

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
 MAR 24 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0120
 Date: 5-18-11
 Zoning District: A-1
 Amount Paid: \$125 3/30/11
\$175 TBH mg
 + privacy

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 SUB 1/4 of NE 1/4 of Section 34 Township 51 North, Range 7 West, Town of Conover
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 651 tr.

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-014-251-0234-1-03-000-12000

Property Owner William Holm + Christie Jacobs Contractor Self (Phone) _____

Address of Property Baric Bay Rd Plumber Self (Phone) _____

Hobster Dr 54844 Authorized Agent _____ (Phone) _____

Telephone (612-729-4866) (Home) 612-756-3719 (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

Fair Market Value \$10,000 Square Footage 6x20=320 Sanitary: New _____ Existing _____ Privy City _____

USE: Deck =413 Type of Septic/Sanitary System _____

Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

Residence w/ deck porch (# of bedrooms) 1 bedroom 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) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

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

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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) William Holm Date 3/22/11
 Address to send permit 4030 26th Ave S. MPLS MN 55406 ATTACH
 Copy of Tax Statement or
 (If you recently purchased the property
 Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number Privy Date _____

Date 5-18-11 Permit Number 11-0120 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Proposed structural changes/additions as requested by owner require PD to code consultant filed permit by DOE Date of Inspection 3-24-11

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

Condition: A violation obviously code request must be obtained from the applicable inspection Agency or some proof to the effect of construction.

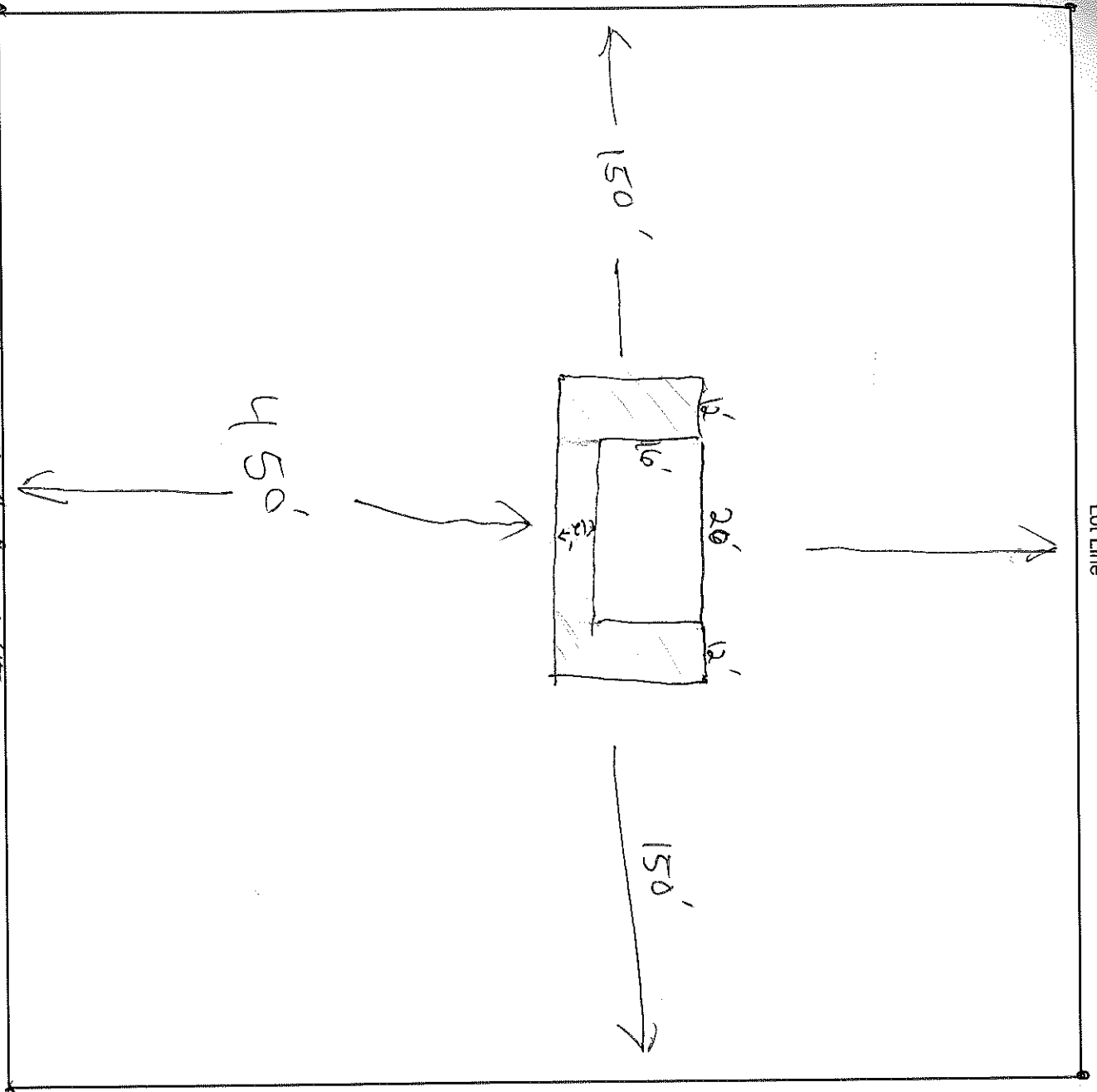
2) No existing street AND existing utilities are located on the same side as the services by a suitable approved on-site water system.

Signed [Signature] Inspector Date of Approval 3-24-11

had fee TBH

330'

Lot Line



AN OIL & GASES ADJUTANTY PERMITTED AS W/3 THE BUILDING SITE

Name of Frontage Road: R. W. R. or O. R.

1. Name the frontage road and use as a guideline, fill in the lot d
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), p
4. Show the location of the well, holding tank, septic tank and dre
5. Show the location of any lake, river, stream or pond if applicab
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

354
356
240

912 sq. ft.

*NOTICE: All Land Use Permits Exp

For The Construction Of New One & Two Family Dwellings: ALL You Must Contact Your Town Cha

The local town, village, city, state or fe

Stake or mark proposed location(s) of new building, hold will not make an inspection until location(s) are staked o

