

LD 480.00 TBA 175.00

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

Application No: 08-042

Date: _____

Zoning District: A6-1

Amount Paid: \$655.00 RDs

7/16/08

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 **Class A**

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

Gov't Lot 38 Block _____ Subdivision AA31656LOWCSM# Acreage 4.75

Volume 901 Page 131 of Deeds Parcel I.D. # 008-1067-08 Use Tax Statement for Legal Description _____

Property Owner Bob + Jan Benson Contractor AMERICAN HOMES (Phone) 877-634-5222

Address of Property 32615 REACY RD. Plumber TRAVIS BUTLER FIELD

P.O. Box 505, WASHBURN WI Authorized Agent Mark Gervel (Phone) _____

Telephone 373-0717 (Home) _____ (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 160,000 Square Footage 1370 Sanitary: New Existing _____ Privy _____ City _____

USE: 1.512/2064

- * Residence or Principal Structure (# of bedrooms) _____
- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) 2
- Residence sq. ft. 1270 Screened Porch sq. ft. 150
- Deck sq. ft. 274 Deck(2) sq. ft. 270 128'
- * 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) _____

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) Robert J. Benson Date 7-16-08

* Address to send permit P.O. Box 505 WASHBURN 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 08-1225 Date 8/19/08

Date 8/19/08 Permit Number 08-0422 Permit Denied (Date) _____

Reason for Denial: _____

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

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

Condition: _____

Signed Travis Telowitzky 8/19/2008 Date of Approval _____

Inspector _____

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
AUG 08 2008

Bayfield Co. Zoning Dept.

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Office Use
Application No.: 08-0439
Date: _____
Zoning District/Lakes Class: R-RB/Class I
Amount Paid: \$175.00 PDS
8/11/08

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
Legal Description: NW 1/4 of 34 of Section 50 North, Range 4 West, Town of Bayview
Gov't Lot 1 Lot 5 Block _____ Subdivision Thompsons Sec 5M#4 Acreage 1.9
Volume 835 Page 897 of Deeds Parcel I.D. # 08-1077-03 Use Tax Statement for Legal Description

Property Owner: Revocable Trust of Brad Buscher Contractor _____
Address of Property 82830 Hwy. 13 Plumber _____
Bayfield, WI 54814 Authorized Agent: Spears & Carls (Phone) 373-2628
Telephone 779-9795 (Home) _____ (Work) _____
Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: 75' or greater <75' to 40' less than 40'
Structure: New _____ Addition Existing _____ Basement: Yes No _____ Number of Stories 2
Estimated Cost of Construction \$4,800 Square Footage 800 Sanitary: New _____ Existing Privy _____ City _____

- USE:
- Residence (# of bedrooms) _____ (# of bedrooms)
 - Residence w/deck-porch (# of bedrooms) _____
 - Residence w/attached garage (# of bedrooms) _____
 - Residential Addition (explain) see attached plans
 - Residential Accessory Building (explain) _____
 - Residential Accessory Building Addition (explain) _____
 - Residential Other (explain) Shoreland grading for pathways (4'x5' wide)
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____
 - Mobile Home (manufactured date) _____ (# of bedrooms)
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Commercial 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 8/8/08
Address to send permit P.O. Box 589, Washburn, WI 54891 ATTACH Copy of Tax Statement

APPLICANT — PLEASE COMPLETE REVERSE SIDE
OFFICE USE ONLY
Permit Issued: State Sanitary Number _____ Date _____
Permit Number 08-0439 Date 8-21-08 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: Proposed grading for additional pathways highlighted on site plan approx 4'x5' wide.
By Travis Taburatsky Date of Inspection 8/14/2008

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

Condition: Land disturbance/grading is limited to the construction of the pathways only.

Signed Travis Taburatsky Date of Approval 8/20/2008
Inspector _____ Rec'd for Issuance _____

