

ENTERED

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

JUL 09 2010

Application No. 10-0301  
Date: \_\_\_\_\_  
Zoning District 1-1/assr  
Amount Paid: \$75 -  
\$75 - ATF  
overpd \$25 - Refund  
0/9/10 am  
B.O.A.  OTHER  date  
Ch.# \_\_\_\_\_

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 NE 1/4 of NE 1/4 of Section 6 Township 50 North, Range 6 West, Town of BELL  
Gov't Lot 1 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Acreage 23

Volume 306 Page 377 of Deeds Parcel I.D. 04-010-2-50-06-06-205-001-70000

Property Owner Scott O'Malley Contractor GF (Phone) \_\_\_\_\_  
Address of Property 19330 State Highway 13 Plumber \_\_\_\_\_  
Central WI 54822

Telephone 612-987-1891 (Home) 651-282-9712 (Work) \_\_\_\_\_  
Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

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

Structure: New \_\_\_\_\_ Addition \_\_\_\_\_ Existing   
Fair Market Value \$2,000 Square Footage 78 Number of Stories 1  
Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy  City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence sq. ft. \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_

\* Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_

Residential Accessory Building (explain) Accessory Garage (Bathhouse)

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_

Commercial Principal Building Addition (explain) \_\_\_\_\_

Commercial Accessory Building (explain) \_\_\_\_\_

Commercial Accessory Building Addition (explain) \_\_\_\_\_

Commercial Other (explain) \_\_\_\_\_

Special/Conditional Use (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 provided to 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 making a decision 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) Scott O'Malley Date 7/7/10

Address to send permit 1024 3rd St. Hudson, WI 54016 ATTACH

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

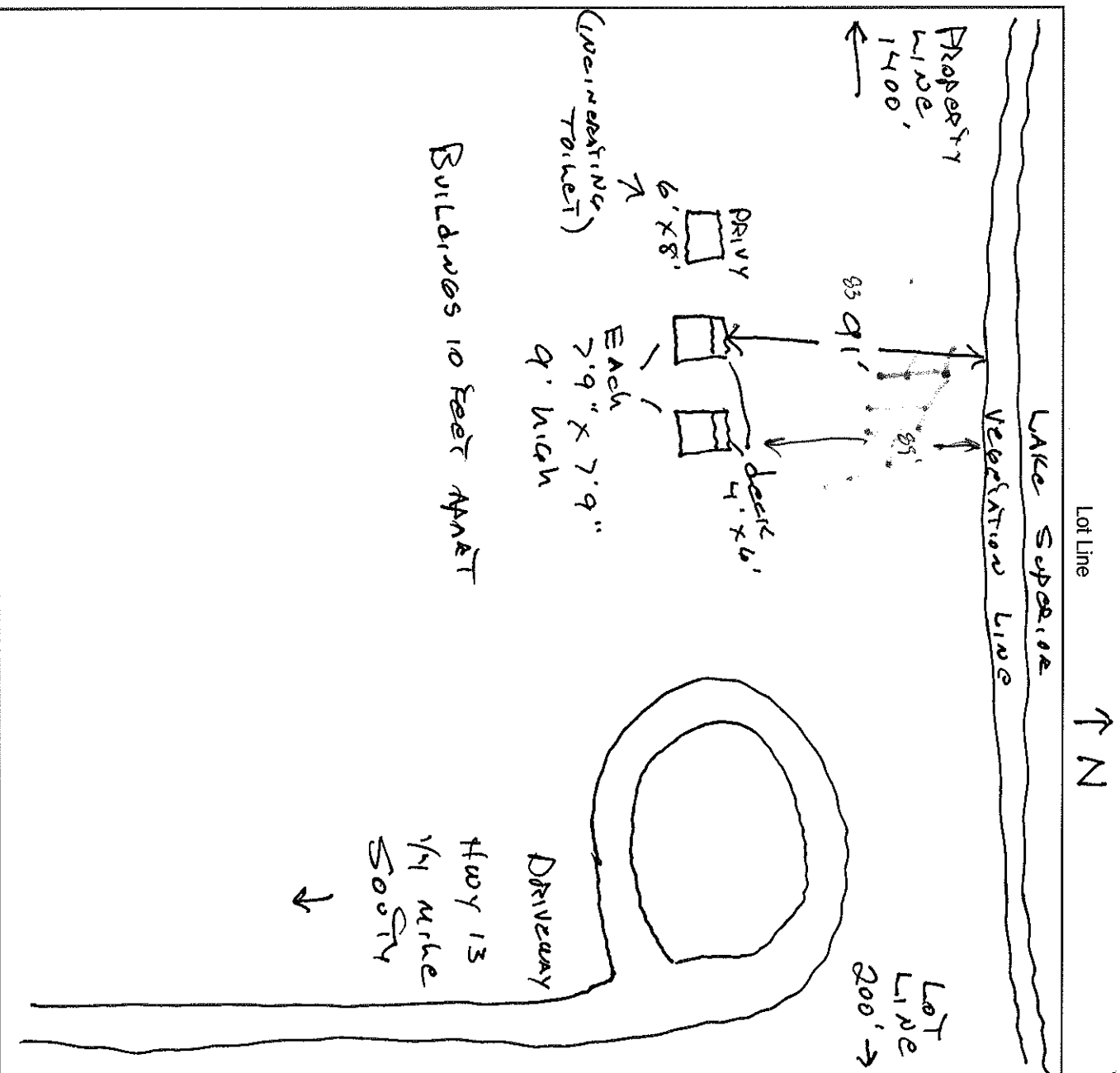
Copy of Tax Statement or  
Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 8/13/10 Permit Number 10-0301 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Sanitary Septics/conditions as presented by owner appears to meet applicable code requirements. By PC Date of Inspection 7-22-10  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: No laundry water may enter or plumbing fixtures be installed w/out sump pump unless it is secured by a suitable & approved wastewater disposal system.  
Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 7-22-10  
Rec'd for issuance \_\_\_\_\_

See records/paperwork  
also w/ #10-0300.

AUG 11, 2010

Secretarial Staff



Name of Frontage Road (St Hwy 13)

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.