

**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 23 2009  
 Bayfield Co. Zoning Dept.

Application No: 09-0519  
 Date: \_\_\_\_\_  
 Zoning District: R-R-B  
 Amount Paid: \_\_\_\_\_

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 B

Legal Description 4 1/4 of Section 16 Township A9 North, Range 4 West. Town of Bayview

Gov't Lot 4 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1136 Acreage 2.67

Volume 8 Page 394 of Deeds Parcel I.D. # 04-008-2-49-04-16-405-004-09500 Use Tax Statement for Legal Description \_\_\_\_\_

Property Owner Susan Radtke & Paul Norris Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 91050 Dryer Road \_\_\_\_\_ (Phone) \_\_\_\_\_  
Washburn, WI 54891

Telephone 715-373-5969 (Home) 715-289-8267 (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No  Number of Stories 1

Estimated Cost of Construction \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing  City \_\_\_\_\_

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

Residence sq. ft. \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) 2 \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_

Residence sq. ft. 1849 Porch sq. ft. \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. 656 Deck(2) sq. ft. 60 \_\_\_\_\_ 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) 288 sq ft \_\_\_\_\_  Special/Conditional Use (explain) Home based Business

Residential Accessory Building (explain) 283 sq ft - GARAGE \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_

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

Residential Other (explain) \_\_\_\_\_ External Improvements to Accessory Building (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) Paul K. Norris / Susan M. K Date 4-30-09  
 Address to send permit 2213 Aspen Rd., Madison, WI 53711 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 10/30/09 Permit Number 09-0519 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Proposed home-based business for consulting + property maintenance. Office space to be located in existing garage. By Travis Tubowitzky Date of Inspection 10/13/2009

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

Condition: None filed & Town/2C.

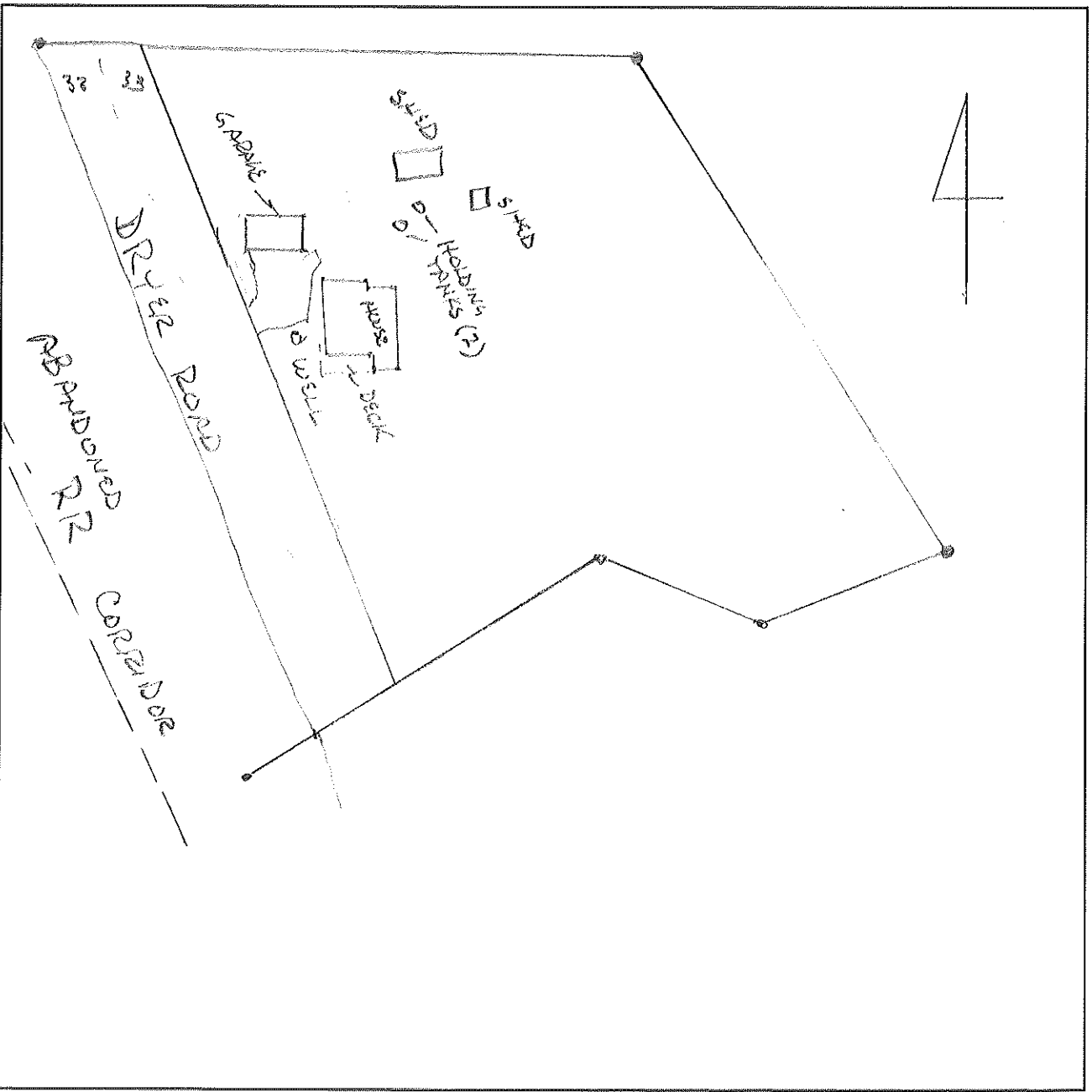
Signed Travis Tubowitzky 10/13/2009  
 Inspector Rec'd for Issuance Date of Approval \_\_\_\_\_

SENT BY ZONING

OCT 28 2009

Secretarial Staff

Lot Line



Name of Frontage Road ( Driver )

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.

