

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

SEP 28 2009

Application No: 09-0461
Date: 9-8
Zoning District: F-8
Amount Paid: 25.00 PD
CASH RR.
9/29/09 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 B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description 1/4 of 34 Township Bell North, Range 6 West, Town of Bell

Gov't Lot 5-7 Block 8 653 Subdivision Village of Cornucopia Acreage .489

Volume Page of Deeds Parcel I.D. ~~8888~~ 04-010-2-51-06-34-1-00-328-0360

Property Owner Mark G Ehlers - Pauline N Colaninno

Contractor Steve Denver (Phone) 715-742-3914

Address of Property 22695 Elm Street

Plumber 2/1A

Authorized Agent - (Phone) -

Telephone 715-742-3924 (Home) 715 682-8353 (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 2000 Addition Existing
Fair Market Value 2000 Square Footage 2000 20

Basement: Yes No Number of Stories 2
Sanitary: New Existing Privy City

USE:

* Residence or Principal Structure (# of bedrooms) 5

Type of Septic/Sanitary System Collection System
 Mobile Home (manufactured date) _____

Residence sq. ft. 2100

Commercial Principal Building _____

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

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____

Commercial Accessory Building (explain) _____

Deck sq. ft. _____

Commercial Accessory Building Addition (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) ELEVATOR SHAFT

Commercial Conditional Use (explain) _____

Residential Accessory Building (explain) _____

Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Principal Building (explain) ELEVATOR SHAFT

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 the ordinance to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature]

Date 9/28/09

Address to send permit 22695 Elm St - Cornucopia, WI 54827

ATTACH

* See Notice on Back

Copy of Tax Statement or
Attach a Copy of Recorded Deed

APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit issued:

State Sanitary Number _____ Date _____

Date 10/2/09

Permit Number 09-0461

Permit Denied (Date) _____

Reason for Denial: _____

No

Inspection Record: PRE-EXISTING NON-COMPLYING STRUCTURE TO E OF TOWN RD. NEED INCREASE IN FOOTPRINT. PERMIT SHOULD BE ISSUED. DRG

Date of Inspection 9-10-09

Mitigation Plan Required: Yes No

Variance (B.O.A.) # _____

Condition: _____

Signed [Signature]
Inspector

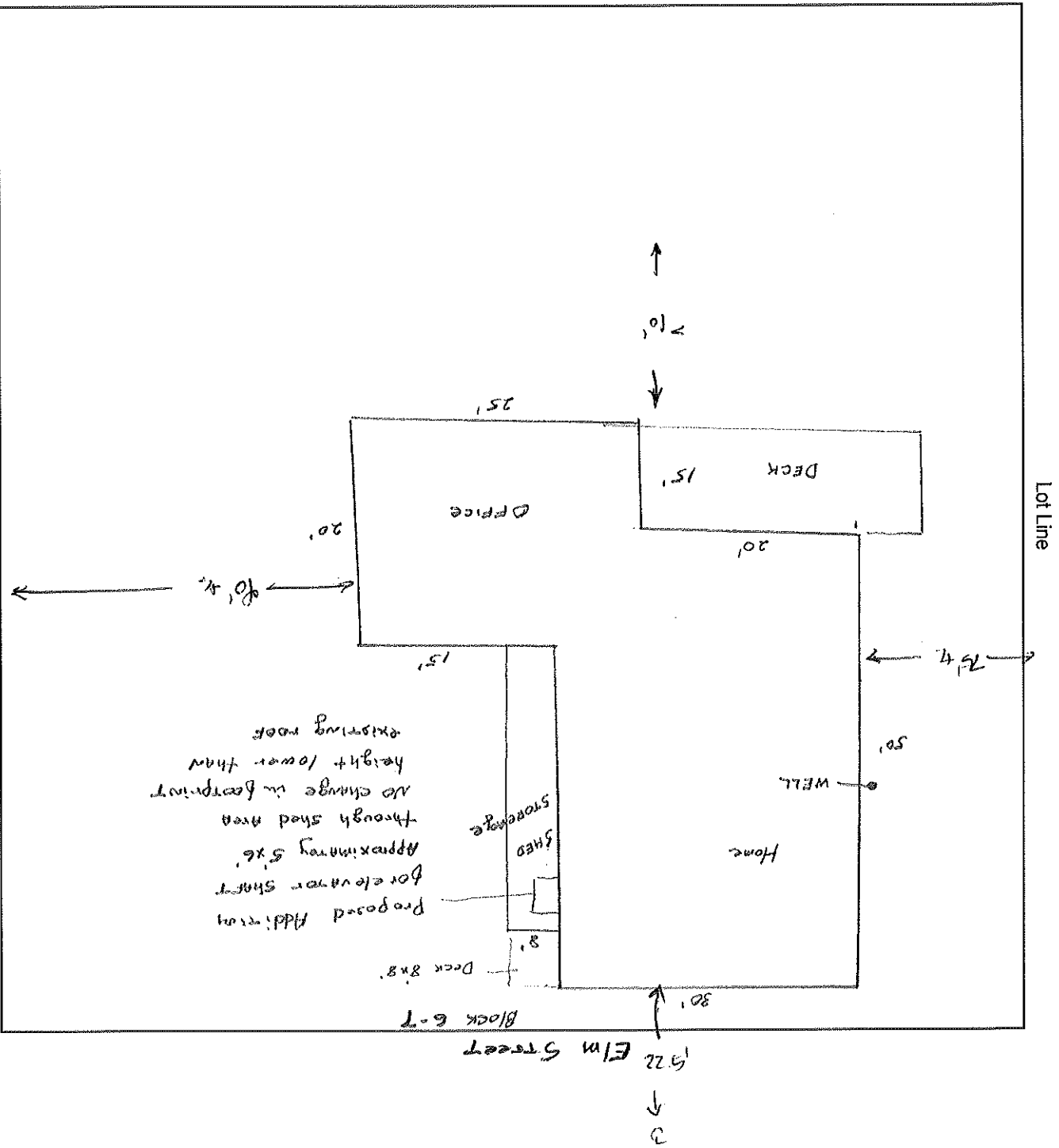
Date of Approval 10-1-09

OWNER PRESENT

Rec'd for Issuance

OCT 2 2009

Secretarial Staff



Name of Frontage Road (Elm Street)

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.