

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**  
OCT 15 2009

ENTERED

Application No.: 09-0498  
Date: \_\_\_\_\_  
Zoning District: R-1/CASS  
Amount Paid: \$100.-  
10/19/09  
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 Section 29 Township Bell S North, Range 6 West, Town of Cornucopia  
Gov't Lot 1 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.25

Volume 776 Page \_\_\_\_\_ Parcel I.D. 04-010-2-51-06-29-4-05-001-60000  
Trustee: David B. & Georgann Hall Contractor Joe Hokanson (Phone) 715-562-0099  
Property Owner \_\_\_\_\_ Plumber \_\_\_\_\_  
Address of Property 89140 E. Remans Point Rd  
Cornucopia, WI Authorized Agent Joe Hokanson (Phone) 715-562-0099

Telephone 605-484-9057 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_ (Work) \_\_\_\_\_  
Distance from Shoreline: greater than 75'  75' to 40'  less than 40'

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
Fair Market Value 1,500.00 Square Footage 287  
Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_  
Sanitary: New Septic Existing Septic Privy \_\_\_\_\_ City \_\_\_\_\_  
Type of Septic/Sanitary System ATFIS

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
- Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_
- \* 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) Stairway to lake

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) Joseph M. Hall Date 10-15-09

Address to send permit 86275 Bark River Rd Hellsbark WI 54844 ATTAACH

\* See Notice on Back  
APPLICANT --- PLEASE COMPLETE REVERSE SIDE  
Copy of Tax Statement or  
(If you recently purchased the property Attach a Copy of Recorded Deed)

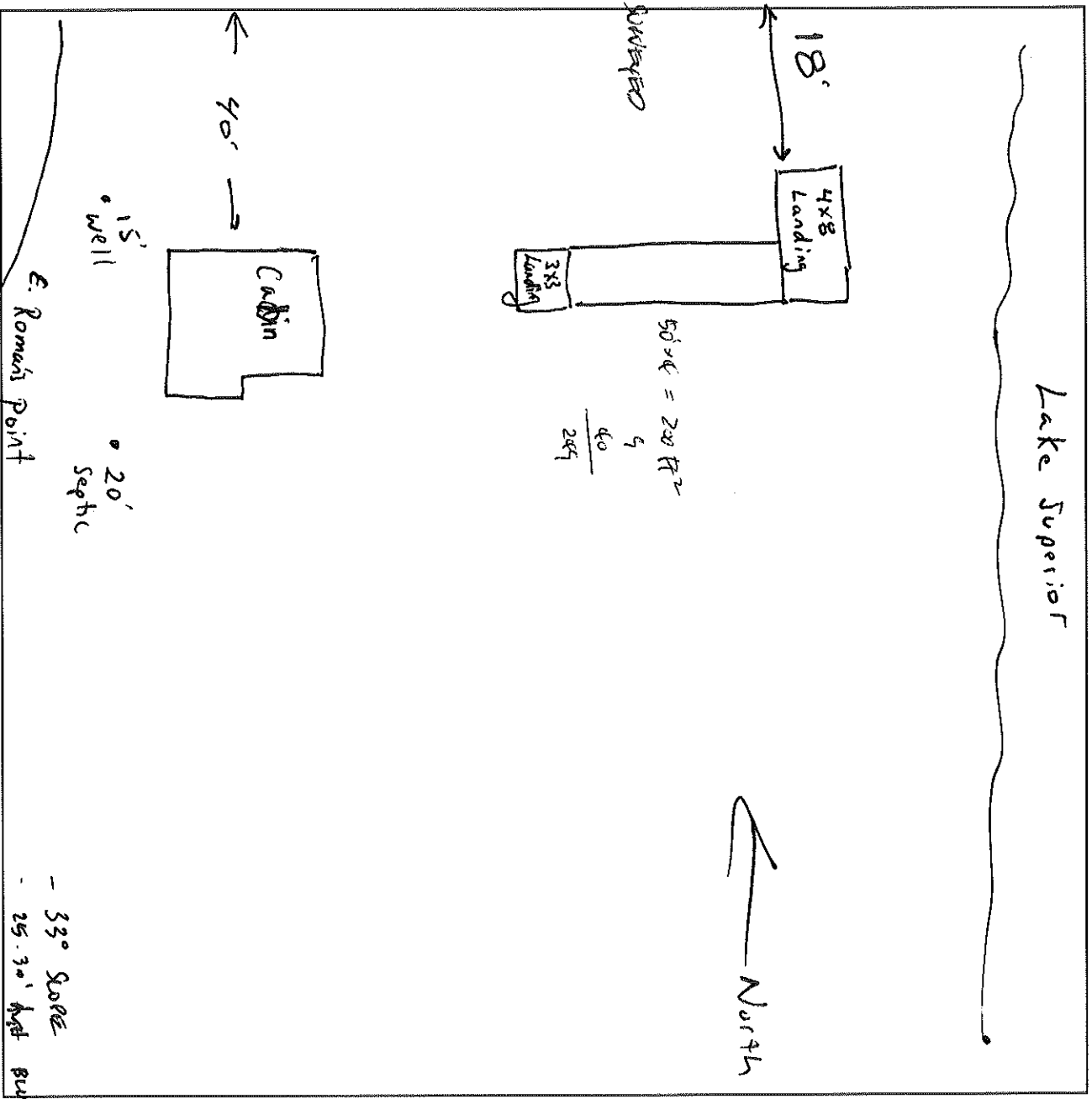
Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 10/22/09 Permit Number 09-0498 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: BASED ON EXISTING TOPOGRAPHY-STAIRS ARE NECESSARY FOR LAKE ACCESS (39° SLOPE/25' HEIGHT)  
SETBACKS FROM SIDE Y/L'S MET By DDC Date of Inspection 10-15-09  
Mitigation Plan Required: Yes  No  EXCAVATED Variance (B.O.A.) # \_\_\_\_\_  
Condition: LANDINGS MAY NOT EXCEED 60 SE FT. ARE ACTIVITIES FOR CONSTRUCTION OF STAIRS  
MUST BE MINIMIZED  
LANDINGS MAY NOT BE USED FOR OBSERVATION PLATFORM.  
Signed [Signature] Inspector  
Date of Approval 10-15-09  
Rec'd for Issuance

OCT 19, 2009

Secretarial Staff

Lot Line

Lake Superior



Name of Frontage Road (E. Romani Pt)

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.