

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  
 SEP 22 2011

Application No.: 11-0349  
 Date: 9/23/11  
 Zoning District: R-4  
 Amount Paid: \$75 9/23/11  
 PAH

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.  
 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  
 Part of Legal Description SW 1/4 of NW 1/4 of Section 33 Township 45 North, Range 7 West, Town of Disappointment  
 10.91 Sfs. of Disappointment CSM # \_\_\_\_\_ Acreage \_\_\_\_\_, 205

Govt Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Parcel I.D. 04-018-2-45-07-33-2 00-162-87000  
 Volume 988 Page 521 of Deeds  
 Property Owner Tom Helgud Contractor SELF (Phone) \_\_\_\_\_

Address of Property 5645 Queen Ave  
 715 781-7804 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

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 \$12,000 Square Footage 448  
 USE: \_\_\_\_\_  
 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

\* Residence or Principal Structure (# of bedrooms) 1 1/2 x 28'  
 Residence sq. ft. \_\_\_\_\_  
 Type of Septic/Sanitary System \_\_\_\_\_  
 Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) Garage  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (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 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) Tom Helgud Date 9-22-11  
 Address to send permit To Box 216 Drummond Wis 54833 ATTACH

\* See Notice on Back  
 APPLICANT - PLEASE COMPLETE REVERSE SIDE  
 (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 9/23/11 Permit Number 11-0349 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Will staked. Metals all attached. Property line per adjacent representation BY M. Furtak Date of Inspection 9-22-11

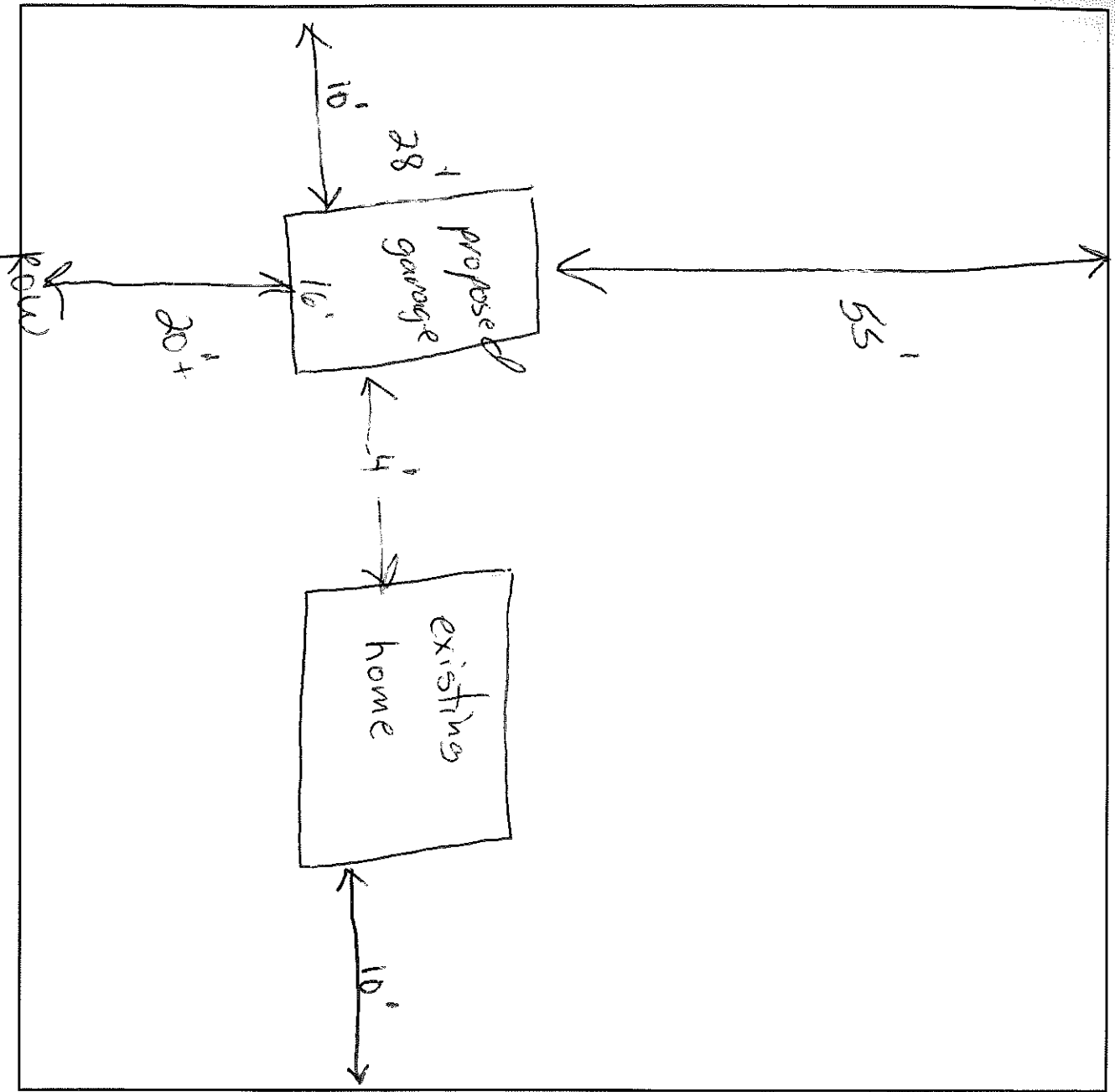
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Not to be used for human habitation. No water under pressure in structure.

Rapid for Issuance Signed Michael Furtak 9-23-11  
 SEP 23 2011 Inspector Date of Approval

Secretarial Staff



Lot Line



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.