$100.00 5

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

Rec 9/10/10

Application No.: 10-0362
Date:
Zoning District R-1 / Class 1
Amount Paid: $100 9/14/10 mj

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 _____ 1/4 of Section 6 Township 50 North, Range 6 West. Town of Bell

Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume 785 Page 425 of Deeds Parcel I.D. 040102500606205001 20000

Property Owner LESTER BROSSARD PENSION PLAN Contractor Tony Mitchel (Phone) 715-682-5908

Address of Property 87875 WEST ROAD HERBSTER, WI 54844 Plumber MOBILE! 715-292-3785

Authorized Agent _____ (Phone) _____

Telephone _____ (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 X Addition _____ Existing _____ Basement: Yes _____ No X Number of Stories 1

Fair Market Value 6,000.00 Square Footage 111 Feet Sanitary: New _____ Existing X Privy _____ City _____

**USE:**

**Type of Septic/Sanitary System** _____

☐ ✱ 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

☐ Mobile Home (manufactured date) _____

☐ 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 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) _____ Date 9-10-10

Address to send permit P.O. BOX 190 CORNUCOPIA, WI
715-742-3400

✱ See Notice on Back

ATTACH
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

**APPLICANT — PLEASE COMPLETE REVERSE SIDE**

Permit Issued: State Sanitary Number _____ Date _____

Date 9-15-10 Permit Number 10-0362 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Due to topography & depth of slope access stairway will provide safe access to lake

Permit may be issued By DR Date of Inspection 9-10-10

Mitigation Plan Required: Yes ☐ No ☒ _____ Variance (B.O.A.) # _____

Condition: Stairway system must be constructed with adequate 30 ft landmark

Views corridor / access corridor

5

Photos Passed

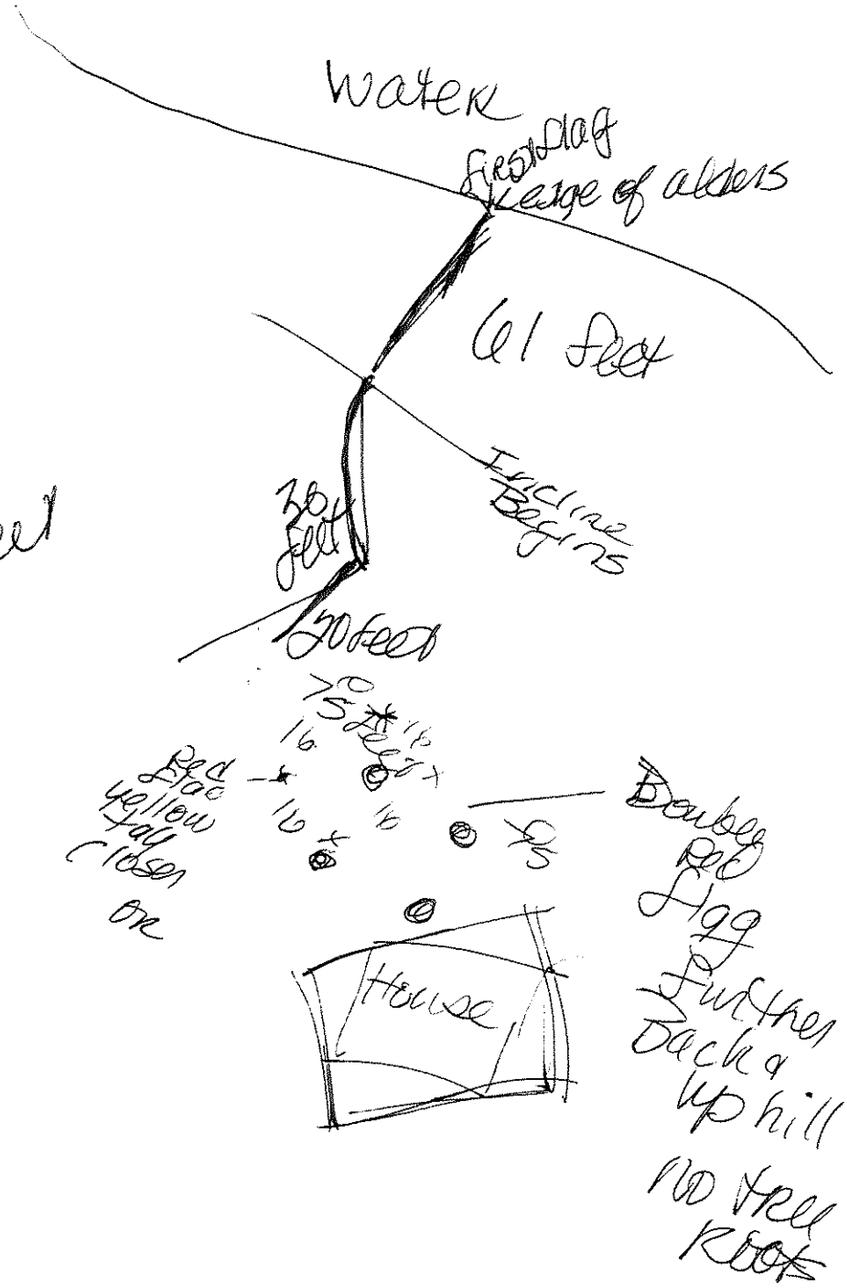
Slope >20%

Signed _____ 9-10-10
Inspector Date of Approval

Rec'd for Issuance

SEP 13 2010

Secretarial Staff




61
30
20
111 feet

approx
Board walk steps
6,000.