

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 11 2011

Application No: 11-0081
Date: 4-29-11
Zoning District: R-1
Amount Paid: \$75.00/16/11

INSTRUCTIONS: No permits will be issued until all fees are paid to 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 of Tax Statement for Legal Description

Legal Description part of NW 1/4 of NE 1/4 of Section 18 Township 43 North, Range 7 West, Town of Cable
Gov't Lot 2 Block 3 Subdivision Assessors Plat # Acreage 4.96

Volume 1058 Page 769 of Deeds Parcel I.D. 04-02-2-43-07-18-2 00-116-01000

Property Owner Arthur & Katherine Honeack Contractor Steve Miles (Phone) _____

Address of Property 13705 Perry Lake Road Plumber Andy Rasmussen & Sons

Cable, WI 54821 Authorized Agent _____ (Phone) _____

Telephone 715-746-3977 (Home) 715-209-1624 (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 2

Fair Market Value \$25000 Square Footage 196 sq ft Sanitary: New Existing Privy _____ City _____

USE: 14x14 Type of Septic/Sanitary System Conio w/11x4

* 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. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____

Residence sq. ft. _____ Garage 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) _____

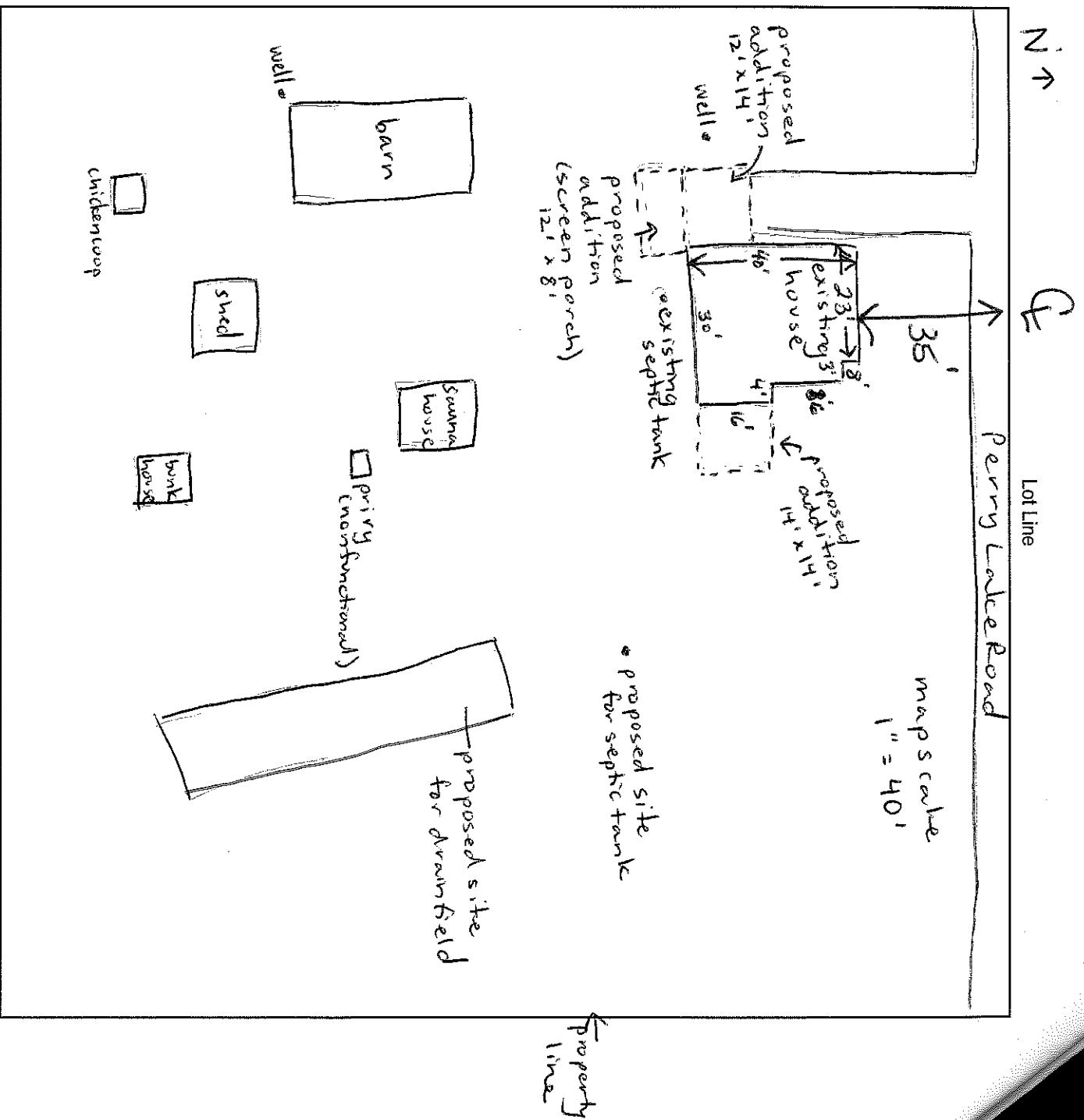
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) [Signature] Date 3-9-11
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 11-045 Date 3-9-11
Date 4-29-11 Permit Number 11-0081 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Structure is existing. Non-conforming structure 35' from
Q. Meets setbacks. BY M. Funtak Date of Inspection 2-7-11
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____

Signed [Signature] Date of Approval 2-8-11
Inspector Michael Funtak Rec'd for Issuance
APR 29 2011
Secretarial Staff

\$75



Name of Frontage Road (Perry Lake 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.