

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 38
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 12 2011

Bayfield Co. Zoning Dept.

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.

Application No.: 1-0125
Date: 5/20/11
Zoning District: R-1
Amount Paid: 75.00 5/20/11

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

Use Tax Statement for Legal Description NW 1/4 of Section 28, T28S, R.2718 West, Town of W. 363

Legal Description E 1/4, 1/4 of S28 1/4 of Section 28, Township 28 North, Range 18 West, Town of W. 363, Acage 1497A

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

Volume _____ Page _____ of Deeds Parcel I.D. 64-614-280-01-23-f 02-000-10000

Property Owner Stanley M Samuels Contractor SEA (Phone) _____

Address of Property 17740 Suedlund Rd. Number _____

Herbster WI 54844 Authorized Agent _____ (Phone) _____

Telephone 715-774-3118 (Home) _____ (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 46 KIL Basement: Yes _____ No Number of Stories 1.5

Fair Market Value 4900.00 Square Footage 640 Sanitary: New _____ Existing _____ Privy City _____

USE: Type of Septic/Sanitary System Rainy

Residence or Principal Structure (# of bedrooms) 1 Mobile Home (manufactured date) _____

Residence sq. ft. 1000 Commercial Principal Building _____

Residence w/deck-porch (# of bedrooms) _____ 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) _____

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) BOAT SHED External Improvements to Accessory Building (explain) _____

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) Stanley Samuels Date May 20 2011

Address to send permit _____ 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 _____ Date _____

Date 5/20/11 Permit Number 11-0125 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural defects/conditions as manifested by address markers to the care

approved to be BY DR Date of Inspection 5-14-11

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

Condition: _____

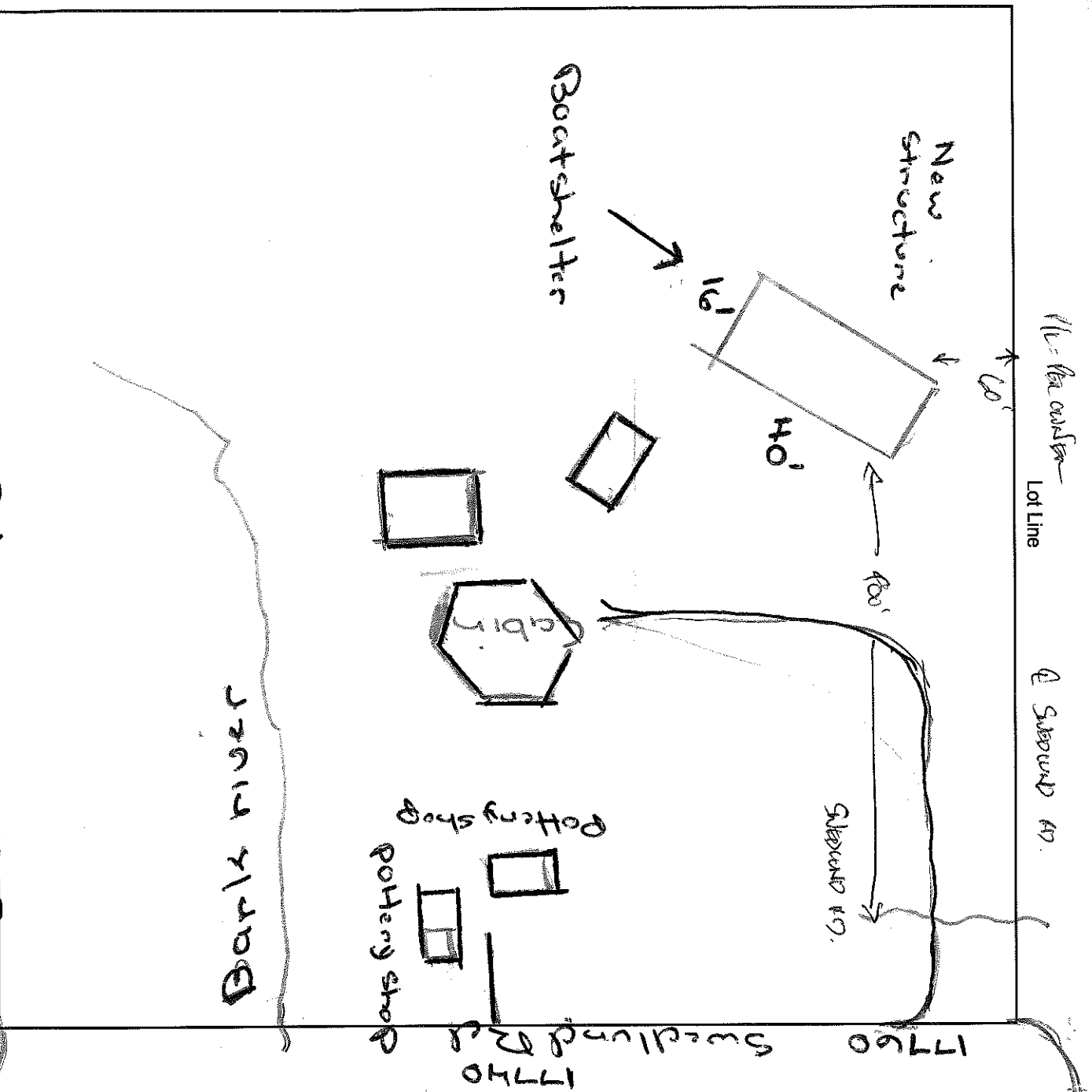
Rec'd for Issuance _____ Signed _____ Date of Approval 5-14-11

MAJ 20 2011 _____ Inspector _____

Secretarial Staff _____

USE (2) Pl or wood shed for

ENTERED



Name of Frontage Road Sweilund Rd

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

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

*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.