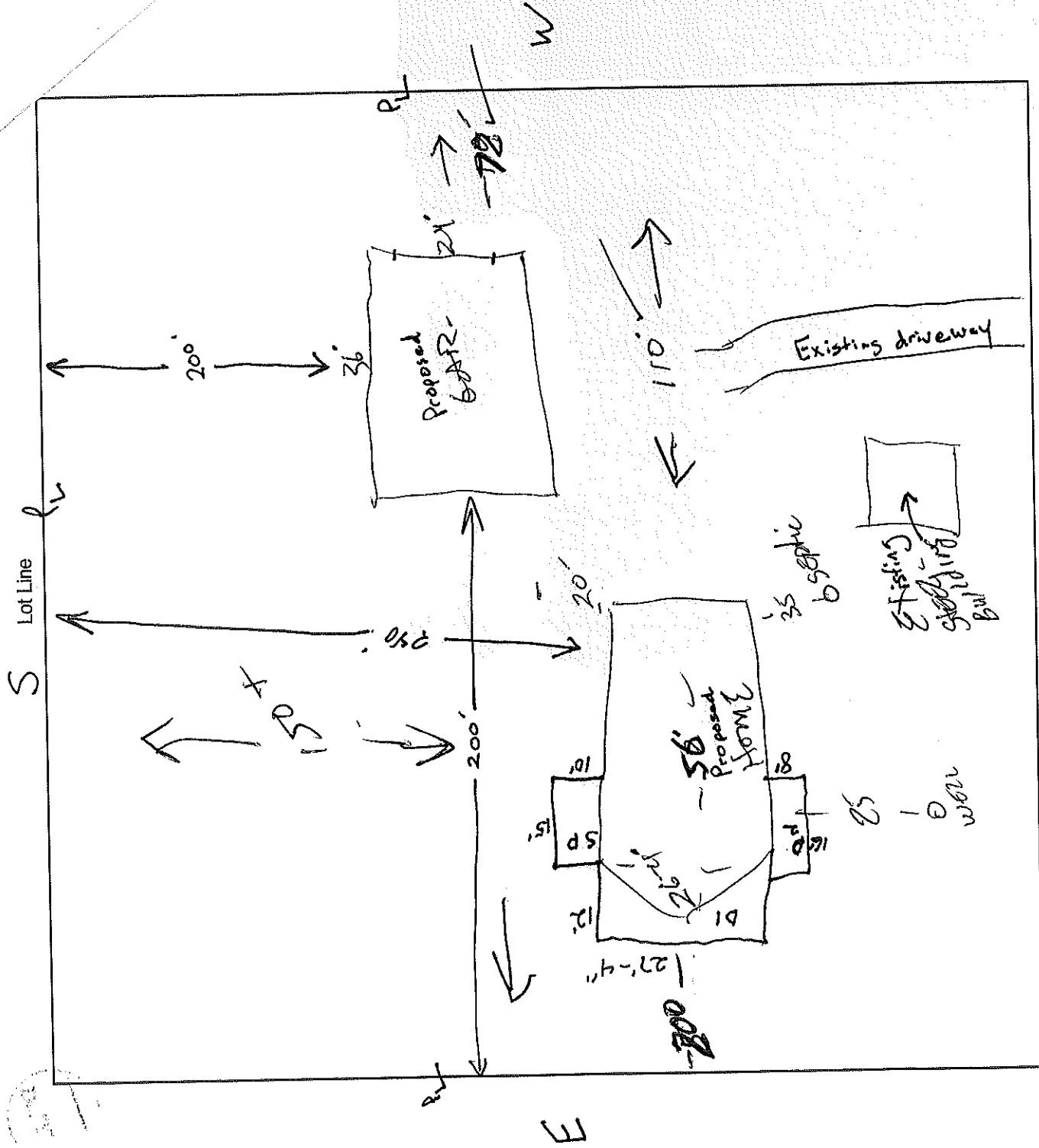
Condition: No human habitation

Signed Travis Telowitzky Date of Approval 7/21/2008  
 Inspector \_\_\_\_\_

Rec'd for Issuance

JUL 22 2008

Secretarial Staff



Name of Frontage Road ( PEACY 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.

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

\*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.