

5 ENTERED

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 573-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

REC'D

AUG 04 2010

Application No.: 10-0317 Date: Zoning District R-1 Cross (1) Amount Paid: \$ 100 - 8/9/10 dak

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 [X] SAMITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER []

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 29 Township 51 North, Range 6 West, Town of Bell

Gov't Lot 5 Lot 1 Block Subdivision CSM # 1437 Acreage

Volume 773 Page 891 of Deeds Parcel I.D. C4010251062940500550000

Property Owner Peter Rothe Contractor James Wellskopf (Phone) 774-3709

Address of Property Fire # 89335 west Penans pt Plumber

Authorized Agent Conmupea WI 54807 Telephone 1651-245-1926 (Home) (Work)

Is your structure in a Shoreland Zone? Yes [X] No [] If yes, Distance from Shoreline: greater than 75 [] 75 to 40' [] less than 40 []

Structure: New [X] Addition [] Existing []

Fair Market Value 2,500.00 sq. ft. Square Footage 115 sq. ft.

USE: [] * 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 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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) James Wellskopf Date Aug 2, 2010

Address to send permit 76430 Evergreen rd, Port Wing, WI 54865 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 8/18/10 Permit Number 10-0317 Permit Denied (Date) []

Reason for Denial: []

Inspection Record: Due to duct characteristics - stairway system required for lake access

By DR Date of Inspection 8-13-10

Mitigation Plan Required: Yes [] No [X] Variance (B.O.A.) # []

Condition: THE AMOUNT OF MILD DISTURBANCES MUST BE MAINTAINED DURING CONSTRUCTION.

Approved by: [] Inspector [] Date of Approval 8-13-10

Location where taken: []

Approved by: [] Inspector [] Date of Approval 8-13-10

Location where taken: []

Approved by: [] Inspector [] Date of Approval 8-13-10

Location where taken: []

Approved by: [] Inspector [] Date of Approval 8-13-10

Location where taken: []

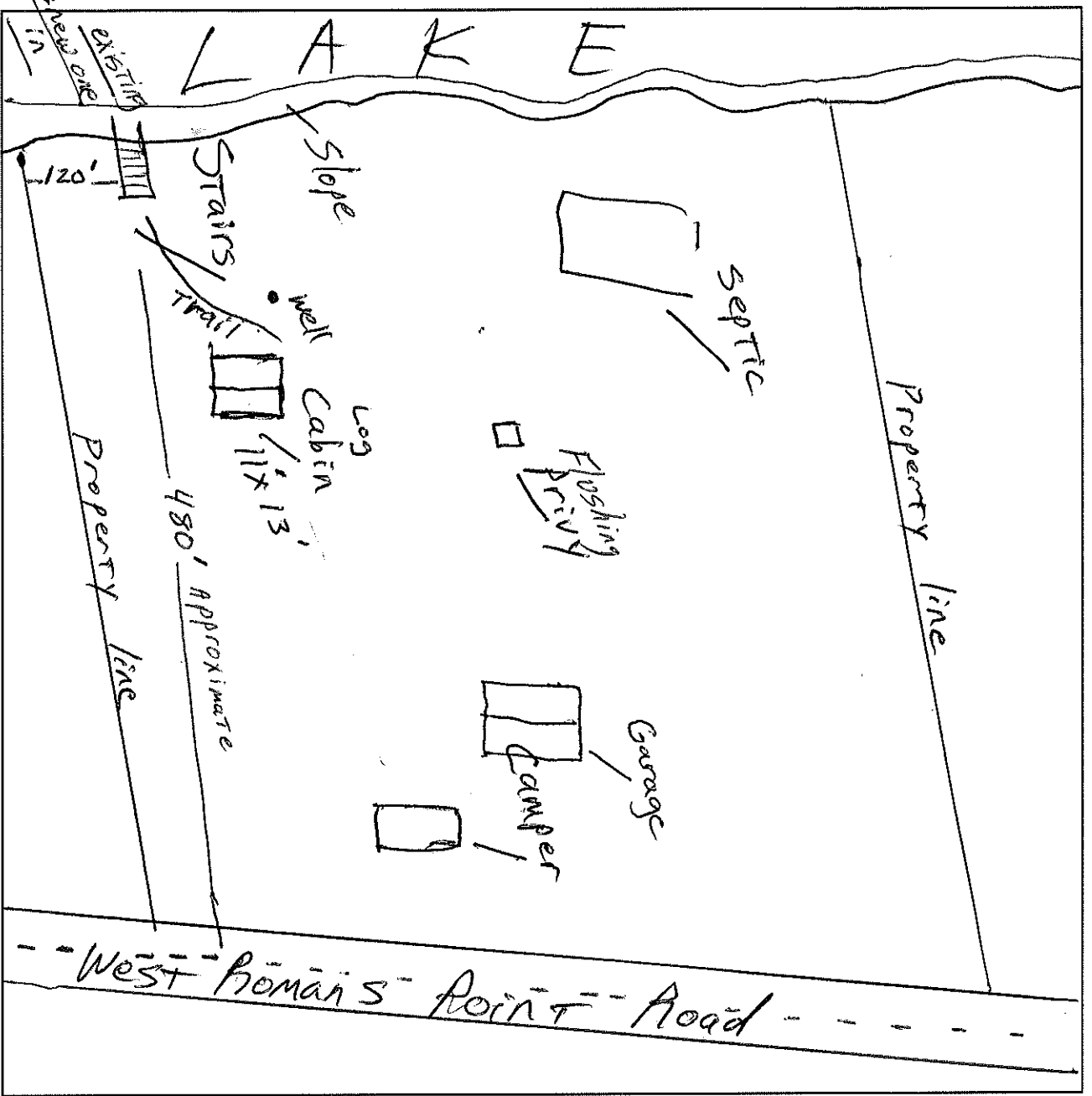
Approved by: [] Inspector [] Date of Approval 8-13-10

Location where taken: []

AUG 16 2010

Secretarial Staff

Lot Line North ↑



Name of Frontage Road West Romans Point Road

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.