

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
PAID
 Date Rec'd (Received)
MAY 04 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-0180
 Date: 5-10-12
 Amount Paid: \$345.00
 Refund: 5/4/12

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.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Fred Olson Mailing Address: 311 Taylor Lane Stoughton, WI City/State/Zip: 53589 Telephone: 608 873-3171

Address of Property: XXX Rust Ave City/State/Zip: Drummond WI 54832 Contractor Phone: 734-6603 Plumber: 492-9918 Plumber Phone: _____

Contractor: Tim DeChant Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____ Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: SW 1/4, NW 1/4 Gov't Lot _____ Lots _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____

Section 33, Township 45 N, Range 7 W Town of: Drummond

Recorded Document: (i.e. Property Ownership) Volume 1080 Page(s) 303 Subdivision: Townsite of Drummond Lot Size _____ Acreage .776

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interment) Creek or Landward side of Floodplain? If yes---continue No

Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue No

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>115,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement <u>W/D</u> <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 52 Width: 28 Height: 22

Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with <u>2nd Story</u> with a Porch <u>Screen</u> with (2 nd) Porch <u>5</u> with a Deck with (2 nd) Deck with Attached Garage	(<u>28</u> x <u>40</u>) (<u>28</u> x <u>40</u>) (<u>12</u> x <u>28</u>) () () () ()	<u>1120</u> <u>1120</u> <u>336</u>))))
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() () () ()))))
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____ Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (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(s): Fred Olson Date 5-3-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Attach _____
 Record for Issuance: You are signing on behalf of the owner(s) a letter of authorization must accompany this application.
 Address to send permit: PO. Box 216, Drummond, WI 54832 Copy of Tax Statement
MAY 10 2012 If you recently purchased the property send your Recorded Deed

