

**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
SEP 28 2011

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: 11-0361
Date: 10/3/11
Zoning District: R 25/ S
Amount Paid: \$755 9/28/11
EARTH

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

Use Tax Statement for Legal Description

Legal Description N/E 1/4 of NW 1/4 of Section 13 Township 46 North, Range 8 West, Town of Delta

Gov't Lot 195 Lot 012 Block 016-1098-01 Subdivision CSM # Acreage 377±

Volume 195 Page 012 of Deeds Parcel I.D. 016-1098-01

Property Owner Flying Eagle Resort Contractor Steve Blaine (Phone) 292-1387
61925-Basswood Rd Diane Neme # 765-4844 SITE # 715-682-4870

Address of Property Iron River, WI 54847 Plumber Diane Neme (Phone) 715-682-4870

Telephone 715-372-4615 (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

Fair Market Value 4,000± Square Footage 1032 FT² Basement: Yes No Number of Stories 1

USE: Sanitary: New Existing Privy City Arrowwood

* Residence or Principal Structure (# of bedrooms) 20-AR-AR-AR-AR-AR

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 sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

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

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

Residential Other (explain) Camping SITE #23 _____

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) Blaine M. Spence Date 9-28-11

Address to send permit 109-15th Ave East Ashland, WI 54806

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: 01-51 State Sanitary Number _____ Date _____

Date 10/3/11 Permit Number 11-0361 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Submittal not done as requested & represented by Krest Architects to the amount of \$2500.

APPROVE COPY & SIGN AT BY DC Date of Inspection 9-30-11

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

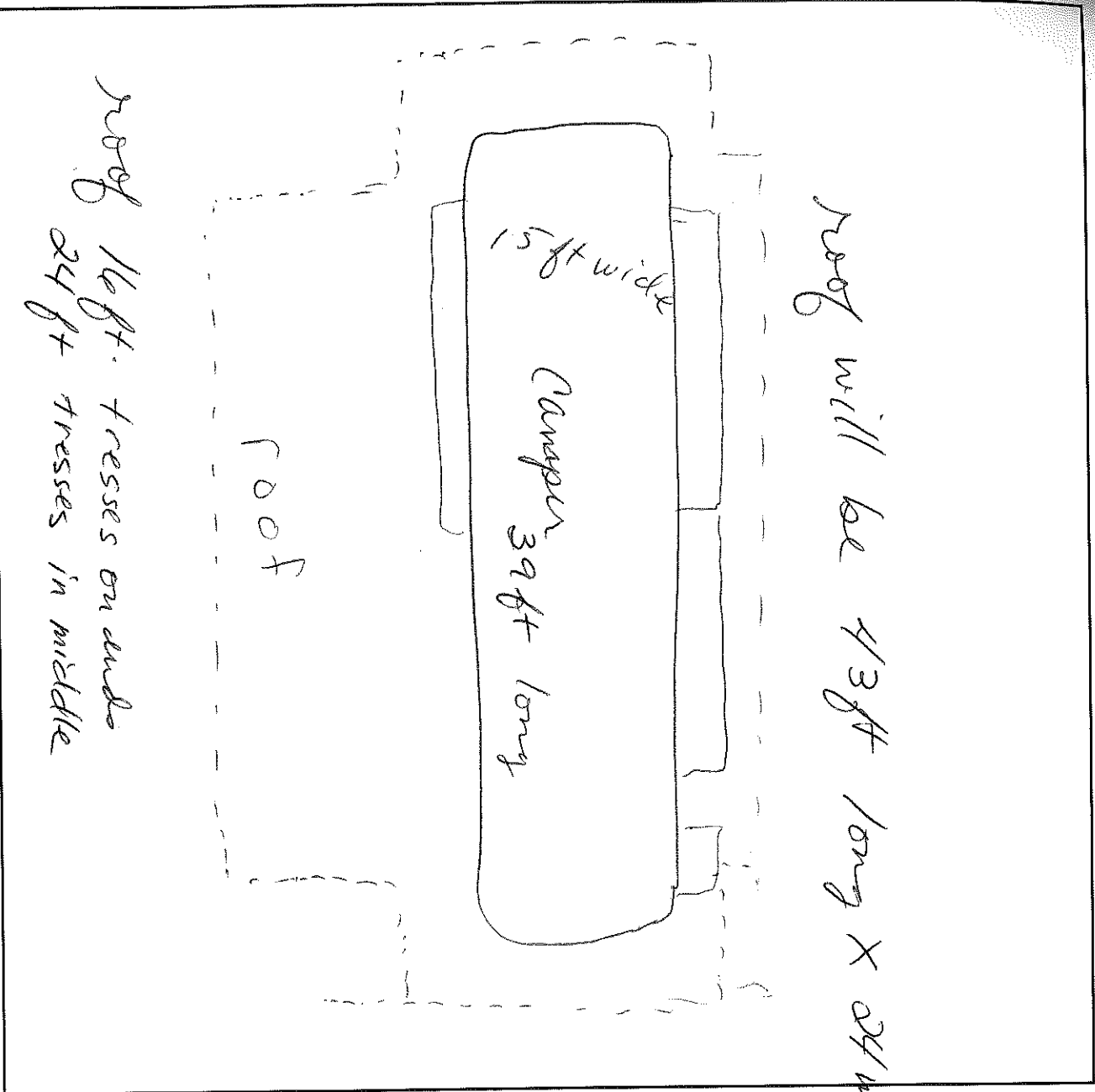
Condition: _____

Arrowwood - Arrows Permits issued Signed [Signature] Inspector Rec'd for Issuance Date of Approval 9-30-11

OCT 3 2011

Secretarial Staff

Lot Line



All setbacks met.

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.
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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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.

Rec Roof Structure

Approximate Location, site no. 23

