

**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**

NOV 26 2010

Application No.: 10-0449  
 Date: \_\_\_\_\_  
 Zoning District: R-1  
 Amount Paid: 75 11/3/10  
mg

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

Legal Description S4 1/4 of N4 1/4 of Section 46 Township 46 North, Range S West, Town of Clark

Gov't Lot 617 Lot 617 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 910 Acreage \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. \_\_\_\_\_

Property Owner Allan J. Bensen Contractor SELF (Phone) \_\_\_\_\_

Address of Property 9899 Eagle Lake Rd Plumber \_\_\_\_\_

IRON RIVER WI 54847 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-372-4666 (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 1

Fair Market Value 6,600.00 Square Footage 80 Sanitary: New  Existing  Privy  City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System Conventional

\* Mobile Home (manufactured date) \_\_\_\_\_  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) low box  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 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) [Signature] Date 10-26-2010

Address to send permit SEND TO HQ# 053 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 11/3/10 Permit Number 10-0449 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Structural Strength/Conditions As Represented By Other Agencies To Be O.D.E

Garrett & W. Janet way Co By DIC Date of Inspection 10-27-10

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

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

Signed [Signature] Inspector \_\_\_\_\_

Date of Approval 10-29-10

Rec'd for Issuance

DEC 2010

NOV 3

Secretarial Staff

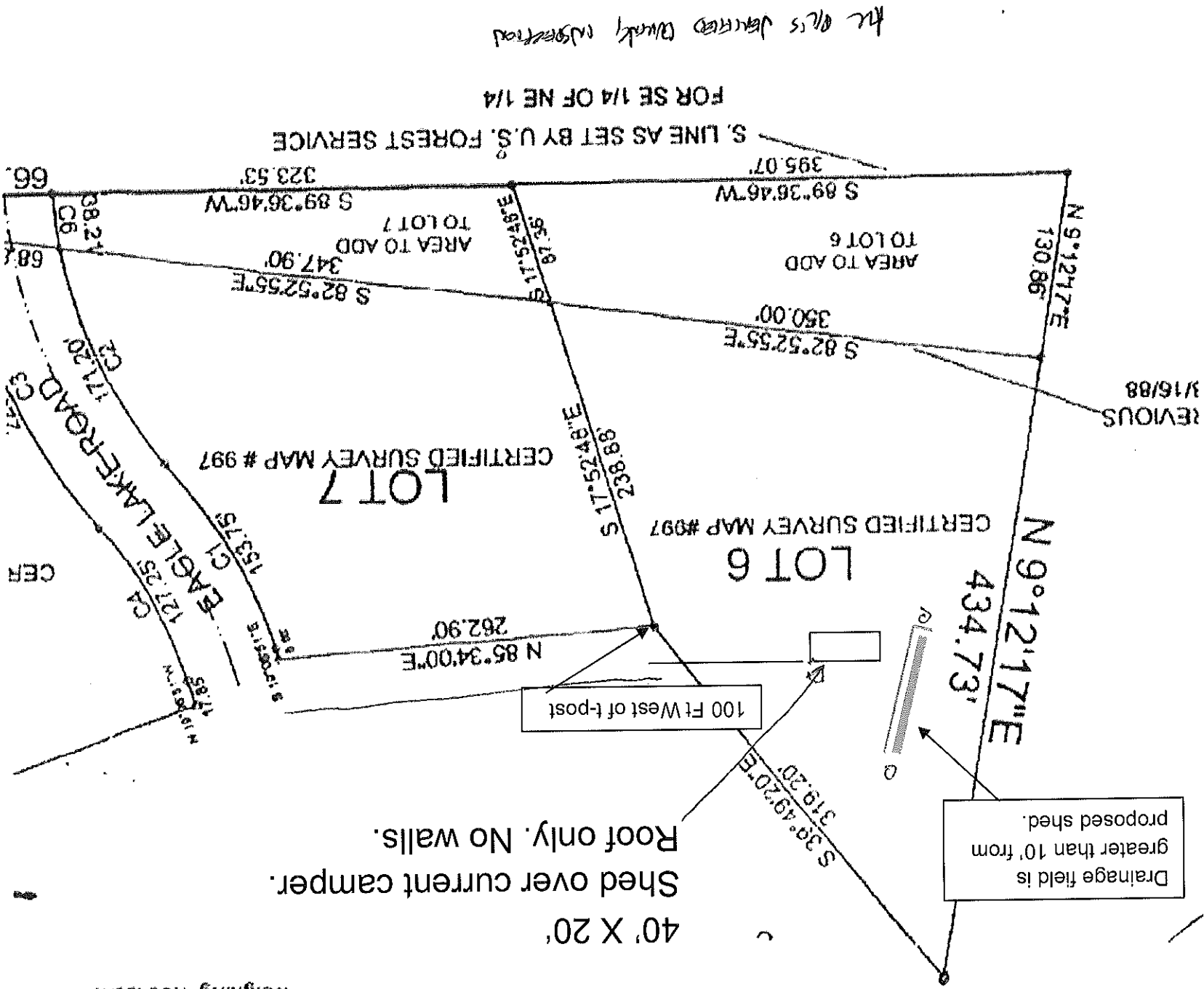
SET 1" X 24" IRON PIPE  
weighing 1.50 lbs/ft

Shed over current camper.  
Roof only. No walls.

40' X 20'

Drainage field is  
greater than 10' from  
proposed shed.

100 Ft West of t-post



FOR SE 1/4 OF NE 1/4

S. LINE AS SET BY U.S. FOREST SERVICE

the old's located County adjacent