

COMPLETED ORIGINAL
ON, TAX STATEMENT

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED

Bayfield County Zoning Department
P.O. Box 58
Washington, WI 54891
(715) 373-6138

APR 27 2010

Mitigation

Application No.: 10-0288

Date: _____

Zoning District: B-1z

Amount Paid: \$75 cash

4/29/10

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 _____

Legal Description SE 1/4 of NW 1/4 of Section 21 Township 50 North, Range 6 West, Town of Bell

Gov't Lot 4 Lot _____ Block _____ Subdivision _____ CSM # 04-010-2-50-06-21-2 Acreage 7

Volume 8757 Page 17-18 of Deeds Parcel I.D. # 010-1038-07 Use Tax Statement for Legal Description _____

Property Owner Robert S. Johnson Contractor Nick Saranson (Phone) _____

Address of Property 21415 Siskiwit Shores Dr. Plumber _____

Cornucopia, WI. 54827 Authorized Agent (Phone) _____

Telephone 7157423369 (Home) (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

Estimated Cost of Construction 20,000 Square Footage 442 Sanitary: New Existing _____ Privy City _____

USE: * Residence or Principal Structure (# of bedrooms) 2 325 sq ft 1600 sq ft with new holding tank

* Residence sq. ft. 734 26x28 600 sq ft 26x10x500 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) add 2nd floor for 77 sq ft Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (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 Johnson Date 4/25/10

Address to send permit 21415 Siskiwit Shores Dr Cornucopia, WI. 54827 ATTACH _____

* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number 10-4088 Date 5/26/10

Date 8/9/10 Permit Number 10-0288 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: existing structure 95' from the drain. owner may use for footprint 30'

to a max. of 325 sq ft by agreement by DR Date of inspection 5-6-10

Mitigation Plan Required: Yes No Variance (B.O.A.) # 028802

Condition: the terms & conditions of letter about mitigation & structure maintenance plan to be reviewed by

the permit must be implemented within one (1) year of the date of this permit & any dining used the

footed footprint to 325' ft

and the structure permit & mitigation plan

Signed _____ Inspector _____

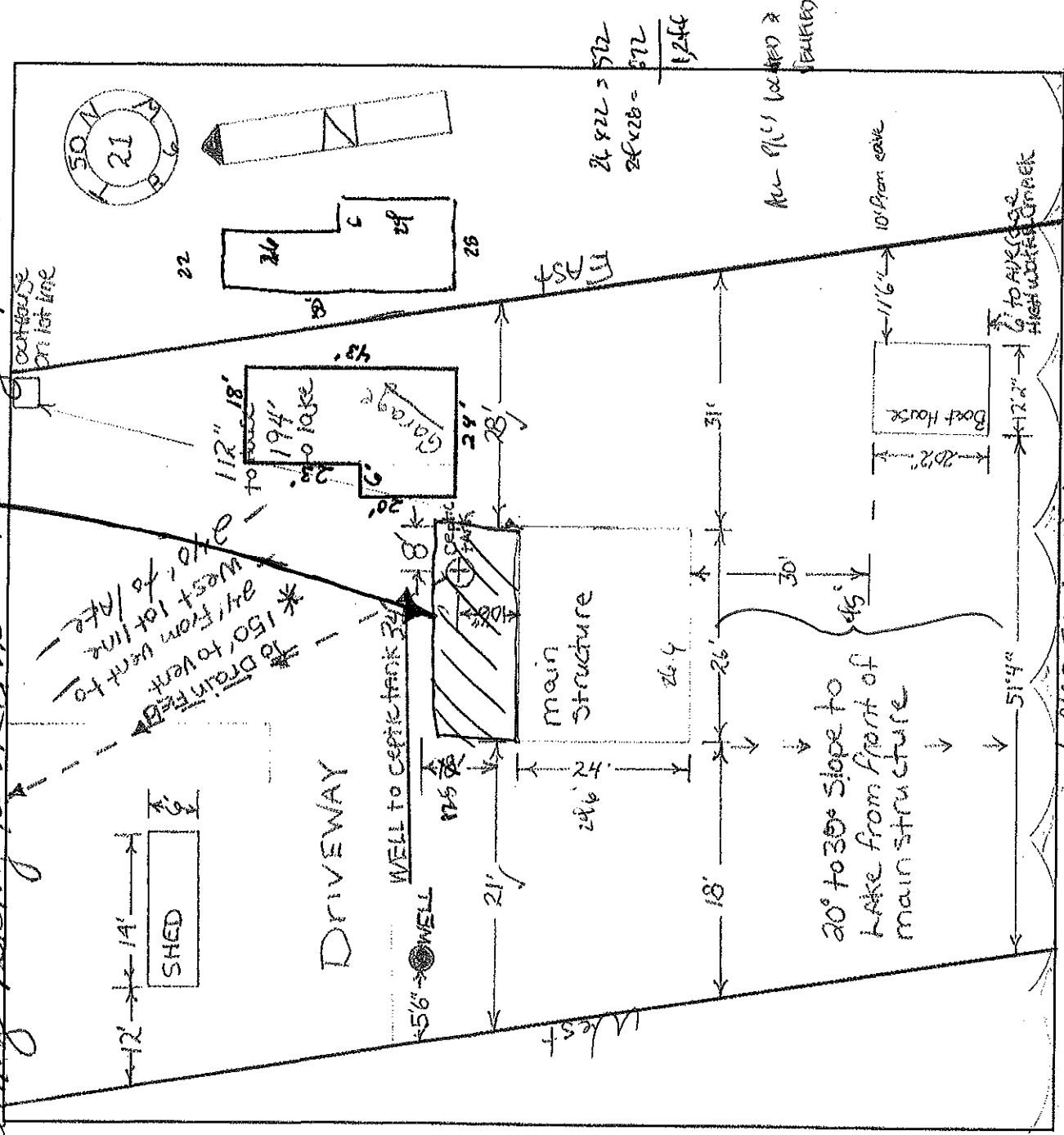
Date of Approval 8-9-10

& for future property owners.

to be as shown in the past of 20245 solvent shows to

Mitigation

add 17' addition to the north with 2nd floor
 the length 20' of the structure
 installing holding tank and removing septic tank



Guida West, the 1/2" Distorted Name of Frontage Road (Distorted 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
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Septic Tank and Drain field to closest lot line

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.