

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
 MAR 03 2011

Bayfield Co. Zoning Dept.

Application No: 11-0037
 Date: _____
 Zoning District: R-1/-
 Amount Paid: \$250. 3/3/11
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 NW 1/4 of NE 1/4 of Section 4 Township 50 North, Range 6 West, Town of Bell
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.49

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Parcel I.D. 08-010-2.50-06-04-1 01-000-20000

Property Owner Christopher and Judi Hedachek

Contractor SEPF (Phone) 742-3227

Address of Property 21695 ST HWY 13

Plumber _____ (Phone) _____

Cornucopia, WI 54827

Authorized Agent _____ (Phone) _____

Telephone 218-343-4736 (Home) 742-3227 (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 Existing _____

Fair Market Value 54,000 Square Footage 1008

Sanitary: New Existing _____

USE: Residence or Principal Structure (# of bedrooms) 1

Type of Septic/Sanitary System SEPTIC TANK

Mobile Home (manufactured date) _____

Mobile Home (manufactured date) _____

Residence sq. ft. 1008

Number of Stories 1.5

Residence w/deck-porch (# of bedrooms) _____

Commercial Principal Building _____

Residence sq. ft. _____ Porch sq. ft. _____

Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____

Commercial Accessory Building (explain) _____

Residence w/attached garage (# of bedrooms) _____

Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____

Commercial Other (explain) _____

Residential Accessory Building (explain) _____

Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Principal Building (explain) _____

Residential Other (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) [Signature] Date 3-2-2011

Address to send permit 85850 STAGE Rd. Cornucopia, WI. 54827

ATTACH

Copy of Tax Statement or

(If you recently purchased the property

Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 11-065 Date 3-16-11

Date 3/16/11 Permit Number 11-0037 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: ALL REPRESENTED CORNERS AS REPRESENTED WERE KNOWN & MET FOR PERMITS

PERMIT MAY BE ISSUED BY CONSULTANT By DPC Date of Inspection 3-15-11

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

Condition: A VARIANCE DISEMBLY CODE PERMIT FROM THE LOCALLY ADOPTED UDC INSPECTION PERMITS

MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Signed [Signature] 3-15-11 Date of Approval

Inspector

Panel CMAA (2) SUBMITTED

DWG# MBL-1
Chris + Josh Hudachek

STATE HWY 13

208'

312'

312'

208'

134'

28'

36'

80'

98'

> 30'

33.6"

74'

80' ± 116.6"

REMOVAL OF EXISTING MOBILE HOME AFTER COMPLETION

SEPTIC TANK

EXISTING 14' x 66'

WELL

EXISTING GARAGE

NEW SEPTIC/HOLDING TANKS

BUDG. SITE WEL SITED AT (ASBESTOS)

ALL O/C'S WERE CLEARED MARKED & IDENTIFIED

