

Not Entered

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

JUL 06 2010

Application No: 10-0230
Date: _____
Zoning District: RB / -
Amount Paid: \$75
7/7/10 mg

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 ALTERATION

Use Tax Statement for Legal Description

Legal Description SW 1/4 of SE 1/4 of Section 20 Township 50 North, Range 7 West, Town of CLOVER

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

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-014-2-50-07-20-4-03-000-50000

Property Owner TODD SODARSKI Contractor TODD SODARSKI (Phone) 317 491 3514

Address of Property 14750 CANDLERLY Plumber _____

RIVER ROAD Authorized Agent _____ (Phone) _____

Telephone 317 491 3514 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New _____ Addition _____ Existing K Distance from Shoreline: greater than 75 75' to 40' less than 40'

Fair Market Value 5000 Square Footage 125 Basement: Yes _____ No Number of Stories 1

Sanitary: New _____ Existing _____ Privy City _____

USE: _____ Type of Septic/Sanitary System Private

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____ Garage 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) Subway front entrance

Residential Accessory Building (explain) NO EXPANSION OF FOOTPRINT

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 the 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) Todd Sodarski Date 7/6/10

Address to send permit 262 West 77th Street ATTACH _____

Indianapolis, IN 46260 Copy of Tax Statement or _____

* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-16-10 Permit Number 10-0230 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: No change in footprint. See structural septic/additions as represented by other

reports to be done on 7/10 By DL Date of Inspection 7-5-10

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

Condition: see above *

Signed [Signature] Inspector _____

Rec'd for Issuance Date of Approval 7-15-10

Verify lot of 15000

DL

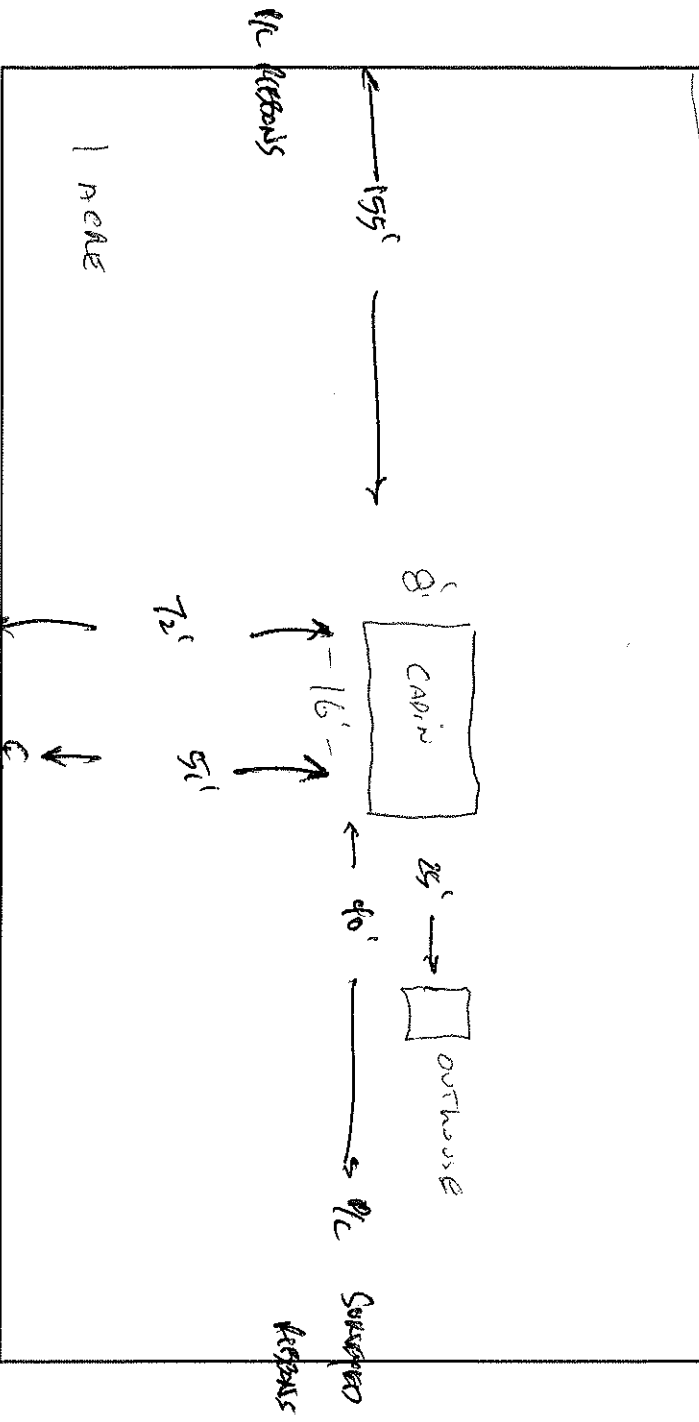
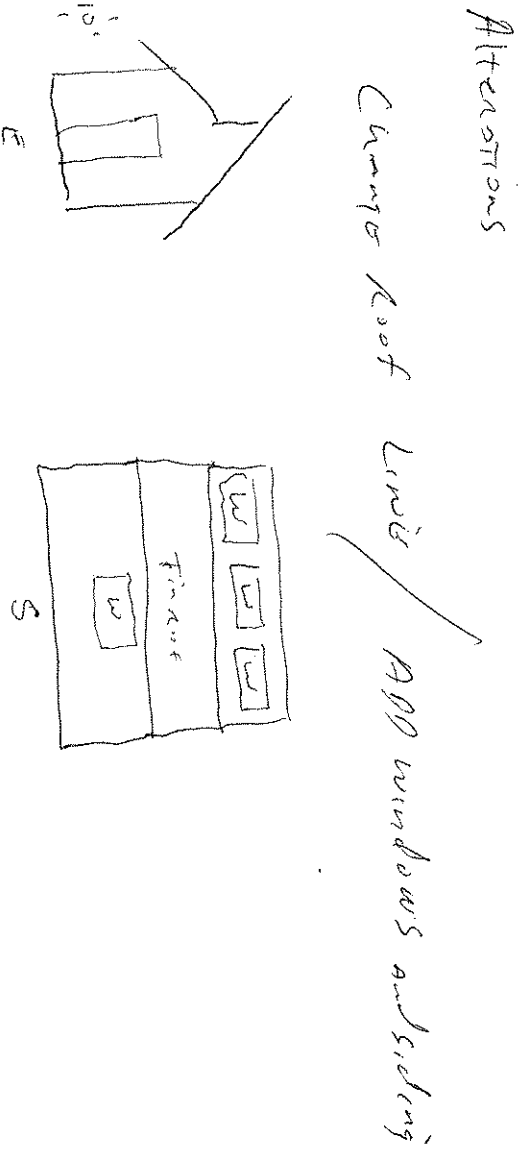
DL - Bayfield Zoning Dept

FILE

SECRETARIAL STAFF

123

Lot Line



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.