

# Expansion of CUR

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUL 07 2011

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

Bayfield Co. Zoning Dept.

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.

Application No: 11-0218  
Date: 7-12-11  
Zoning District: R-15 Parcel 2  
Amount Paid: At time of Construction

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

Use Tax Statement for Legal Description: SW 1/4 of Sec 17 T14 R15 Subdivision R-016-2-R-07-18 Parcel I.D. R-016-2-R-07-01 P.O.S. 002-20000 Acreage 20+

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ of Deeds \_\_\_\_\_ Township R15 North, Range 7 West Town of Deeth

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. R-016-2-R-07-01 P.O.S. 002-20000

Property Owner ANDREW & MARLEN EINSPIRNER Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 13565 Seewick Dr Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Iron River WI 54847 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-322-4299 (Home) 715-322-4299 (Work) Written Application 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  Reported: Yes  No  Existing  Number of Stories 1

Fair Market Value 40,000 Square Footage 200 Sanitary: New  Existing  City \_\_\_\_\_

USE: Cur Type of Septic/Sanitary System \_\_\_\_\_ Mobile Home (make/model/date) \_\_\_\_\_

\* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Commercial  Residential Building \_\_\_\_\_

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

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ Commercial  Commercial Accessory Building (explain) \_\_\_\_\_

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

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_ Commercial  Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Commercial  Special/Conditional Use (explain) Cur

Residential Addition / Alteration (explain) \_\_\_\_\_ Commercial  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_ Commercial  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 7-1-11

Address to send permit Dawn Leone 13565 Seewick Dr Iron River WI 54847 ATTACH \_\_\_\_\_

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

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

Date 7-12-11 Permit Number 11-0218 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Re-burying and repair of the existing well exists above 200 ft from the well casing structures due to character of the well By DRL Date of Inspection 8-24-10 Variance (B.O.A.) # \_\_\_\_\_

Mitigation Plan Required: Yes  No

Condition: Individual hand use aprons & boots are required prior to construction of units 15, 16, 17 & 18.

Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 7-11-11