

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

MAY 11 2009
Bayfield Co. Zoning Dept.

* No TBA fee rec'd

ENTERED

Application No: 09-0198

Date: *
Zoning District: F-1/-

Amount Paid: \$185 5/11/09 mg

Bal due Privy 150. 6/5/09

Bal due TBA \$175 6/5/09 mg

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

Use Tax Statement for Legal Description

Legal Description: A parcel in SE 1/4 of SW 1/4 of Section 14 Township 50 North, Range 6 West, Town of Bay

Gov't Lot: _____ Block: _____ Subdivision: _____ Parcel I.D. 09-010-2-50-6b-14-7-06-000-2000

Volume: _____ Page: _____ of Deeds: _____
Property Owner: Robert + Patricia Thrush
Address of Property: 23420 Mountain Rd.

Telephone: 715-426-5285 (Home) 651-269-3560 (Work)
Contractor: WC W Cabins (Phone) 715-222-9925
Plumber: _____

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

Structure: New Addition Existing
Fair Market Value \$10,000.00 Square Footage 360

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

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 0

Residence sq. ft. 216

Deck sq. ft. _____ Deck(2) sq. ft. 144

* 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 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) Robert Thrush Date 5/6/09
Address to send permit 329 W. Charlotte St. River Falls WI 54022

* 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: 6/5/09 Permit Number: 09-0198 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural concerns/conditions as they are represented by the owner appears to meet applicable code. Permits - Permit may be issued if conditions seen. Date of Inspection 5-21-09

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

1. A uniform pipeline code (UCC) permit from the localay extracted UCC inspection. Permit must be obtained prior to the start of construction.

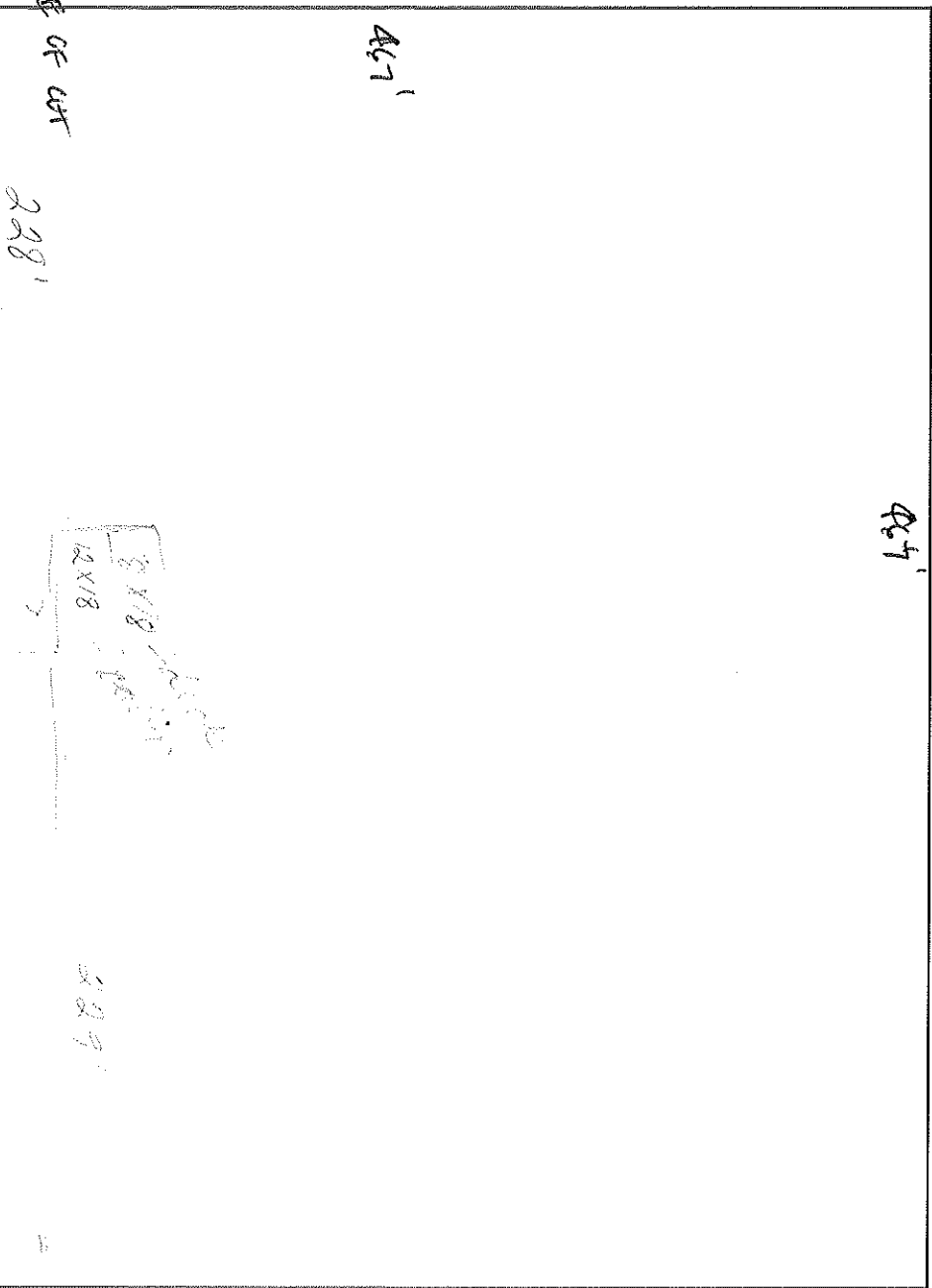
2. No running water, no plumbing fixtures are allowed until structure with approved waste treatment system. Signed: [Signature] Inspector Date of Approval: 5-21-09

Lot Line

N

467'

467'



Note our site was recorded at 199' 150'

Name of Frontage Road Mountain 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.
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.