

ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
MAY 09 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0171
Date: _____
Zoning District: K-4
Amount Paid: \$75.00 ADS
5/9/08

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
Legal Description: NW 1/4 of SW 1/4 of Section 12 Township 46 North, Range 7 West Town of Delta
Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage _____
Volume _____ Page _____ of Deeds Parcel I.D. # 016-1022-09 Use Tax Statement for Legal Description _____

Property Owner: Kevin Ramsey Contractor _____ (Phone) _____
Address of Property: 62415 County Hwy H Plumber _____
Mason WI 54856 Authorized Agent _____ (Phone) _____

Telephone (715) 746-2155 (Home) 413-6357 (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 _____ Deck _____ Existing _____ Basement: Yes No _____ Number of Stories 1 1/2

Estimated Cost of Construction \$1,500.00 Square Footage 400 Existing _____ Privy _____ City _____
USE: 200 finished dx

- * Residence or Principal Structure (# of bedrooms) _____ External improvements to Principal Building (explain) _____
Residence sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____ Mobile Home (manufactured date) _____
Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Principal Building _____
- * Residential Addition / Alteration (explain) Deck _____ Commercial Principal Building Addition (explain) _____
Residence sq. ft. _____ Garage sq. ft. _____
- Residential Accessory Building (explain) _____ Commercial Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____ Commercial Accessory Building Addition (explain) _____
- Residential Other (explain) _____ Commercial Other (explain) _____
- Special/Conditional Use (explain) _____
- External improvements to Accessory Building (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) Kevin Ramsey Date 5/6/08
Address to send permit 62415 County Hwy H Mason WI 54856 Copy of Tax Statement ATTACH

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 5/16/08 Permit Number 08-0171 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Seawall/Conditions is presented by owner means to be core
CORRECT TO: PAID MAY BE
ISSUED - WALL PILES VERTICALLY By DML Date of Inspection 5-13-08

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

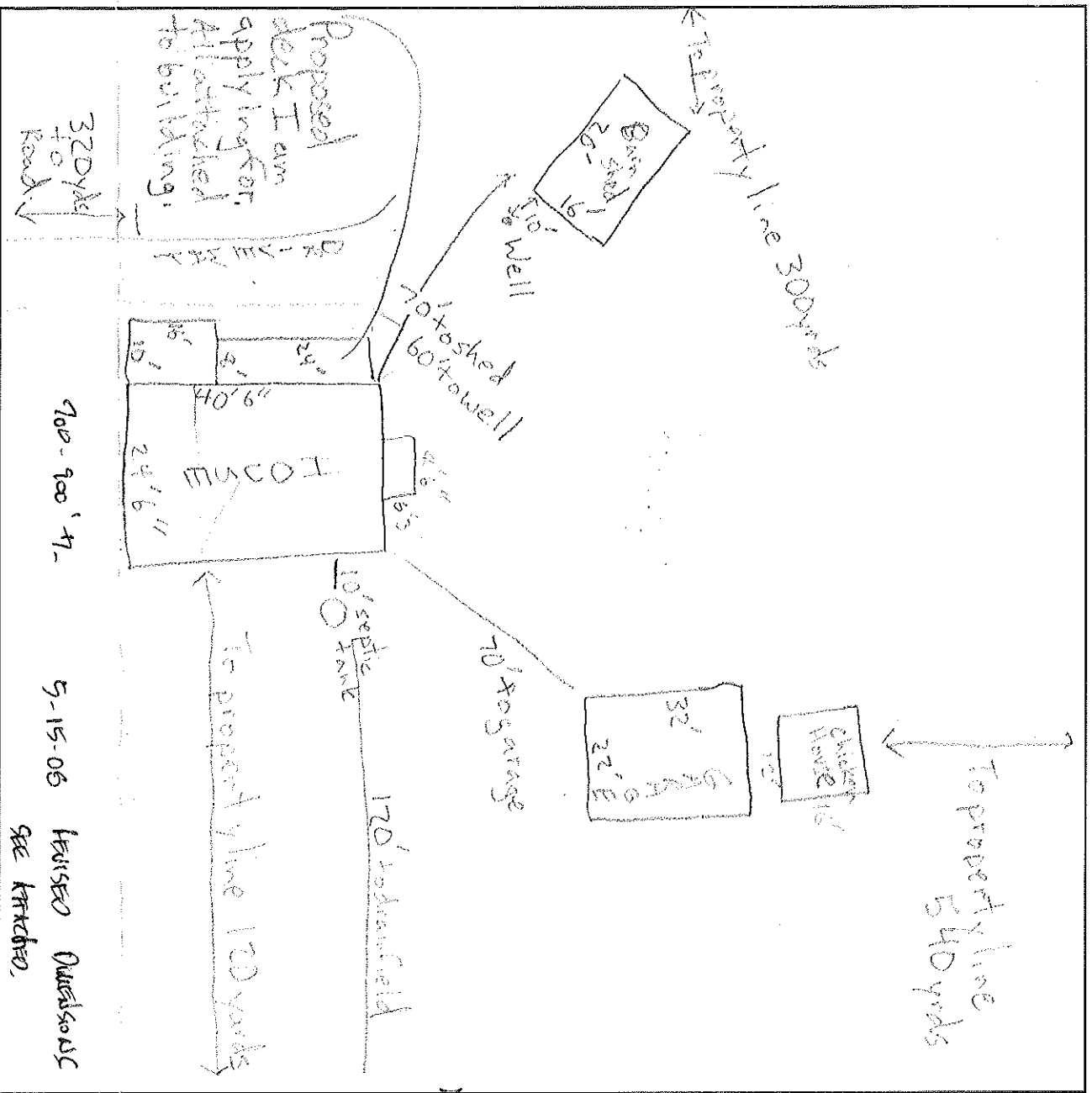
Condition: _____

Owner Request, See Stamp
Zoning Piles Vertical
Signed: [Signature] Inspector Date of Approval 5-13-08
Rec'd for Issuance

MAY 16 2008

Secretarial Staff

Lot Line



Name of Frontage Road (County Hwy H)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY FOLLOW
STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.