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

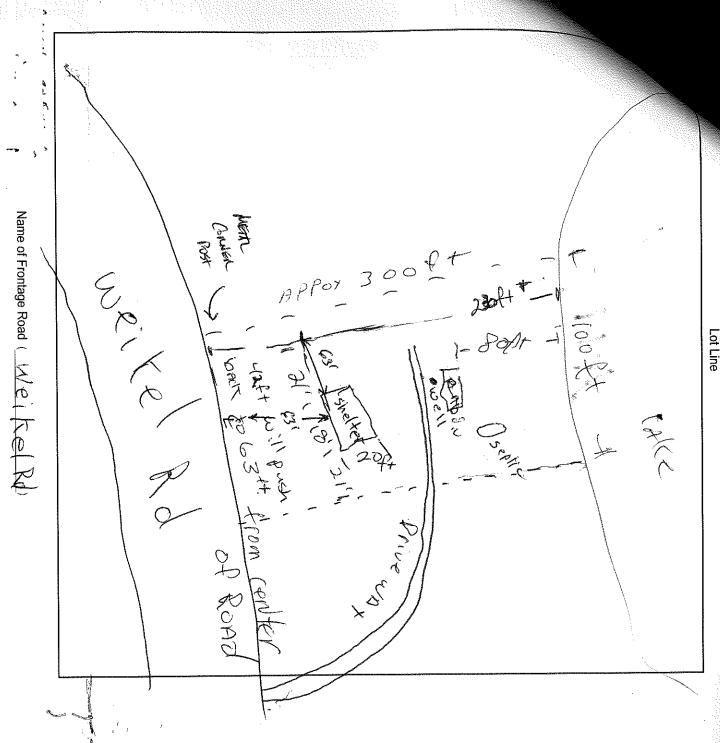
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47 75.00	S.S	ount Paid:	ing District	Date: 169/11	Application No.: 11-0448
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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAV

	Secretarial Shaff	Y Y	
J. Commission of the Commissio	CHE 19 2011	Mar At 63 Hora E	Now Jack
12 -(2 -()	The specific of the specific o		allocomo de la la como de la como
Variance (B.O.A.) #	AN THE CONTRACTOR	equired: Yes I No And A A DISTANCE TO THE MOST BE , MANAGED AT A DISTANCE TO THE MOST BE , THE MOST BE A DISTANCE AND A SECOND OF THE SECOND O	Mitigation Plan Required: Condition Areauce
tion 5-11-10/ra-C-11	Date of inspection	ð.	Mik. Isua
_ travides strong use	- Appliants to deter the	Buche to remain the windows.	Inspection Record: Quque
ite)	48 Permit Denied (Date)	Permit	Date 12/19
Attach a Copy of Recorded Deed)	OMPLETE REVERSE SIDE	APPLICANT — PLEASE State Sanitary Numb	Permit Issued
Copy of Tax Statement or (If you recently purchased the property	ottage Grove Mw	7844 Trish Aue S C	Address to send permit_
_Date	Con	thomas	Owner or Authorized Agent (Signature)
RESULT IN PENALTIES whether and complete. I whether and belief it is true, correct and complete. I dupon by Bayfield County in determining whether the providing in or with this application. I (we) reasonable time for the purpose of inspection.	OUT A PERMIT WILL to the best of my (our) kno iding and that it will be relie information I (we) am (as escribed property at any	FAILURE TO OBTAIN A PERMIT OF 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.	FAILU I (we) declare that this app (we) acknowledge that I (we) to issue a permit. I (we) consent to county officia
pal Building (explain)sory Building (explain)	□ External Improvements to Principal Building (explain)□ External Improvements to Accessory Building (explain)	Residential Accessory Building Addition (explain)	Residential Accessory Building Addition
1)	☐ Special/Conditional Use (explain)	O O	Residential Addition
Addition (explain)		Residence w/attached garage (# of bedrooms)	■ * Residence w/att
(explain)	☐ Commercial Accessory Building (explain	Deck(2) sq. ft	Deck sq. ft.
ddition (explain)	☐ Commercial Principal Building Addition (explain)	Residence w/deck-porch (# of bedrooms)sidence so ft Porch so, ft	□ * Residence w/dea
G/	Commercial Principal Building	Indon Customs (in an action)	Residence sq. ft.
Privy City ON BACK	Sanitary: New Existing Type of Septic/Sanitary System.	Addition Existing Market Value 1800.00 Square Footage 360.00 Ft	
an 75' XX 75' to 40' less than 40	m Shoreline:	Yes 🔲	든
No D	Written Authorization Attached: You	5997 4@Home) (Work)	Telephone 651 4
(Phone)	Authorized Agent		Address of Property
(Phone)	Contractor XXX	9 11 110 (002	Property Owner
401-000-3000	7-30-	Pageof Deeds Parcel I.D.	Volume
Acreage / // Cre	CSM #	LotBlockSubdivision	Gov't Lot
7 West. Town of Delting	iship 46 North, Range D	for Legal Description NE 1/4 of S 5 1/4 of Section 3 0 Township	Use Tax Statement for Legal Description Legal Description N E 1/4 of S
B.O.A. 🗍 OTHER	SPECIAL USE []	SANITARY PRIVY CONDITIONAL USE	LAND USE 🗓 SA
	ALL ALLECAIVE.	must be approved by the Zoning Department.	Changes in plans must be approved by the

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Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

Show the location, size and dimensions of the structure.

Show the location, size and dimensions of attached deck(s), porch(s) or garage.

Show the location of the well, holding tank, septic tank and drain field.

Show the location of any lake, river, stream or pond if applicable

STEPS 1-8 (a-o) COMPLETELY. IS NECESSARY, FOLLOW IMPORTANT
DETAILED PLOT PLAN

Show the location of other existing structures.

Show the location of any wetlands or slopes over 20 percent.

Show dimensions in feet on the following:

Building to all lot lines

Building to centerline of road

Building to lake, river, stream or pond

Ċ. Holding tank to closest lot line

Holding tank to building

Holding tank to well

Holding tank to lake, river, stream or pond

Privy to closest lot line

Privy to building

Privy to lake, river, stream or pond

- \sim Septic Tank and Drain field to closest lot line

∄

Septic Tank and Drain field to building
Septic Tank and Drain field to well
Septic Tank, and Drain field to lake, river, stream or pond.

0 Well to building

The local town, village, city, state or federal agencies may also require permits.

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.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

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.

Revised June 2008