

**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
MAY 01 2009
Bayfield Co. Zoning Dept

Application No.: 09-0137
Date: 6-1/3
Zoning District: S/B
Amount Paid: \$75/mg
Fee rec'd 5/18/09

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 _____

Use Tax Statement for Legal Description

Legal Description NW 1/4 of NW 1/4 of Section 22 Township 50 North, Range 6 West, Town of Bell
Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.41

Volume _____ Page _____ of Deeds Parcel I.D. 010-1040-01-000

Property Owner Dale Soltis / Ann McCammon-Soltis Contractor _____ (Phone) _____
Address of Property 84830 Siskiwit Shores Dr. Plumber _____

Cornucopia, Wi. 54827 Authorized Agent _____ (Phone) _____

Telephone 742-3216 (Home) 685-2102 (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
Fair Market Value 24,000 Square Footage 1120 Sanitary: New _____ Existing _____ Privy K City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System _____

* Residence sq. ft. _____ Mobile Home (manufactured date) _____

* 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) _____ Special/Conditional Use (explain) _____

Residential Accessory Building (explain) Garage External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ 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) Dale Soltis Date _____

Address to send permit _____ ATTACH _____

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 05/17/09 Permit Number 09-0137 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure Garages/Adotions is represented by owner (Present) appears to be OK
Current i.w. fault may be By DL Date of inspection 5-12-09

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

Condition: Structure must be at least 30' from all property boundaries.

Met w/ owner Signed [Signature] Inspector _____ Date of Approval 5-12-09

Rec'd for Issuance

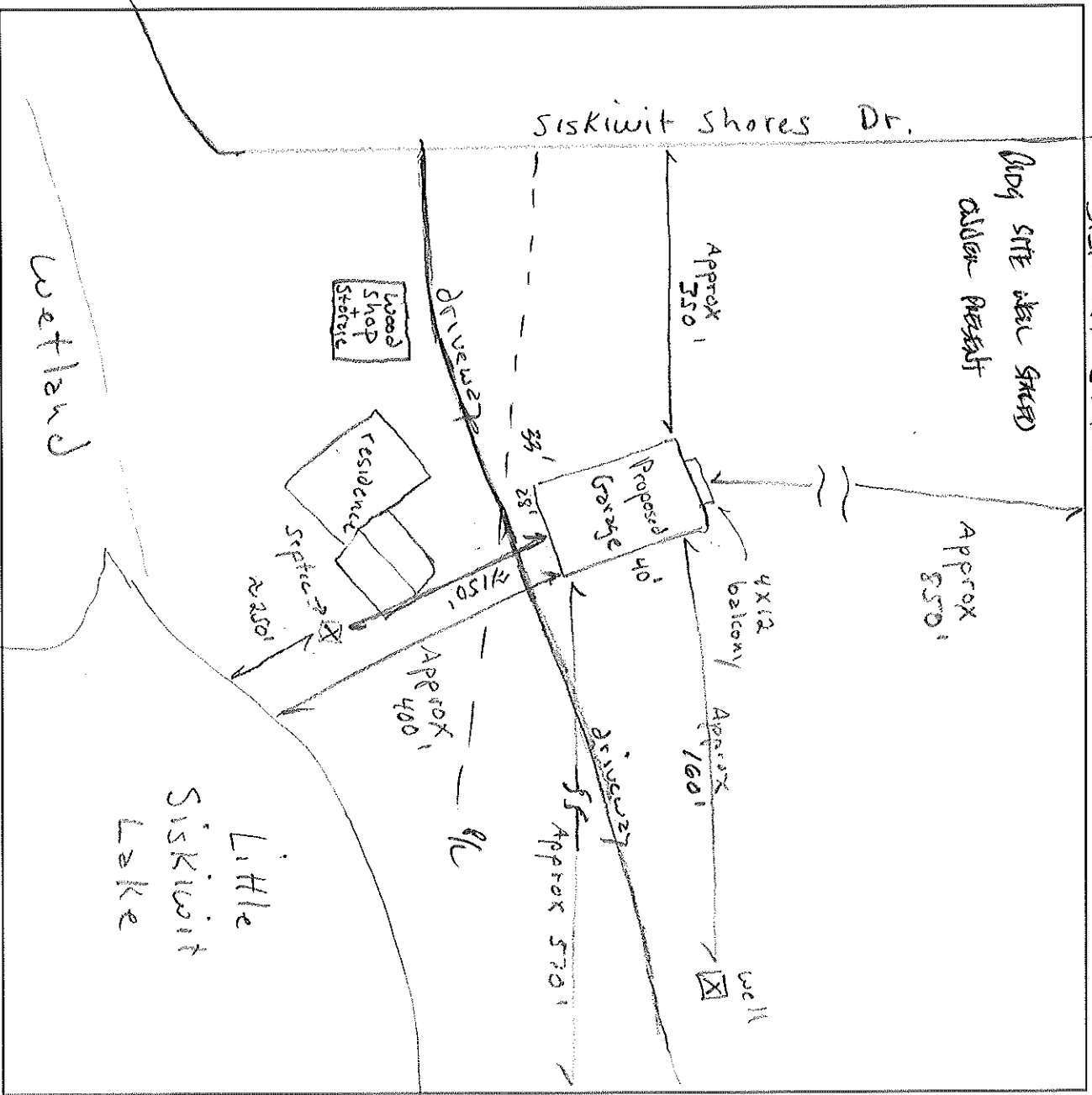
MAY 13 2009

Permit Statement For this Parcel Secretarial Staff

Not to Scale

N

Siskiwit L. Rd Lot Line



* ~~Other~~ ~~also~~ ~~both~~ ~~Articles~~.

Name of Frontage Road (Siskiwit Shores Dr.

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.