

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
FEB 11 2011

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Amount Paid: Cash \$75

\$75

Application No.: 11-0021

Date:

Zoning District: R-1

Amount Paid: Cash \$75

2-10-11 MF 2/14/11 MJ

Use Tax Statement for Legal Description

Legal Description: NE 1/4 of NE 1/4 of Section 35 Township 43 North, Range 8 West, Town of Cable

Gov't Lot _____ Lot _____ Block _____ Subdivision _____

Acreage 1.23

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Parcel I.D. 04-012-2-43-08-35-101-000-04000

Property Owner Glenn W. Harvey

Contractor Sesse Harvey (Phone) 558-1309

Address of Property 11910 Old Mill Rd

Plumber _____

Cable, WI 54821

Authorized Agent _____ (Phone) _____

Telephone 558-6148 (Home) _____ (Work) _____

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 Number of Stories 1

Fair Market Value \$1,000 Square Footage 224 sq ft

Sanitary: New _____ Existing Privy _____ City _____

USE: 14' x 16'

Type of Septic/Sanitary System CONV

* Residence or Principal Structure (# of bedrooms) _____

Mobile Home (manufactured date) _____

Residence sq. ft. _____

Commercial Principal Building _____

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

Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____

Commercial Accessory Building (explain) _____

Deck sq. ft. _____

Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____

Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) bedroom

Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____

External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Accessory Building (explain) _____

Residential Other (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) Glenn W. Harvey Date 2-3-11

Address to send permit same as above

ATTACH

* See Notice on Back

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 10-1335 Date 11-16-10

Date 2-14-11

Permit Number 11-0021 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meeting with other Property-Owner per Contractors

Inspection Record: Inspection

By M. Flutek Date of Inspection 2-10-11

Mitigation Plan Required: Yes No

Variance (B.O.A.) # _____

Condition: _____

Signed Michael Flutek

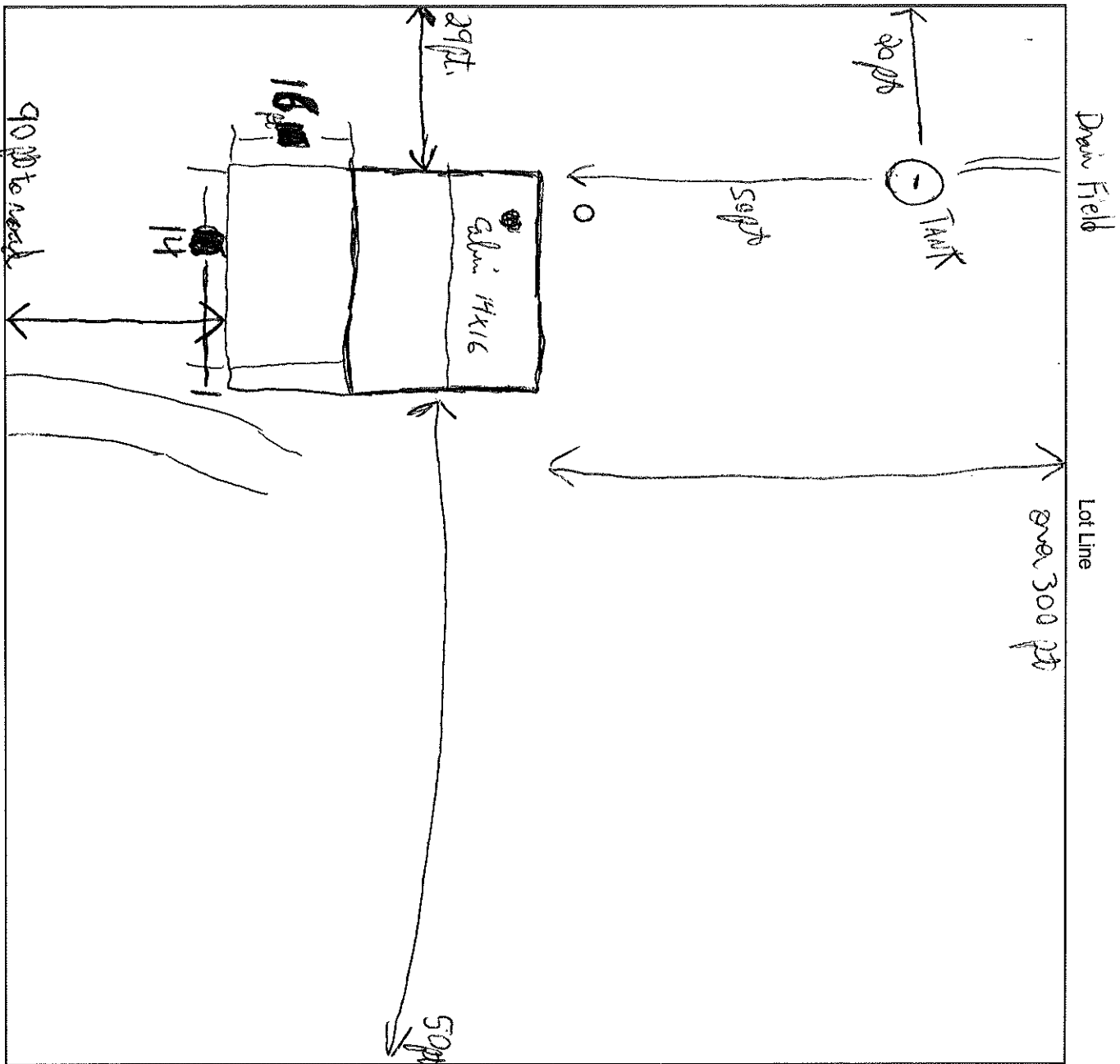
Date of Approval 2-11-11

Inspector
Rec'd for Issuance

FEB 14 2011

Secretarial Staff

North



Name of Frontage Road (Old Mill 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.