

\$250

ENTERED

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

JUL 08 2009

Application No.: 09-0503
Date: _____
Zoning District: R-2
Amount Paid: →

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 SE 1/4 of Section 22 Township 43 North, Range 8 West, Town of Cable

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 18.1

Volume 467 Page 398 of Deeds Parcel I.D. 04-012-2-43-08-22-4 04-000-5000

Property Owner James D. & Denise J. Anderson Contractor self (Phone) _____

Address of Property 420 S 5 Cable Sunset Rd. Plumber _____

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 715-798-3065 (Home) same (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
Fair Market Value _____ Square Footage _____
USE: _____

* Residence or Principal Structure (# of bedrooms) _____
Type of Septic/Sanitary System CONU

Mobile Home (manufactured date) _____
Residence sq. ft. _____

* 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) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____
 Commercial Other (explain) _____

Residential Accessory Building (explain) _____
 Special/Conditional Use (explain) Home-based business

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 OF 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) James D. Anderson Date 7-2-09

Address to send permit same as above 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 _____ Date _____

Date 10/22/09 Permit Number 09-0503 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structures are existing

By M. Fustak Date of Inspection 7-23-09

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

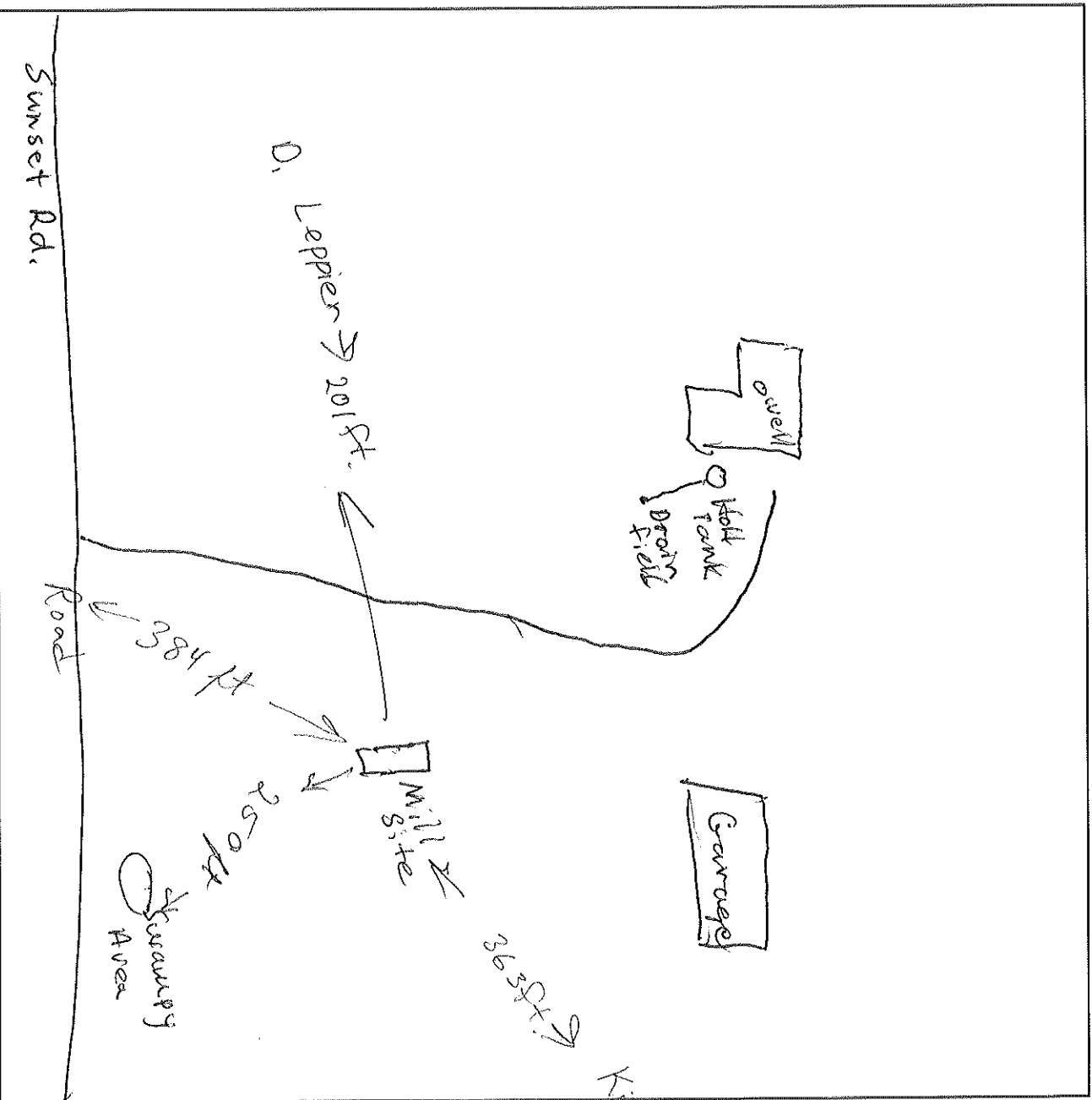
Condition: see TBA e affidavit; Operation @ Am-430 PM

weekdays; no Sat. / Holiday operation

Signed Michael Fustak 7-24-09
Inspector _____ Date of Approval _____

SENT BY ZONING

Lot Line



Name of Frontage Road (Sunset Rd.)

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

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

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

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

