

10 525.00 ATF 525.00

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**  
MAY 04 2011  
Bayfield Co. Zoning Dept.

Application No.: 11-0895  
Date: 8/25/11  
Zoning District: L-11  
Amount Paid: \$1050.00  
5/4/11

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 1/4 of 22 Township 46 North, Range 07 West, Town of Delta

Gov't Lot 2 Lot 1/4 Block 22 Subdivision 46 CSM # 0-21 Acreage 0-21

Volume 2 Page 1 of Deeds Parcel I.D. 09-016-2-46-02-0-3 05-002-06000

Property Owner MILYNE B. GILLES Contractor Dale Alvin (Phone)

Address of Property Red Ave W Spcfl Plumber Deq Mauthly (Phone)

Telephone 715-237-5235 (Home) Some (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 \$175,000.00 Square Footage 2974 Sanitary: New  Existing  Privy  City

USE: 1746 Type of Septic/Sanitary System Adv. w/ ur

Residence or Principal Structure (# of bedrooms)   Mobile Home (manufactured date)

Residence sq. ft.  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.   External Improvements to Principal Building (explain)

Residential Addition / Alteration (explain)   External Improvements to Accessory Building (explain)

Residential Accessory Building (explain)   Special/Conditional Use (explain)

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

Residential Other (explain) New Fecho on Peninsula  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) Dale P. Alvin Date 5-4-11

Address to send permit 20405 S Swicker Rd. Grandview WI 54837 ATTACH

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number  Date

Date 8/25/2011 Permit Number 11-0895 Permit Denied (Date)

Reason for Denial: F

Inspection Record: Perms or attachments not done failed, need bathroom attached to fire pit and front yard be issued By DP Date of Inspection 5-21-11 / 8-4-11

Mitigation Plan Required: Yes  No  Variance (B.O.A.)# (09-13B) Pen.

Condition: The terms & conditions of the lease was attached/attached and received

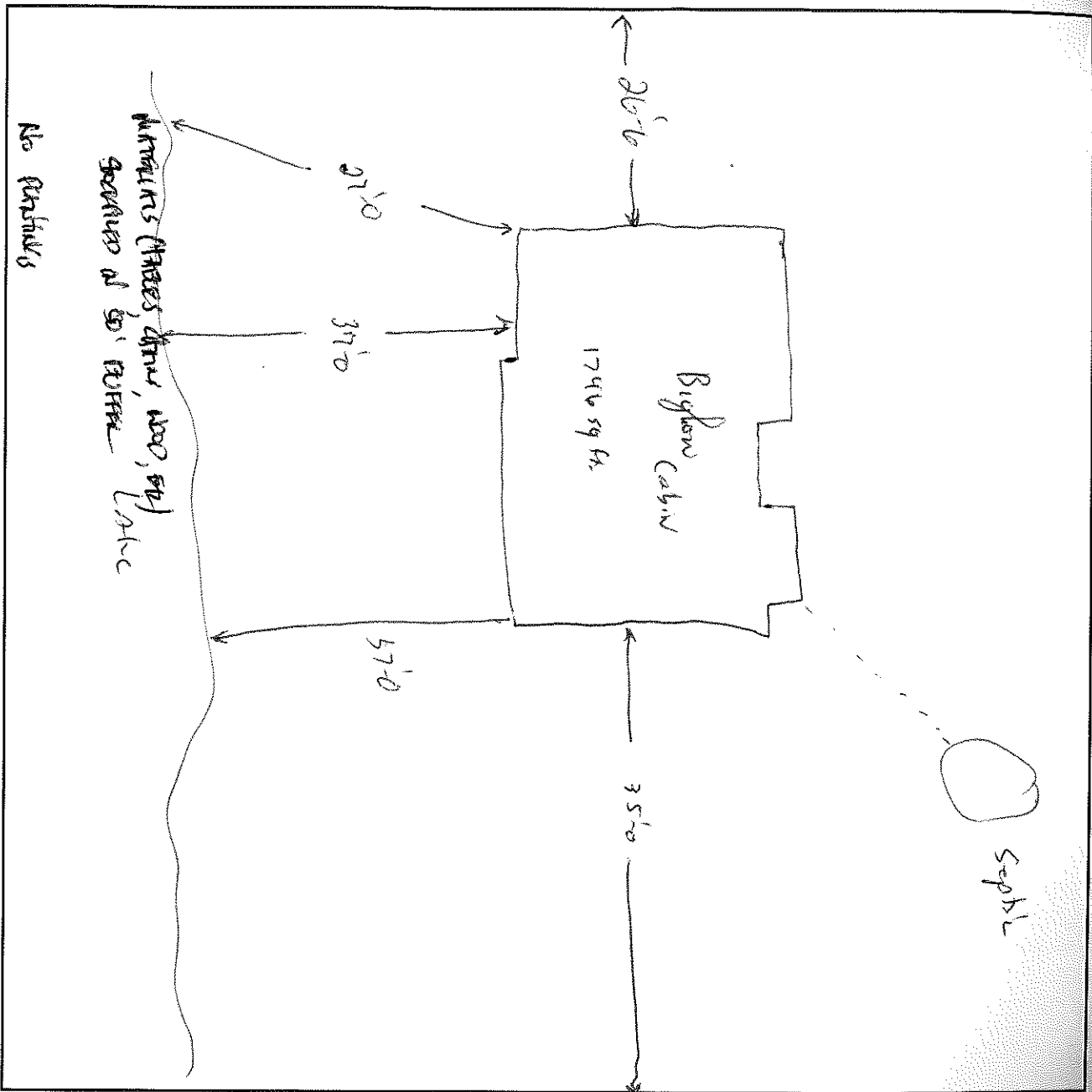
POINT OF ADJUSTMENT Person as decedent all names 0935 R. 205 or the RAYFIELD & NEWMAN OF

DEEDS ARE BOUNDARY ORS THE OWNER & ARE FUTURE PROPERTY OWNERS. 8-4-11

INSPECTOR 8-4-11

Perch line of West Kree Lake Rd.

Lot Line



No ditches  
2nd story

Name of Frontage Road West Kree Lake Rd

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.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. 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. Holding tank to closest lot line
  - e. Holding tank to building
  - f. Holding tank to well
  - g. Holding 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. Septic Tank and Drain field to closest lot line
  - l. Septic Tank and Drain field to building
  - m. Septic Tank and Drain field to well
  - n. Septic Tank, and Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
DETAILED PLOT PLAN  
IS NECESSARY FOLLOW  
STEPS 1-8 (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, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.