

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**  
 APR 13 2010

Application No.: 10-0082  
 Date: \_\_\_\_\_  
 Zoning District: F-1/3  
 Amount Paid: \$75  
4/14/10

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 13

Legal Description NE 1/4 of SW 1/4 of Section 8 Township Delta North, Range 8 West, Town of Delta

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 9.690

Volume Cell 125 Page 125 of Deeds Less 27-377 Parcel I.D. 04-016-2-46-08-13-3 01-000-40000

Property Owner Wayne K. Engstrom Contractor Todd F. Buildings (Phone) 715-833-8557

Address of Property 61355 W. Delta Rd Plumber \_\_\_\_\_

Telephone 715-372-8944 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent Nick Semling (Phone) 715-833-8557

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_ Written Authorization Attached: Yes  No

Structure: New  Addition  Existing  Basement: Yes  No  Number of Stories 1

Fair Market Value 23,600 Square Footage 3,024 Sanitary: New  Existing  Privy  City \_\_\_\_\_

USE:  Residence or Principal Structure (# of bedrooms) Storage Type of Septic/Sanitary System N/A

Residence sq. ft. \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_ Commercial Accessory Building (explain) \_\_\_\_\_

Residence w/attached garage (# of bedrooms) \_\_\_\_\_ Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_ Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) Storage 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) Wayne K. Engstrom Date 4/3/10

Address to send permit 61355 W. Delta Rd, Iron River, WI 54847 ATTACH \_\_\_\_\_

\* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 4-19-10 Permit Number 10-0082 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: STRUCTURE SETBACK/FOOTINGS AS REPRESENTED BY ASHTR - APPEAR TO BE GOOD GARAGE

NO PERMIT MAY BE ISSUED By DC Date of Inspection 4-16-10

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

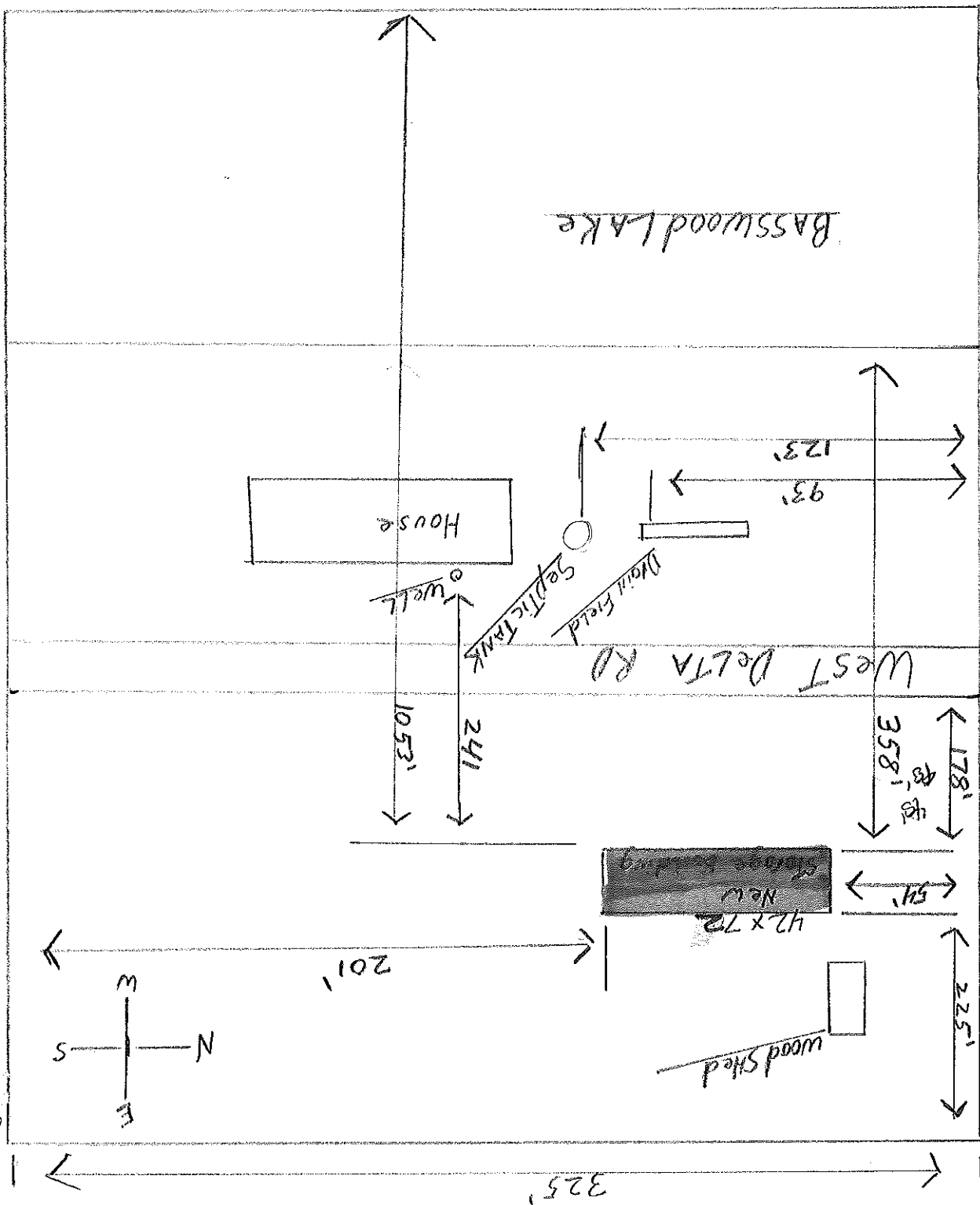
Condition: \_\_\_\_\_

Signed [Signature] Inspector [Signature] Date of Approval 4-16-10

REVISION 200 FT<sup>2</sup> ADJUSTED  
CHANGED TO DATA & MESSAGE NEARLY IDENTICAL  
 Rec'd for Issuance

APR 19 2010

Municipal Staff



NOTE TO FILE - PROPOSED PLAC. PER. PER. DETAILED BY INSPECTORS.

1320

as needed

Silt Fence will be used

Building to lot line 54 ft

Building to New Building 291 ft

Well to New Building 291 ft

Drain Field to well 70 ft

Drain Field to lot line 93 ft

Septic Tank to lot line 123 ft

Building to lake 358 ft

Building to center of Road 178 ft

PER. SITE

PER. DETAILED