

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Submitted: MAR 27 2012
 Bayfield Co. Zoning Dept.

Permit #:	10-0049
Date:	4/5/12
Amount Paid:	\$15.00 PDS
Refund:	4/2/12

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.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Daniel Aileen Spillman Mailing Address: 88980 Bark Point Rd City/State/Zip: Herbster, WI 54844 Telephone: 715 774 3289

Address of Property: 88980 Bark Point Road City/State/Zip: Herbster, WI 54844 Cell Phone: _____

Contractor: Dave Majerus Contractor Phone: 774-3866 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section S34, Township T51N N, Range R07W W Town of: Cllover Lot Size 305' X 1267' Acreage 8.9/19.006

Legal Description: (Use Tax Statement) 8 Parcel N PIN: (23 digits) 04-014-2-51-07-34-1 02.000-2000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. Interlakes) Creek or Landward side of Floodplain? If Yes---continue → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage if Yes---continue → Distance Structure is from Shoreline: 1000 feet

Non-Shoreland

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$23,500	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>DF</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 80 Width: 36 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(_____)	(_____)
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
	<input type="checkbox"/> with Loft	(_____)	(_____)
	<input type="checkbox"/> with a Porch	(_____)	(_____)
	<input type="checkbox"/> with (2 nd) Deck	(_____)	(_____)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(_____)	(_____)
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(_____)	(_____)
	<input type="checkbox"/> Addition/Alteration (specify) _____	(_____)	(_____)
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Storage</u>	(<u>28</u> X <u>4</u>)	(<u>1008</u>)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(_____)	(_____)
	<input type="checkbox"/> Conditional Use: (explain) _____	(_____)	(_____)
	<input type="checkbox"/> 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(s): Daniel & Aileen Spillman Aileen Spillman Date 3/18/2012

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance _____ Attach _____

Address to send permit _____

Copy of Tax Statement

APR 5 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

OK KAK 4/5/12



