

EXPIRED

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
 APR 15 2008

Application No: 08-0087
 Date: _____
 Zoning District: F-HS-
 Amount Paid: \$75.00 RDS
4/15/08

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 _____
 Legal Description 1/4 of Sublot 14 of Section 4 Township 50 North, Range 7 West, Town of Clover
 Gov't Lot 1 Lot last of Block _____ Subdivision _____ CSM # _____ Acreage 9.3
 Volume _____ Page _____ of Deeds _____ Parcel I.D. # 04-014-2-50-07-04-05-01-10000 Use Tax Statement for Legal Description
 Property Owner DAVISTAY L & KE BECCA MUGENZEL Contractor JIM WIRGIN (Phone) 715 373 5162
 Address of Property 87970 Bark Point Rd Plumber _____
Webster WI 54844 Authorized Agent _____ (Phone) _____
 Telephone 715 774 3488 (Home) _____ (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 Number of Stories 1
 Estimated Cost of Construction ≤ 40,000 Square Footage 156 Sanitary: None Existing _____ Existing _____ City _____
 USE: low plot plan
 * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) modification lot
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

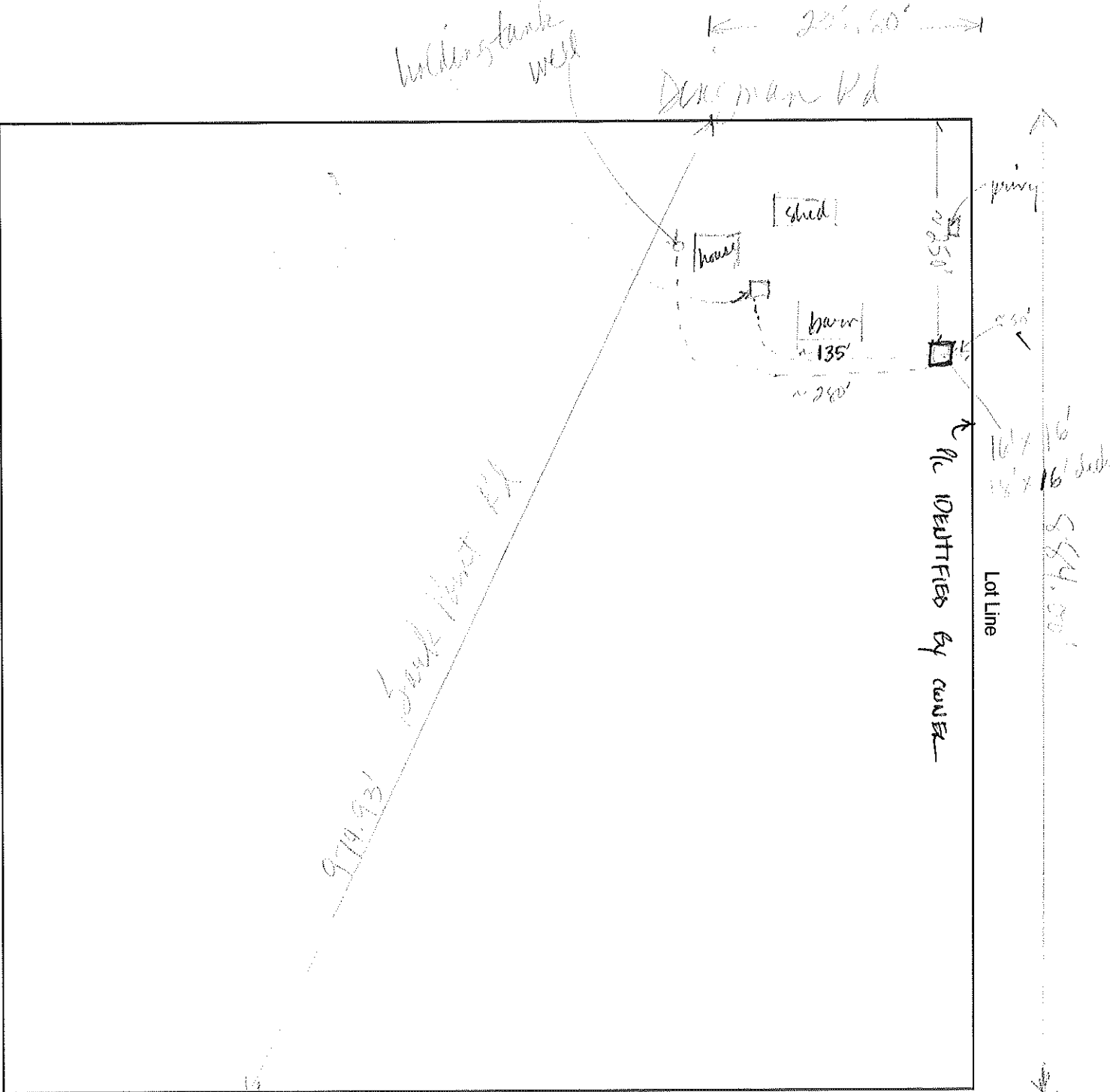
Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) modification lot
 Residential Accessory Building Addition (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) Diana Taylor Shane Emmswell Date 4/14/08
 Address to send permit 87970 Bark Point Rd Webster WI 54844 ATTACH
 Copy of Tax Statement
 If you previously 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 4/22/08 Permit Number 08-0087 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Structural serious/conditions as represented by owner. Areas to be code compliant will permit may be issued for DDC Date of Inspection 4-21-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Diana Taylor Inspector _____ Date of Approval 4-21-08
WAC STATED Rec'd for Issuance _____
 APR 22 2008
 Secretarial Staff



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Name of Frontage Road (Bark Privt 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 - (include any deck(s), porch or garage) §
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 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.