

04-018-2-45-07-33-2 00-162-64000

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 19 2009  
Bayfield Co. Zoning Dept.

Application No.: 09-0172  
Date: \_\_\_\_\_  
Zoning District: R-4  
Amount Paid: \$75  
5/19/09 mgj

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 Deck

Use Tax Statement for Legal Description

Legal Description SW 1/4 of NW 33 1/4 of Section 33 Township 415 North, Range 7 West, Town of Drum.  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Townsite of Drummond CSM # \_\_\_\_\_ Acreage .18  
Volume 755 Page 38 of Deeds Parcel I.D. 04-018-2-45-07-33-2 00-162-31000

Property Owner Dele + Sally Maddey Contractor Self (Phone) \_\_\_\_\_  
Address of Property 52540 Owen Ave Plumber \_\_\_\_\_  
Drummond WI 54832 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone \_\_\_\_\_ (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 \$1,500 Square Footage 1847  
Basement: Yes  No  Number of Stories 1  
Sanitary: New  Existing  Privy  City   
Type of Septic/Sanitary System city

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
- Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_
- \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_
- Residential Addition / Alteration (explain) Deck
- Residential Accessory Building (explain) \_\_\_\_\_
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (explain) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
- 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 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.

Owner or Authorized Agent (Signature) Dele Maddey Date 5-11-09  
Address to send permit P.O. Box 27 Drummond WI 54832 ATTACH  
Copy of Tax Statement or  Attach a Copy of Recorded Deed

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

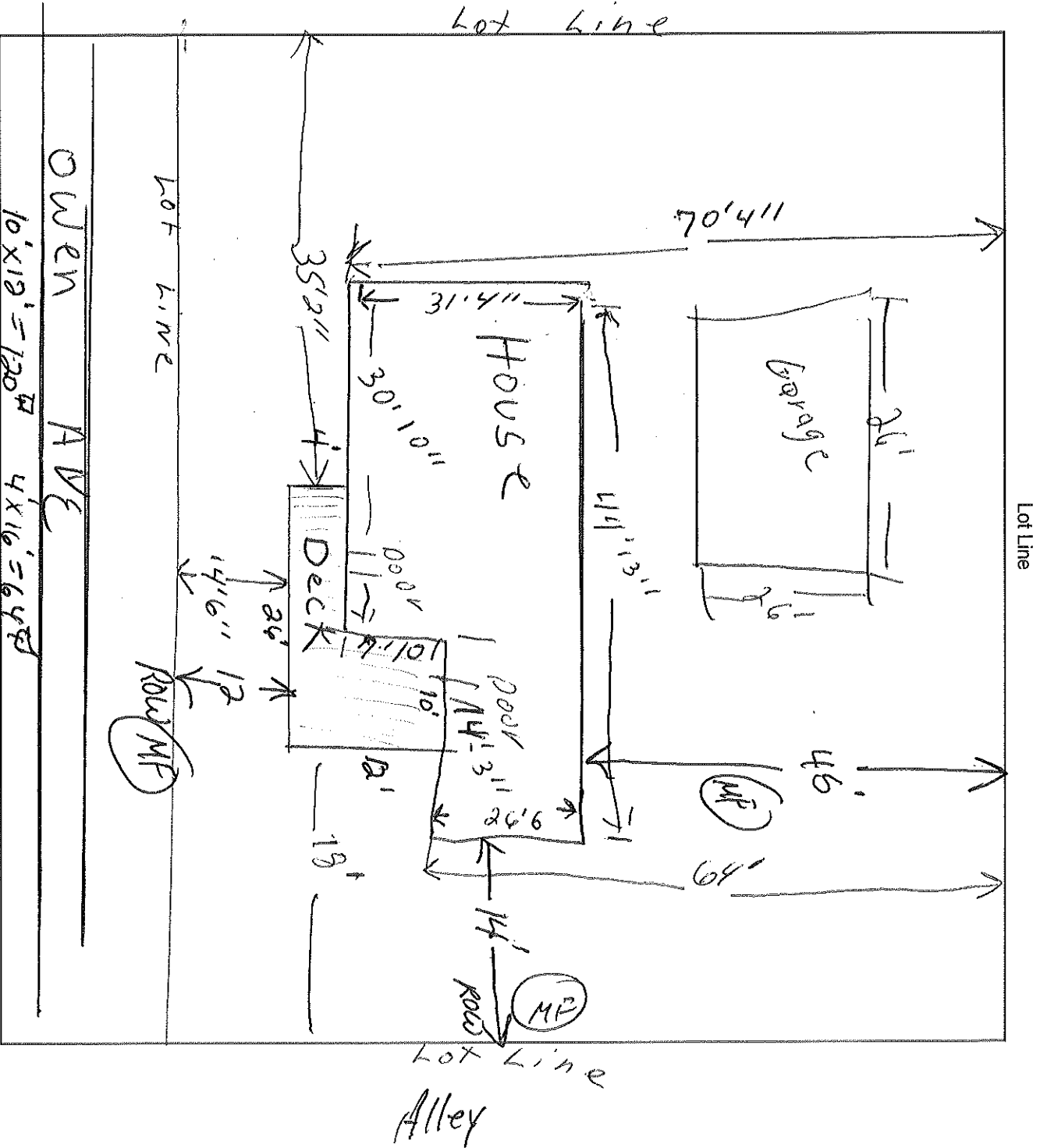
Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 6/2/09 Permit Number 09-0172 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Sub-standard lot of record. Material setbacks. Date of Inspection 5-26-09  
By MM. Futch Variance (B.O.A.) # \_\_\_\_\_  
Mitigation Plan Required: Yes  No   
Condition: \_\_\_\_\_

Signed Michael Futch Inspector  
Date of Approval 5-27-09

Rec'd for Issuance

MAY 20, 2009

Secretarial Staff



Name of Frontage Road (OWEN 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.
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.