

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
SEP 15 2008
Bayfield Co. Zoning Dept.

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 SW 1/4 of SE 1/4 of Section 22 Township 50 North, Range 7 West, Town of Clover

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 6.66

Volume 764 Page 406 of Deeds (MagaFas) d. 014-1064-04

Property Owner ANITA MAGAFAS Contractor Steve Denker (Phone) _____

Address of Property 84220 Campbell Rd Plumber _____

Telephone (309) 333-4545 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, Structure: New _____ Addition Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 9,000 Square Footage 200' Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System HT 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 Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) LOBBY SPACE External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____

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) Anita Magafas Date 9/15/08

Address to send permit 84220 Campbell Rd 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 08-1245 Date 2008

Date 10/2/08 Permit Number 08-0537 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure settles/rotors as represented by owner - appears to be code compliant
Permit may be issued By DDC Date of Inspection 9-23-08

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

Condition: _____

Signed [Signature] Inspector _____ Date of Approval 9-23-08

Sanitary Permit as fee
Rec'd for Issuance
Rec'd for Issuance
Per'd to DC for Explanation of Addr.

OCT 0 1 2008

SEP 3 11 2008

Secretary's Sign

Secretary's Sign

ENTERED

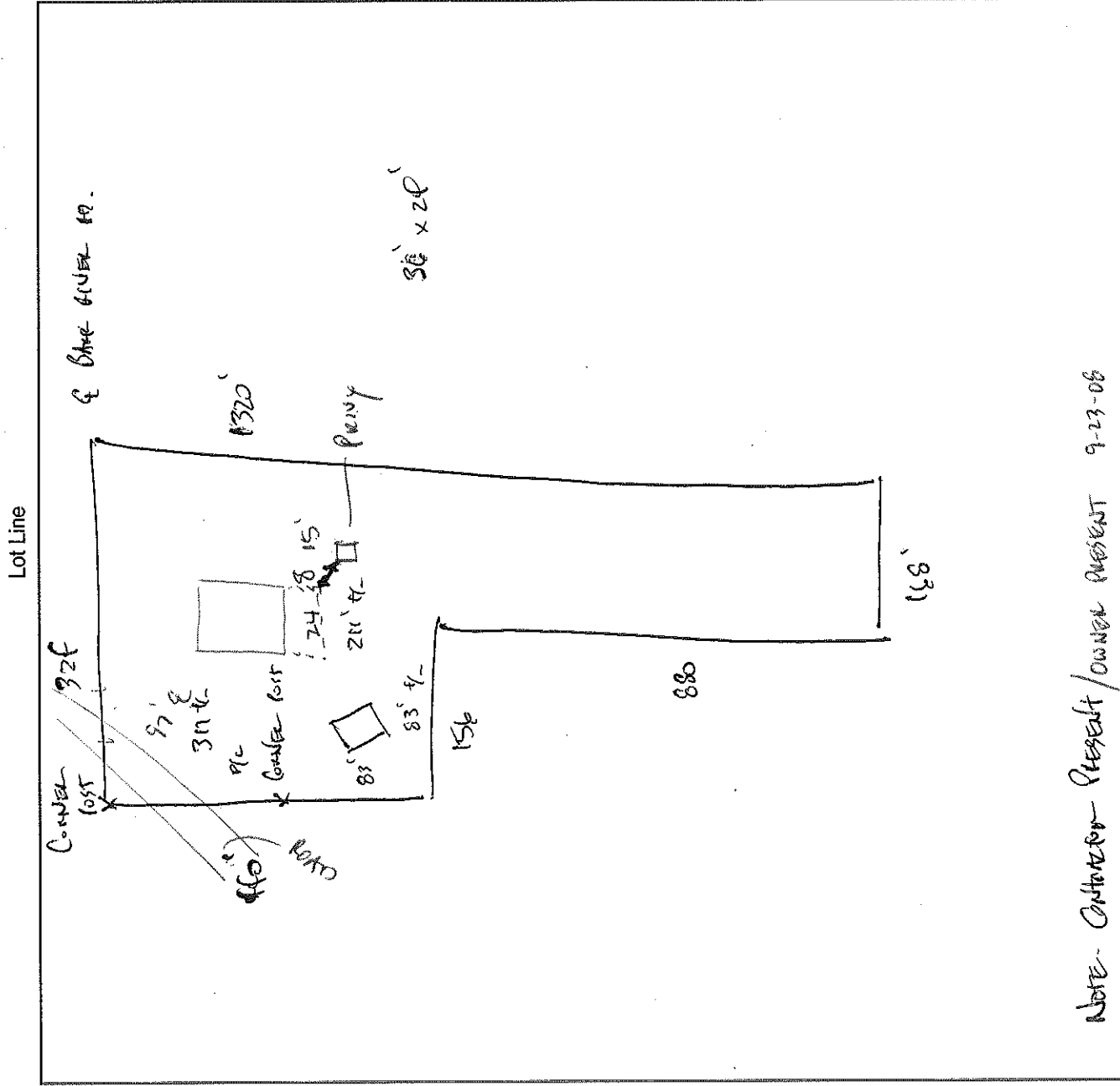
Application No: 08-0537

Date: _____

Zoning District: A-1

Amount Paid: \$75.00 RDS

9/15/08



NOTE: Ontario - Present / Owner Present 9-23-08

Area Designated Bldg Site

Name of Frontage Road (_____)

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.