

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
FEB 14 2008
5:20 PM

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
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.: 08-0151(1)
Date: _____
Zoning District: AG-1
Amount Paid: \$25.00 EOS
215/108

ENTERED

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

Legal Description SE 1/4 of NW 1/4 of Section 35 Township 48 North, Range 5 West, Town of Barksdale

Gov't Lot _____ Lot _____ Block _____ Subdivision Barksdale Sub CSM # _____ Acreage 1.0

Volume 818 Page C25 of Deeds Parcel I.D. # 002-1052-09 *Use Tax Statement for Legal Description*

Property Owner Bayfield Electric Coop Contractor Dairyland Power Coop ~~Partnership~~
Plumber _____

Address of Property 70560 Terrillinger Rd Ashland, WI 54806

Authorized Agent John Wickland (Phone) 608-787-1357

Telephone 715-372-4287 (Home) _____ (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 _____

Estimated Cost of Construction \$3,000 Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence sq. ft. _____ Porch sq. ft. _____
 * Residence sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____

Special/Conditional Use (explain) utility pole & antenna
 External Improvements to Principal Building (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) John Wickland Date 2-12-2008
Address to send permit 3200 East Ave. S, P.O. Box 817, Cross, WI 54602 ATTACH
Copy of Tax Statement
If you previously 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 5/20/08 Permit Number 08-0151(1) Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Utility pole/antenna location was marked within fenced areas
Location does appear to meet
all applicable setbacks By Travis Tekampy Date of Inspection 5/16/2008
according to owners representation.

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

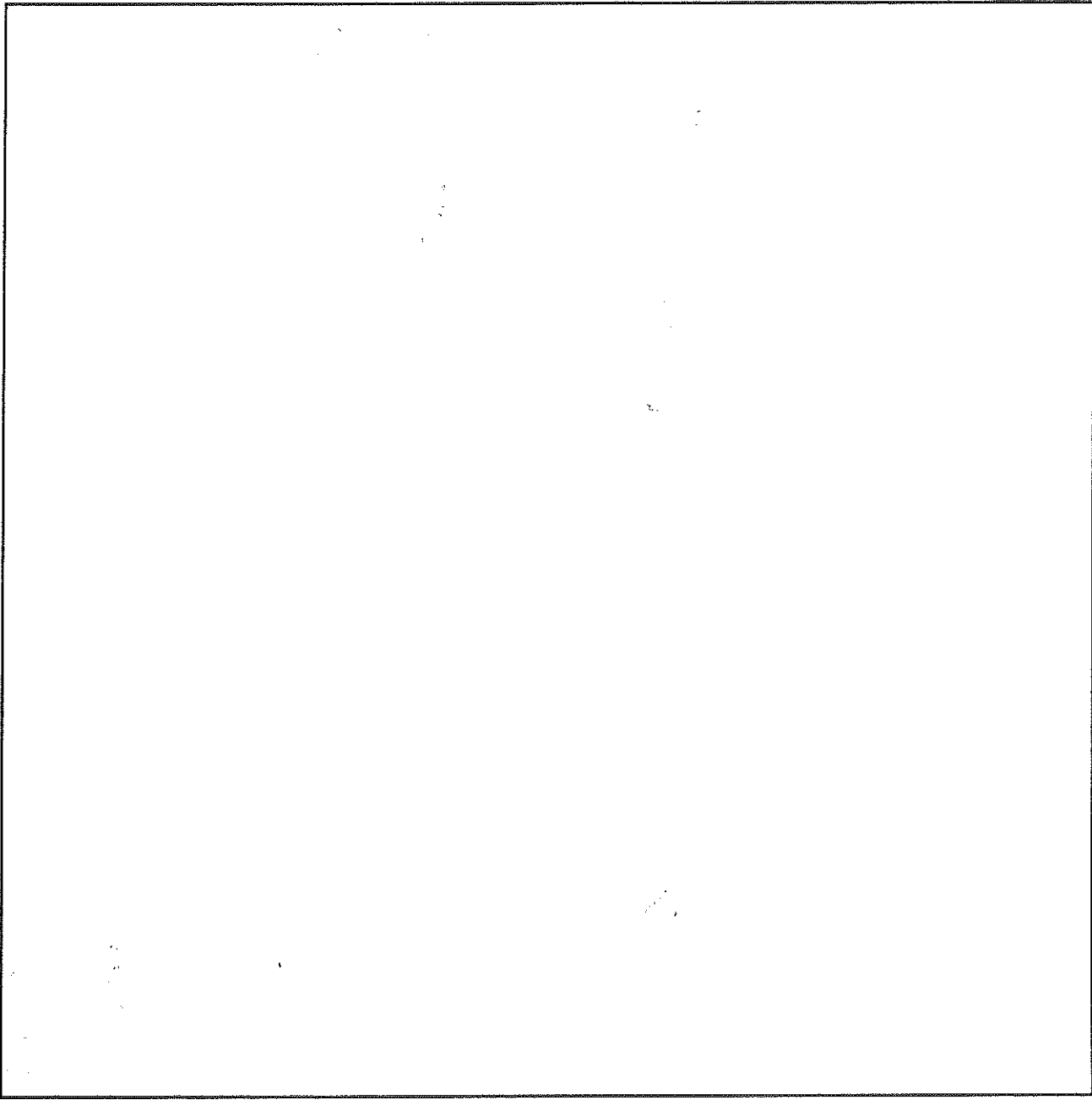
Condition: Per recorded affidavit.

Signed _____ Date of Approval _____
Inspector Travis Tekampy S/Lic 12008
Rec'd for Issuance

MAY 19 2008

Submitted 5:47

Lot Line



Name of Frontage Road (_____)

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 - (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.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

RECEIVED
FEB 15 2008
Bayfield Co. Zoning Dept.

Application No.: 08-015112
Date: _____
Zoning District: F-2
Amount Paid: \$125.00 EOS
2/15/08

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 ^{SE} 1/4 of Section 29 Township 48 North, Range 7 West Town of Barksdale

Gov't Lot _____ Lot _____ Block _____ Subdivision Pilsen Sub CSM # _____ Acreage .2584 C40

Volume _____ Page _____ of Deeds Parcel ID. # 202-1067-05 Use Tax Statement for Legal Description

Property Owner Forest Service - USDA Contractor Dairyland Power Coop (State) _____

Address of Property 71320 Forest Rd 241 Plumber _____

Iron River, WI Authorized Agent John Wickland (Phone) 608-787-1357

Telephone _____ (Home) _____ (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 _____

Estimated Cost of Construction \$3,000 Square Footage _____ Sanitary: New _____ Existing _____ Privy _____ City _____

USE:

* Residence or Principal Structure (# of bedrooms) _____

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) utility pole & antenna

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

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

Residential Other (explain) _____

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Owner or Authorized Agent (Signature) John Wickland Date 2-12-2008

Address to send permit 3200 East Aves, P.O. Box 817, LaCrosse, WI 54602 ATTACH _____

* See Notice on Back

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If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 5/20/08 Permit Number 08-015112 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Utility pole structure location was marked 6 ft East of fenced area which appears to be within leased area. By Tami Tebury Date of Inspection 5/16/2008

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

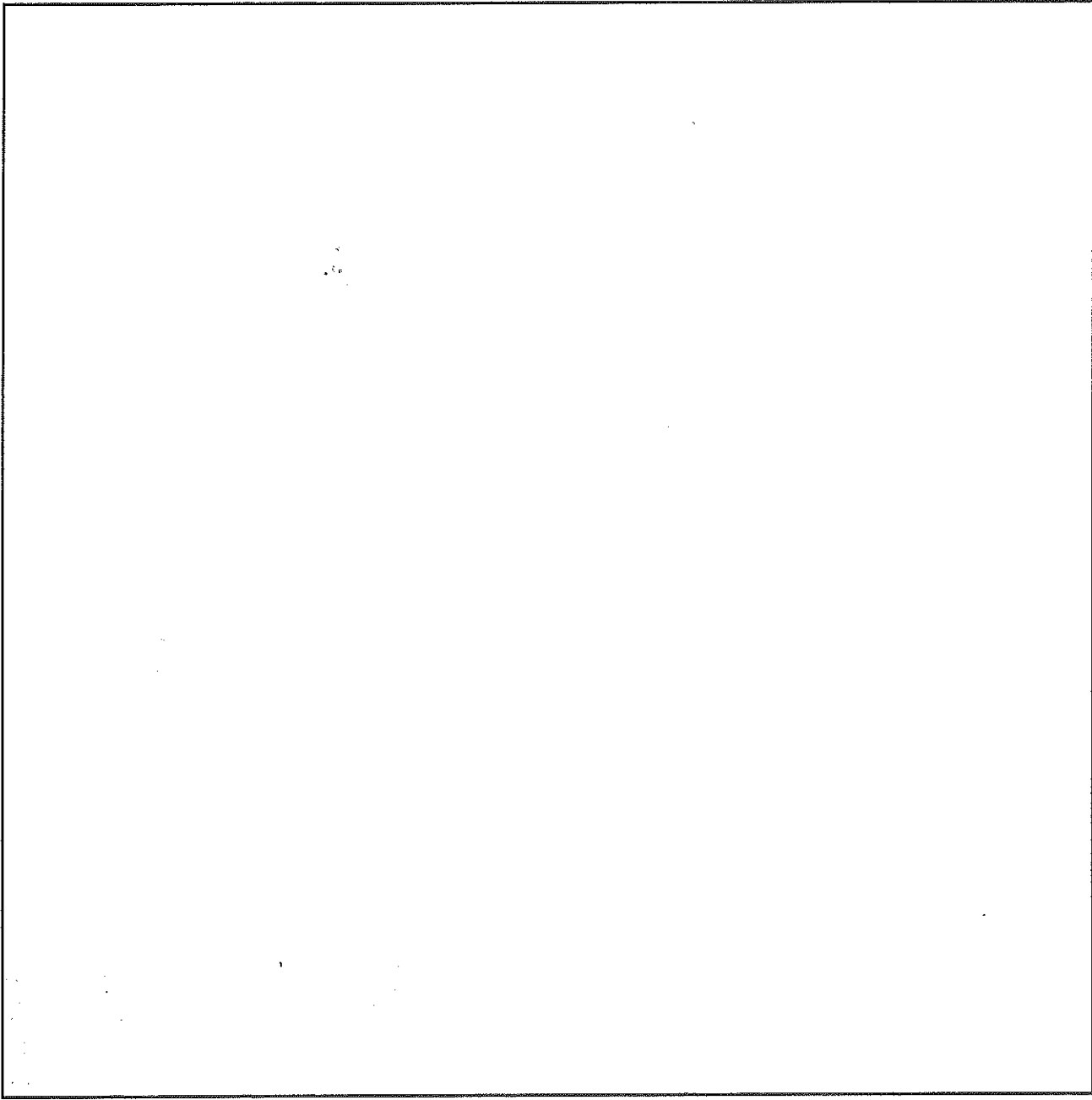
Condition: Per recorded Affidavit.

Signed _____ Date of Approval 5/16/2008
Inspector Tami Tebury

Rec'd for Issuance

MAY 19 2008

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 - i. Privy to building
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