

COMPLETED ORIGINAL
STATEMENT

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

AUG 26 2010

Application No.: 10-0409
Date: _____
Zoning District: R-PB/CASS
Amount Paid: \$75
8/26/10
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 _____

Use Tax Statement for Legal Description

Legal Description: 1/4 of Section 27 Township 51 North, Range 07 West, Town of CLOVER
Gov't Lot 13 Block _____ Subdivision SLITCHIE SUMMIT SHORES CSM # _____ Acreage 3.2

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-014-2-51-07-27 F-90-177, 11000
Property Owner CAL SCHEIDEGGER Contractor J. HOKANSON (Phone) 774.3318
PAULA PETERSON

Address of Property 89015 BARK POINT ROAD Plumber _____
HERBSTER, WI Authorized Agent _____ (Phone) _____

Telephone 360.715-1180 (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 1/2

Fair Market Value \$500.00 Square Footage 1180
Sanitary: New _____ Existing Privy _____ City _____

USE: _____
Type of Septic/Sanitary System HOLDING TANK

* Residence or Principal Structure (# of bedrooms) _____
 Residence sq. ft. _____

* Residence w/deck/porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____

Deck sq. ft. 1
 * Residence w/attached garage (# of bedrooms) _____
Deck(2) sq. ft. _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) EXTEND ROOF

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____
2
 Residential Other (explain) _____

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) SHED ROOFS
FRONT & BACK OF

External Improvements to Accessory Building (explain) DECK

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) Paula Peterson Date _____

Address to send permit 736 SUDDEN VALLEY - 58 VLY CRST WY ATTACH
BELVINGHAM, WA 98229 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 10/8/10 Permit Number 10-0409 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: PRE-EXISTING STRUCTURE SHOWING SERIOUS DEFICIENCIES AS REPRESENTED BY COUNTY RIGHT
AGREES TO BE EOE CHECKED? By DC Date of Inspection 8-2-10

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

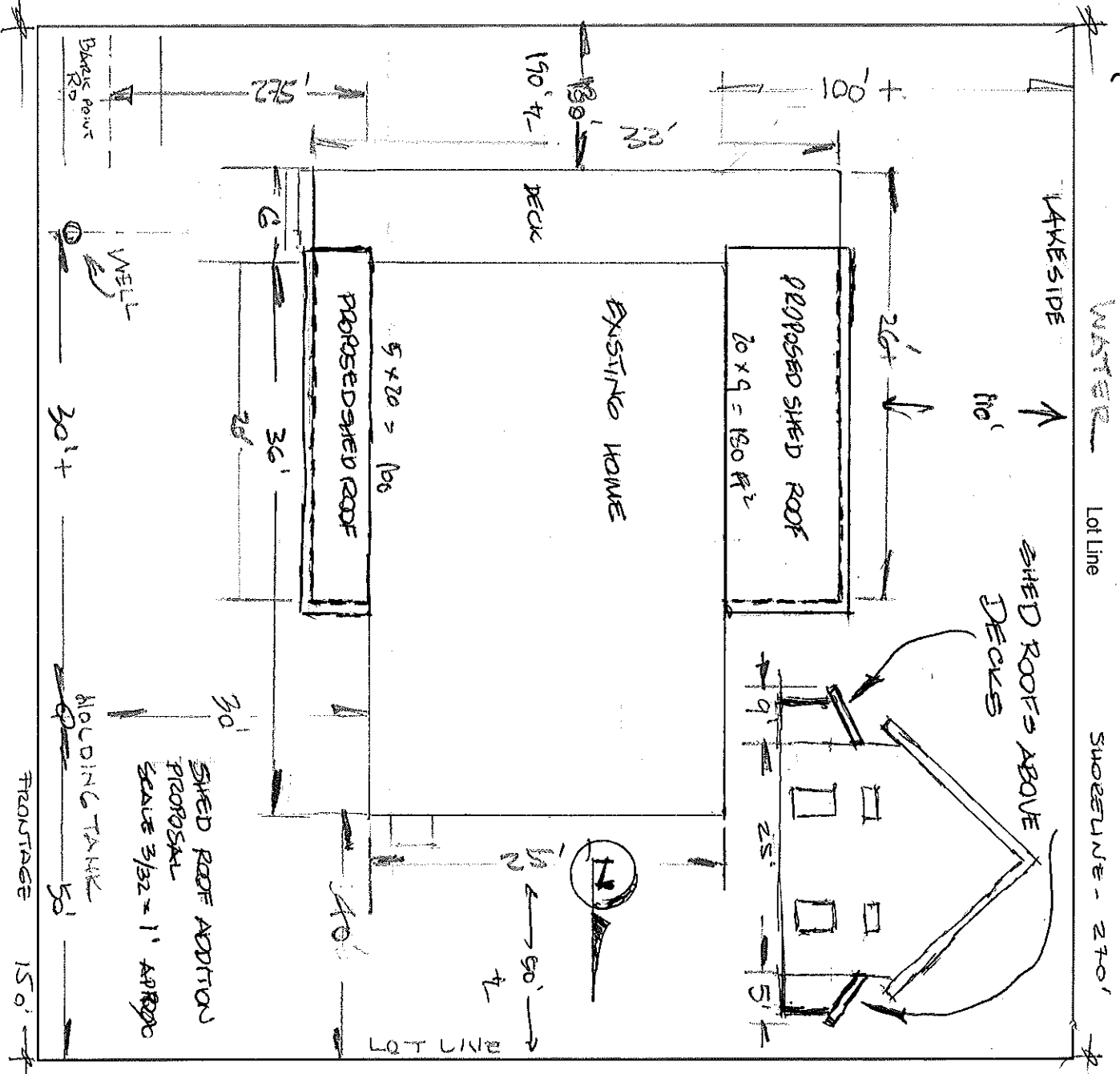
Condition: _____

Signed Paula Peterson Inspector Rec'd for Issuance Date of Approval 8-31-10

FEELERS PREVIOUS PLANTS 05-269

GRASS PLANT APPROX 100 FEET

150' to driveway 7' TOP OF BULK (RAVINE)



Name of Frontage Road (BARK PT. 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.