

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
**RECEIVED**

AUG 13 2010

Application No: 10-0340  
 Date: \_\_\_\_\_  
 Zoning District R-1/CLASS 1  
 Amount Paid: \$125  
8/30/10 m.j.

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 SE 1/4 of 1/4 of Section 23 Township 51 North, Range 6 West, Town of Bell

Gov't Lot 1 Lot Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1693 Acreage 1.54 ±

Volume 1041 Page 386 of Deeds Parcel I.D. 04-0010-2-51-06-23-4 05-001-04000

Property Owner Dore Strabel Contractor Dahl Const. Co. (Phone) 715-779-3600

Address of Property 23800 E. Spirit Pt Rd Plumber One Guy & Sons

Carlsruhe WI 54827 Authorized Agent Hans Dahl (Phone) 715-779-9912

Telephone 262-593-2005 (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 \_\_\_\_\_

Fair Market Value 25000 Square Footage 4200' Sanitary: New  Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) moving residence (cottage) Type of Septic/Sanitary System \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Other (explain) Re-locate existing structure 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) [Signature] Date 8/13/10

Address to send permit 88905 Turner Rd, Bayfield WI 54814 ATTACH \_\_\_\_\_

\* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 10-915 Date 2010

Date 8/30/10 Permit Number 10-0340 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structural setbacks/conditions as represented by owner - appears to be code

note: permit may be issued by DCL Date of inspection 8-30-10

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

Condition: A uniform DCL (DCL) permit from the locking contractor DCL inspection

Meeting must be obtained prior to the start of construction.

Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 8-30-10

Segment 72' on Buff gravel

no observed bluff erosion or recession observed

