

Commission (64-0604)

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
JUN 10 2011

Application No.: 11-0915
Date: 7-11-11
Zoning District: R-1/3
Amount Paid: 125/00
6-10-11
doc

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept.
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 NE 1/4 of Section 22 Township 50 North, Range 6 West, Town of Bell
Gov't Lot 8 Lot 8 Block _____ Subdivision Peshlke W315CSM # Acreage 2.90

Volume _____ Page _____ of Deeds Parcel I.D. 04-010-2-50-06-22-1-00-246-08
Property Owner Gregory J. Andrus Contractor Self (Phone) _____

Address of Property Arnucoia, WI 54827 Plumber _____ (Phone) _____
54827 Authorized Agent _____ (Phone) _____

Telephone _____ (Home) 804-630-6129 Written Authorization Attached: Yes No
Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition Existing
Fair Market Value 30,000 Square Footage 980 sq. ft. Basement: Yes _____ No Number of Stories 1
Sanitary: New _____ Existing _____ Privy City _____

USE: Residence or Principal Structure (# of bedrooms) 2 Type of Septic/Sanitary System _____
Residence sq. ft. _____ (30x32) Mobile Home (manufactured date) _____

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) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____ Special/Conditional Use (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) Gregory J. Andrus Date 6-10-11
Address to send permit 350 North Dr. Spackenburg SC 29301 ATTACH _____
* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE
Permit Issued: _____ State Sanitary Number: 02-296 (Valid) Date: 10-21-11
Date: 7-11-11 Permit Number: 11-0915 Permit Denied (Date): _____

Reason for Denial: _____
Inspection Record: Sanitary conditions/conditions AS-BUILT MEET ALL REQUIREMENTS
Flow existing, no permit req. By Doc Date of inspection 6-21-11

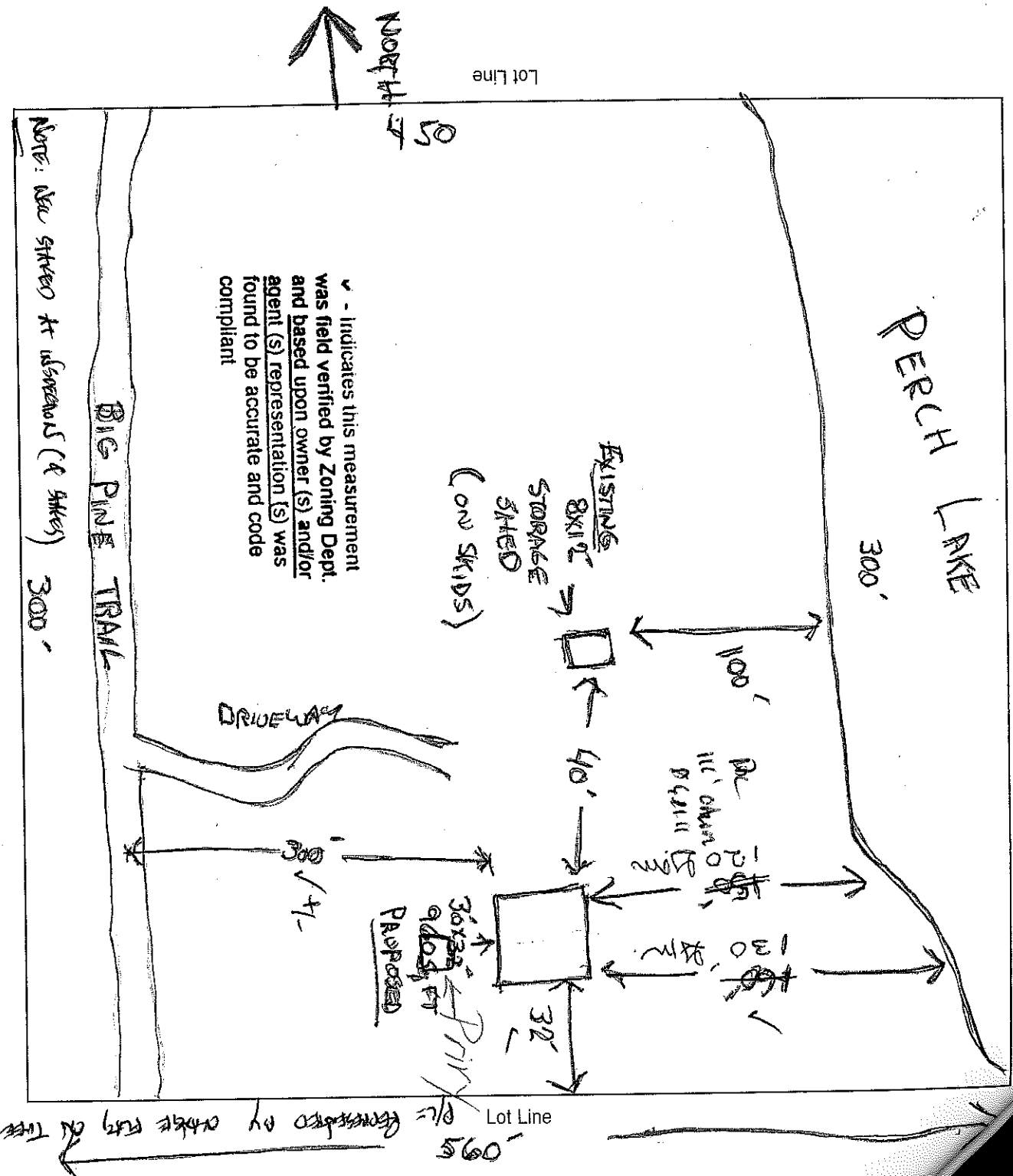
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: No building water supply system & no sanitary fixtures are located with the

structure unless said structure is served by a source & approved on site
water disposal system Signed [Signature] Date of Approval 6-21-11
Rec'd for Issuance Inspector _____

Secretary's Sign: [Signature] JUN -28 2011
Attest for id of Bayfield Bank Assoc



Lot Line



* - Indicates this measurement was field verified by Zoning Dept. and based upon owner (s) and/or agent (s) representation (s) was found to be accurate and code compliant

Note: New stakes at intervals (4 stakes) 300'

Name of Frontage Road (Big Pine Trail)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 COMPLETELY.

*NOTICE: The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

5900 WS

490