

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
DEC 14 2010

Application No: 11-0023
Date: _____
Zoning District: F-1
Bayfield Co. Zoning Dept. Amount Paid: _____

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: Use of Warehouse
Legal Description: S1/4 of NE 1/4 of Section 33 Township 50 North, Range 7 West, Town of Gouven

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ Acreage 26.8 +/-
Volume _____ Page _____ of Deeds _____ Parcel I.D. of Ord 250-07-33-1 03-000-2000

Property Owner: Timothy Carlson Patricia Kienle Contractor (Phone) _____
Address of Property: 82575 Lenawee Rd Plumber _____

Authorized Agent: Herbster WI 54844 (Phone) _____
Telephone: 715-774-3148 (Home) same (Work) _____

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

Distance from Shoreline: greater than 75' 75' to 40' less than 40'
Basement: Yes _____ No _____ Number of Stories _____
Sanitary: New _____ Existing _____ Privy _____ City _____

Type of Septic/Sanitary System _____
 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) HOME BASED BUSINESS

External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Timothy Carlson Date 12/12/2010
Patricia Kienle ATTACH
Address to send permit 82575 Lenawee Rd, Herbster WI 54844 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 2/15/11 Permit Number 11-0023 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: See existing conforming structure three Ave no residences av/s 1/2 mile or (NO) HO HOME BUSINESS By DKC
Permit may be issued provided 20' easements Date of Inspection 12-14-10

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

Condition: _____

Signed [Signature] Inspector

Date of Approval 12-14-10
Rec'd for Issuance

FEB 15 2011

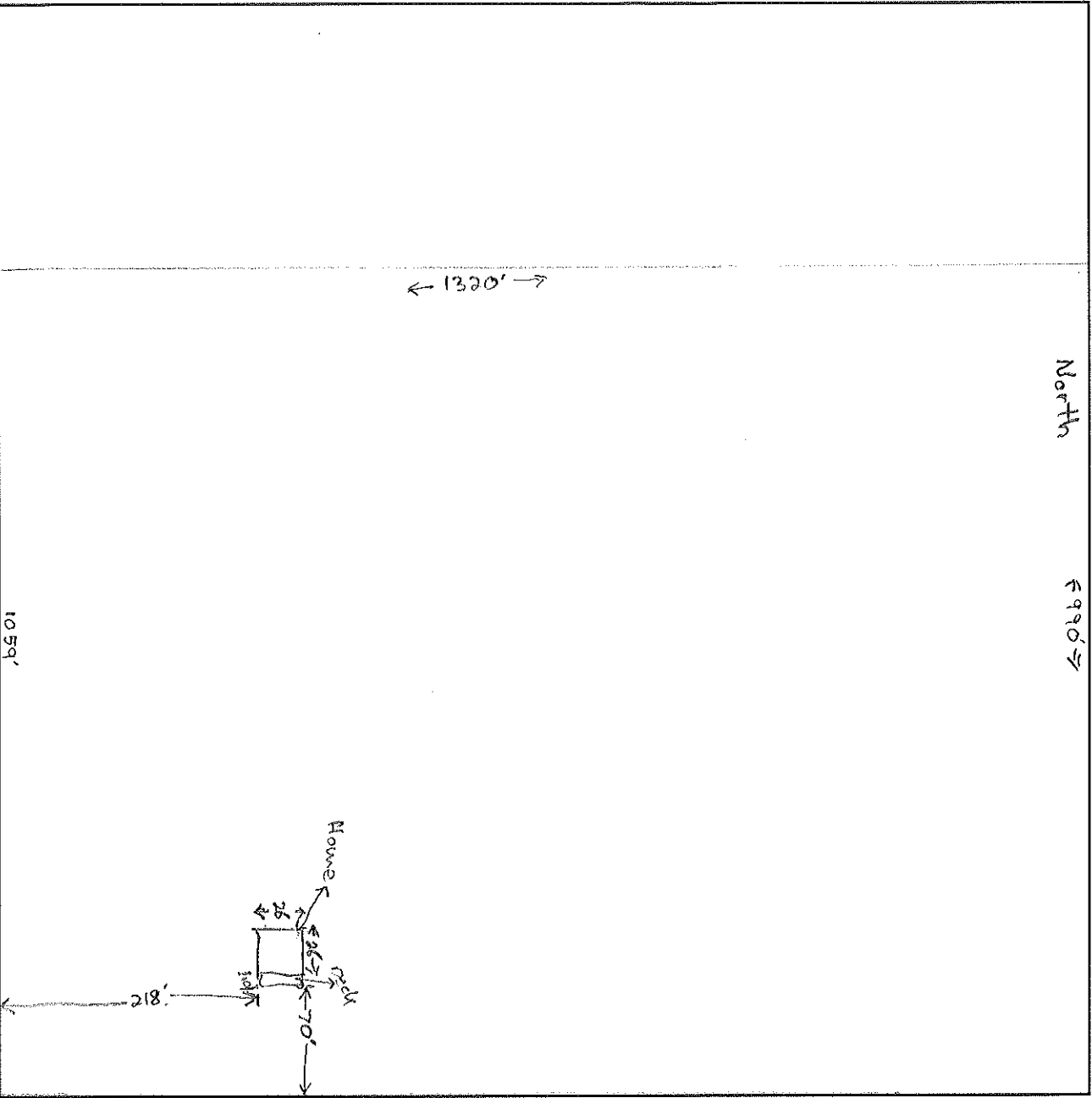
Secretarial Staff

Lot Line

North

← 990' →

← 1320' →



Name of Frontage Road (Lenawee 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.
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.