

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

NOV 10 2010

Application No: 10-0482 **ENTERED**
 Date: _____
 Zoning District R-1/CASST
 Amount Paid: 75-11/12/10
mg

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 Lot B Block _____ of Deeds _____ 1/4 of Section 29 Township 51 North, Range 6 West, Town of Bell

Gov't Lot _____ Subdivision _____ CSM # 627 Acreage _____

Volume _____ Page _____ Parcel I.D. 04 010 25106 2 9405001 8000

Property Owner MARC J. MANUIC Contractor SKF (Phone) _____

Address of Property 89060 E ROMAN'S PT RD Plumber _____ (Phone) _____

Telephone 715 742 3462 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Structure: New Addition _____ Existing _____ Basement: Yes No Number of Stories 1
 Fair Market Value 2500.00 Square Footage 256 Sanitary: New _____ Existing Privy _____ City _____
USE: Type of Septic/Sanitary System HI

* 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 w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) STUDIOS

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 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) Marc J. Manuic Date NOV 10 2010
 Address to send permit _____

* See Notice on Back **APPLICANT - PLEASE COMPLETE REVERSE SIDE** ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
 Date 11/29/10 Permit Number 10-0482 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURAL REPRESENTATIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & NO PERMIT MAY BE ISSUED By DDC Date of Inspection 11-24-10
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: IF RAINING WATER WILL FILLER OR FLOW ONLY FIXTURES ARE INSTALLED UP/AS NEW THIS STRUCTURE MUST BE SERVED BY A SEWER & APPROVED ON-SITE WASTE DISPOSAL SYSTEM.
 Signed [Signature] Inspector _____ Date of Approval 11-15-10
 Rec'd for Issuance _____

Doug: Commercial? Residential? Residential Use

NOV 29, 2010
 Secretarial Staff

SOIL 'PLOT PLAN'
1" = 60'

B9060
E ROMAN
POINT ROAD



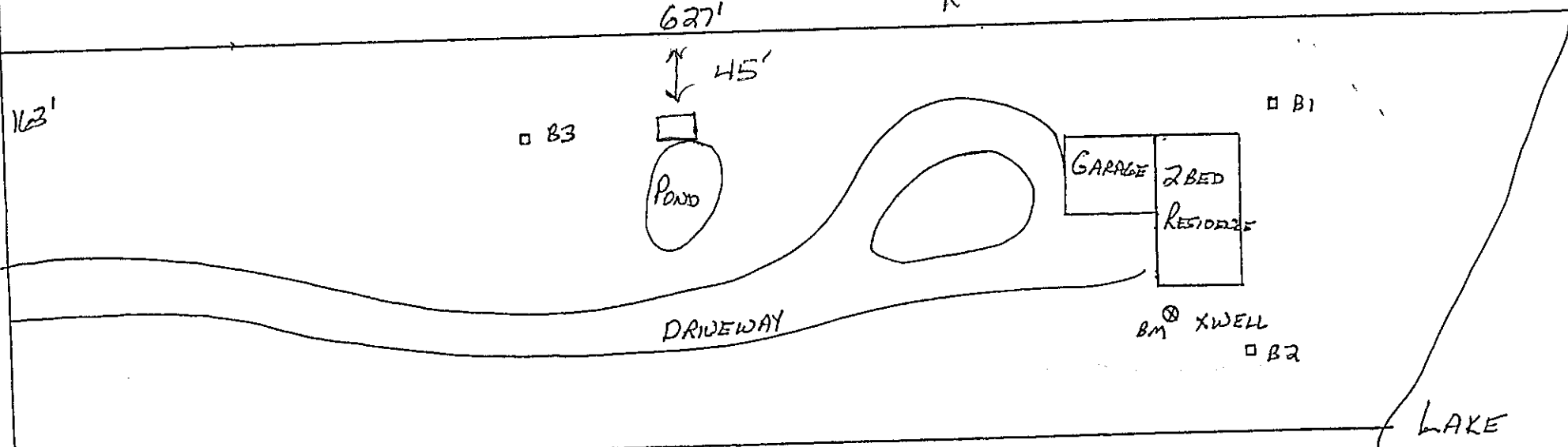
BACHAND PLUMBING & HEATING

P.O. BOX 56
WASHBURN, WI 54891
PHONE & FAX (715)373-2070



1/2 - Not IDENTIFIED

200' to UK



163'

627'

45'

B3

B1

GARAGE 2 BED
RESIDENCE

DRIVEWAY

BM XWELL

B2

543'

BM - BASE OF ELECTRICAL
PED ELEV. 100.0

LAKE
SUPERIOR

WANNIG

LOT B, CSM #627

29-51-6W

Dennis L. Bachand

221446

11-15-01

PROPOSED BUY SITE VISUAL
IDENTIFIED