

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  
SEP 26 2008  
Bayfield Co. Zoning Dept.

Application No. 08-0553  
Date: \_\_\_\_\_  
Zoning District A-1(-)  
Amount Paid: \$75.00 PDS  
9/26/08

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 21 Township 50N North, Range 7 West, Town of Clover  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 79.0

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. 041-1061-01-000

Property Owner Ray St. John Contractor Self (Phone) \_\_\_\_\_

Address of Property 15850 Bark River Road Plumber \_\_\_\_\_

Herbster, WI Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Jon St John  
Telephone 925 725 6521 (Home) 722-2222 (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 \_\_\_\_\_

Fair Market Value 2950 Square Footage 360

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

\* Mobile Home (manufactured date) \_\_\_\_\_

Commercial Principal Building \_\_\_\_\_

Commercial Principal Building Addition (explain) \_\_\_\_\_

Commercial Accessory Building (explain) \_\_\_\_\_

Commercial Accessory Building Addition (explain) \_\_\_\_\_

Commercial Other (explain) \_\_\_\_\_

Special/Conditional Use (explain) \_\_\_\_\_

External Improvements to Principal Building (explain) \_\_\_\_\_

External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_

Residential Accessory Building (explain) Storage Shed

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) Ray St. John Date 9-22-08

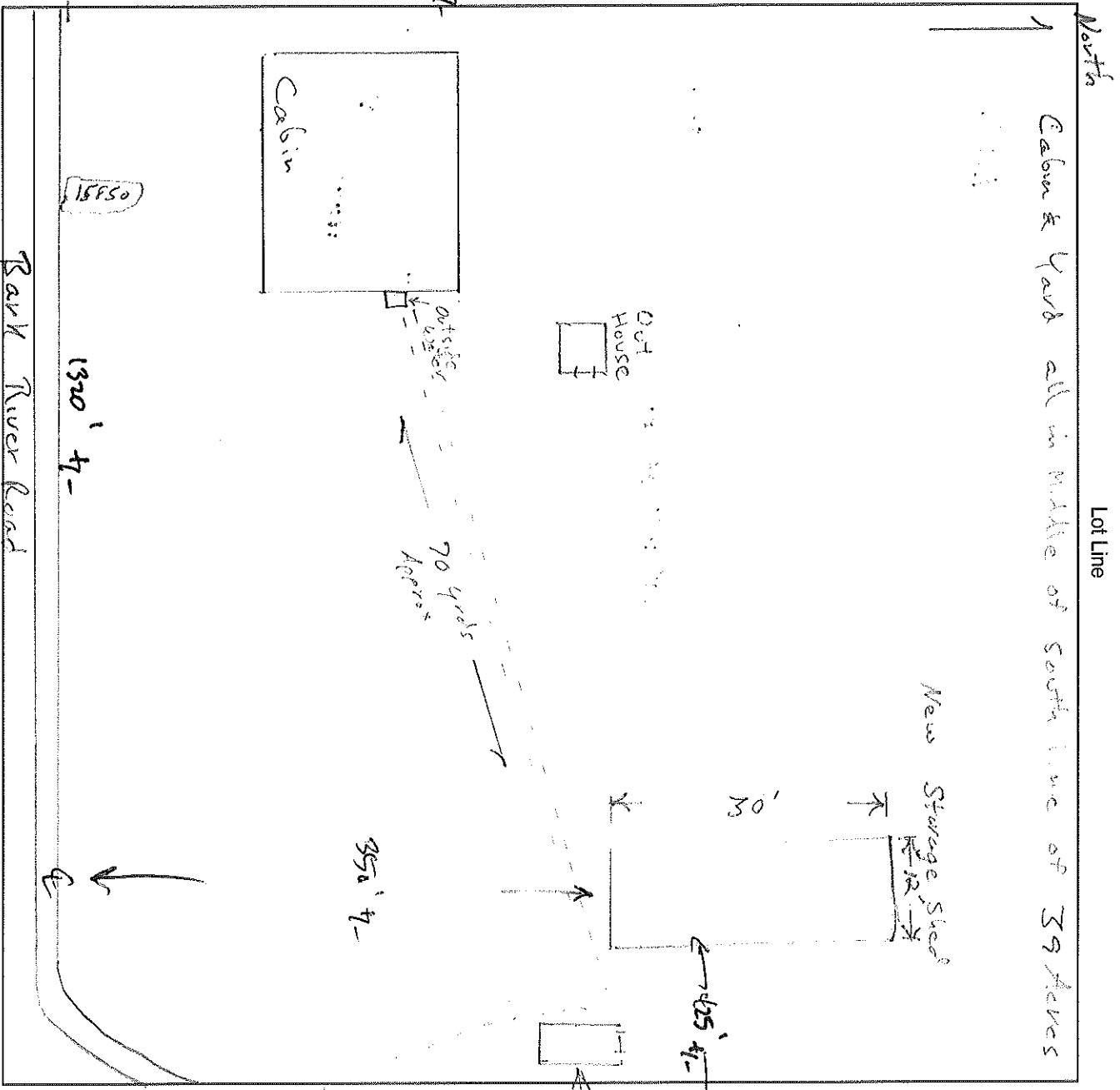
Address to send permit 1489 Cowling Bay Rd Neenah, WI 54956 ATTACH  
Copy of Tax Statement or Attach a Copy of Recorded Deed

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 10/9/08 Permit Number 08-0553 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: STRUCTURAL SETBACKS / CONDITIONS AS REPRESENTED BY OWNER - APPROX. TO WEST CORNER  
REQUIREMENTS & PERMIT MAY BE BY DDC Date of Inspection 10-7-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 10-7-08  
MANUEL 10 EAST 1/4 OCT 10 2008  
Secretarial Staff

Note: Planning on having a Gambrel Roof on shed.



**BUILDING SITE PLAN DENIED BY OWNER**  
 Name of Frontage Road (Raw River Rd.) Town of closer

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. *None*
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. *None*
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.

Replace mark to build new cabin in near future.  
 to build new cabin in near future.  
 to build new cabin in near future.  
 to build new cabin in near future.

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LAND USE:  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Use Tax Statement for Legal Description

Legal Description: 1/4 of Section 34 Township 51 North, Range 7 West. Town of CLAWA

Gov't Lot 1 Block 1 Subdivision 6/6 CSM # 1.8 Acreage 1.8

Volume 506 Page 123 of Deeds Parcel I.D. 04-014-2-51-07-243-05-09-60-000

Property Owner ROSE BARNES (BARNES) Contractor WICKLIFF CONTRACTORS (Phone) \_\_\_\_\_

Address of Property 90025 DARE POINT RD Plumber \_\_\_\_\_

HELBESTER Authorized Agent JEFF ADLER (Phone) 763-421-8602

Telephone 763-774-3415 (Home) 763-421-8602 (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 15000 Square Footage 576 Sanitary: New  Existing  Privy  City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) 2 Type of Septic/Sanitary System HELANDO TRAIL

\* Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) 2  Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. 15700 Porch sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. 1300 Deck(2) 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) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) Garage Addition  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) JEFF ADLER (Jeff Adler) Date 10-3-08

Address to send permit 14700 GREENHILL ST W-4 ATTACH

ANNOUNER, MN 55304 Copy of Tax Statement or

\* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 10/10/08 Permit Number 08-0565 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structure setbacks/conditions as represented by address means to be code

Compliant & permit may be issued By DOC Date of inspection 10-10-08

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

Condition: \_\_\_\_\_

Signed [Signature] Inspector [Signature] Date of Approval 10-10-08

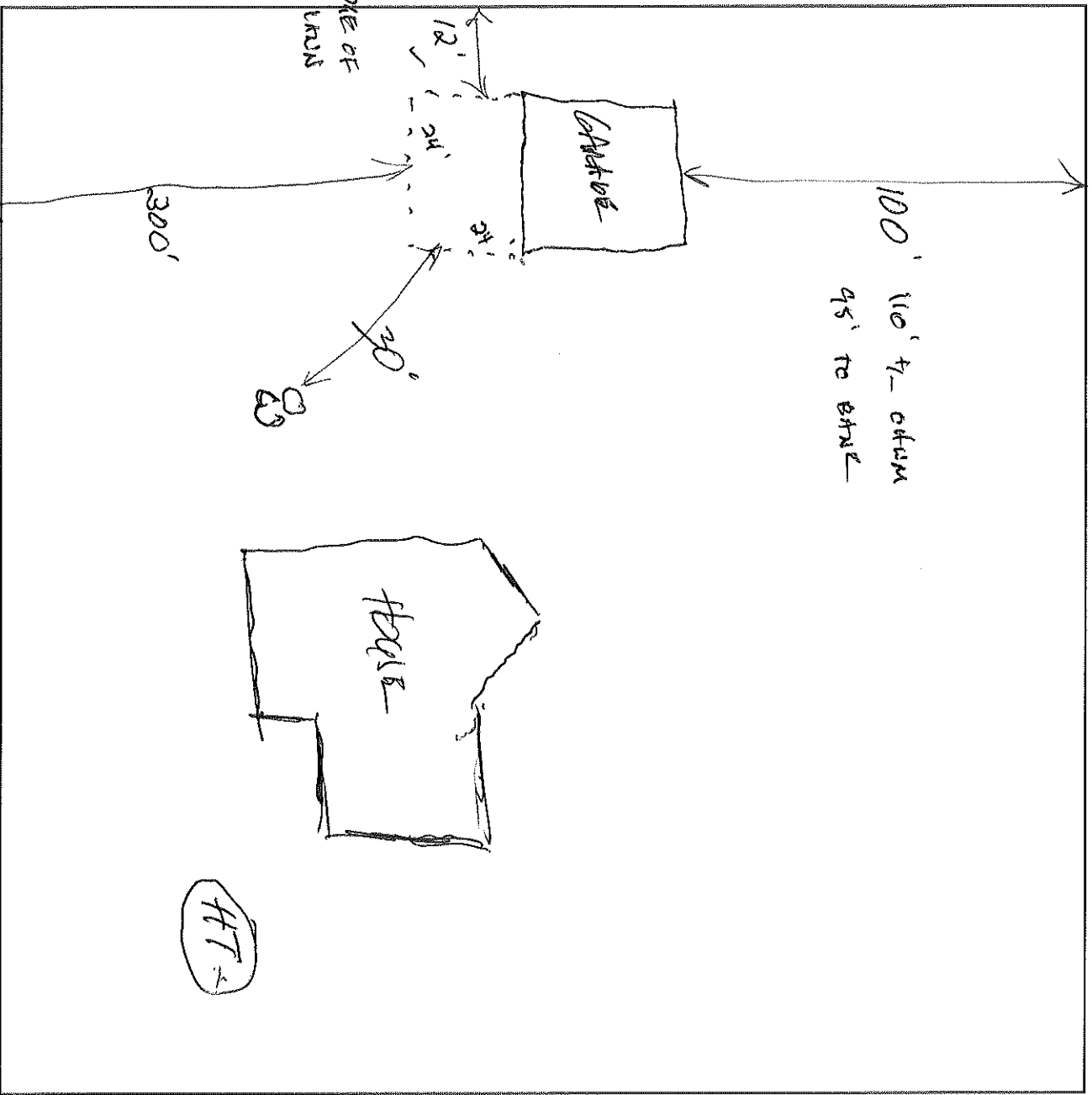
Rec'd for Issuance

OCT 10 2008

Secretarial Staff

WEL SUPERVISOR

Letting



EXISTING STRUCTURE

Name of Frontage Road (Back Porch 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.
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