

**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**

**PERMITS**  
 MAY 14 2008

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.: 08-0230  
 Date: \_\_\_\_\_  
 Zoning District: I  
 Amount Paid: \$125 5/14/08 mg

\$125

ENTERED

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_  
 Legal Description 1/4 of 33 Township 45 North, Range 7 West, Town of Drummond  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 3.59  
 Volume 791 Page 1000-01 of Deeds Parcel I.D. # 018-1084-02 Use Tax Statement for Legal Description  
 Property Owner LD Properties of Bayfield LLC Contractor Tom Trudeau (Phone) 209-3920  
 Address of Property 52250 Wisconsin Ave Drummond, WI 54832 Plumber \_\_\_\_\_  
 Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent Tom Trudeau (Phone) 209-3920  
 Written Authorization Attached: Yes  No \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  if yes.  
 Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
 Estimated Cost of Construction \$25,000 Square Footage 296 417 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy City   
 USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residential Addition / Alteration (explain) \_\_\_\_\_  
 \* Residential Accessory Building (explain) \_\_\_\_\_  
 \* Residential Accessory Building Addition (explain) \_\_\_\_\_  
 \* Residential Other (explain) \_\_\_\_\_

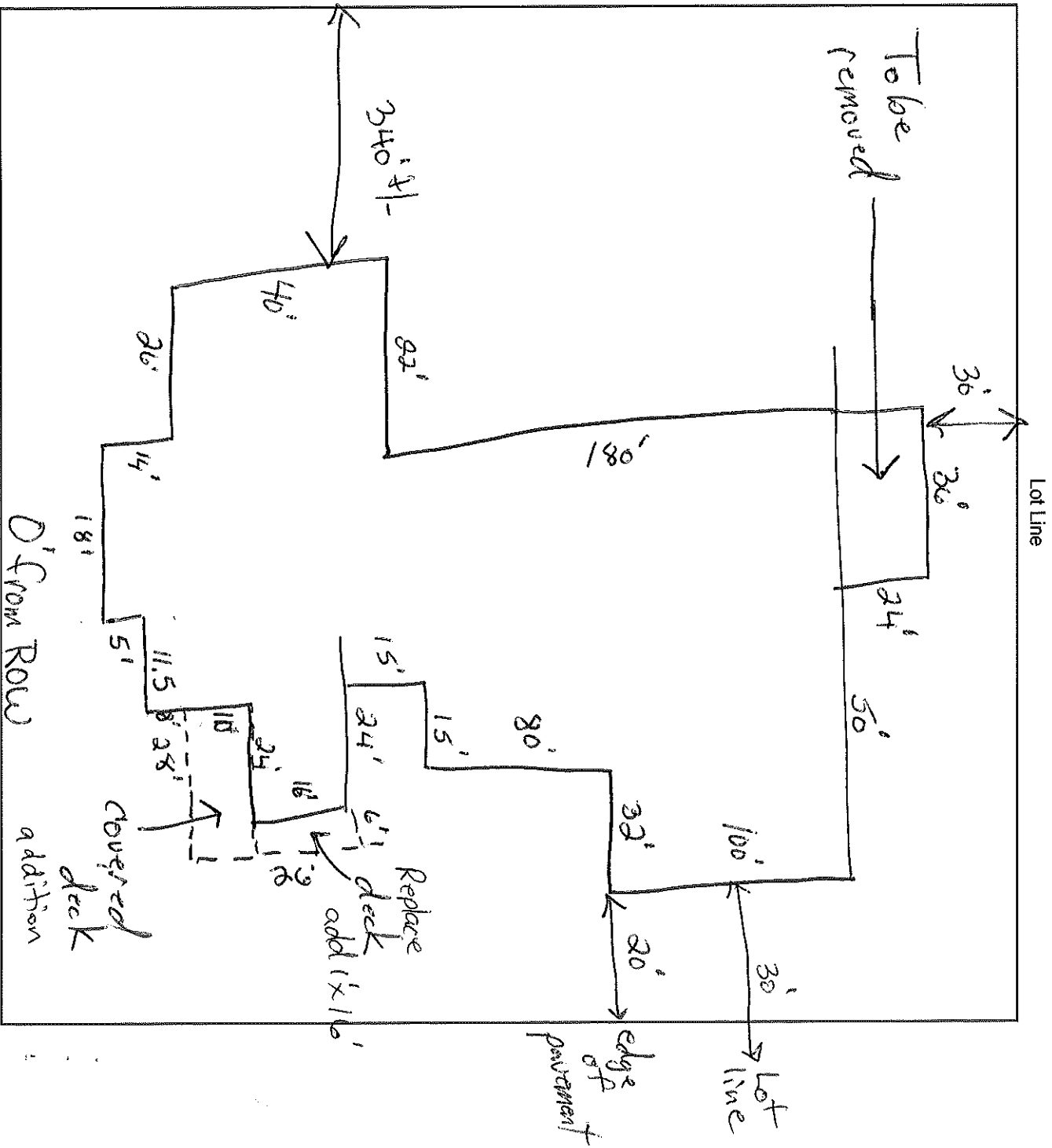
Residence sq. ft. \_\_\_\_\_  
 Distance from Shoreline: greater than 75  75 to 40'  less than 40'   
 Basement: Yes \_\_\_\_\_ No  Number of Stories \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) roof alteration covered deck  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 Special/Conditional Use (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 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 changed 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 5-12-08  
 Address to send permit P.O. Box 1187 Bayfield, WI 54814 ATTACH Copy of Tax Statement  
 Attach a Copy of Recorded Deed

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 6/12/08 Permit Number 08-0230 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Non-conforming structure 0' from Row of Townroad.  
 By M. Furtak Date of Inspection 5-12-08 Variance (B.O.A.) # \_\_\_\_\_  
 Mitigation Plan Required: Yes  No   
 Condition: per recorded affidavit  
 Signed Michael Furtak 5-14-08 Date of Approval  
 Inspector Rec'd for Issuance  
 JUN 12 2008  
 Secretarial Staff



Name of Frontage Road Wisconsin Ave

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

**IMPORTANT**  
 DETAILED PLOT PLAN  
 IS NECESSARY. FOLLOW  
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.