

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  
JUL 08 2008  
Bayfield Co. Zoning Dept.

Application No: 08-0329  
Date: \_\_\_\_\_  
Zoning District: AG-1/Class 3  
Amount Paid: \$75.00 ROS  
7/9/08

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  
Legal Description: NE 1/4 of SE 1/4 of Section 12 Township 47 North, Range 5 West, Town of Eileen

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 40  
Volume 582 Page 292 of Deeds Parcel I.D. # 04-020-2-47-05-12-401-000-10000 Use Tax Statement for Legal Description

Property Owner: Herbert Ellis Contractor: Self (Phone) 715 682 8528  
Address of Property: 30670 Schutte Rd Plumber: Allan Polkoski  
Ashland WI 54806 Authorized Agent: \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone: 715 682 5528 (Home) 715 292 7205 (Work)

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
Estimated Cost of Construction: 27900 Square Footage: 480 Sanitary: New \_\_\_\_\_ Existing  Private \_\_\_\_\_ 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) 1 Bedroom + 1 Bath
- Residential Accessory Building (explain) \_\_\_\_\_
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (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) Herbert Ellis Date 7/3/08  
Address to send permit: 30670 Schutte Rd, Ashland, WI 54806 ATTACH \_\_\_\_\_  
Copy of Tax Statement \_\_\_\_\_

\* See Notice on Back  
If you previously purchased the property Attach a Copy of Recorded Deed \_\_\_\_\_

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number 247208 Date 1995  
Date 7-15-08 Permit Number 08-0329 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Maints code requirements per owner's representation. Owner present at time of inspection wanted proposed addition and property lines were flagged. Inspection to be added for a total of 3 bedrooms.  
Date of Inspection: 7/14/2008

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

Signed: Trini Tolwayky Date of Approval: 7/14/2008  
Inspector: \_\_\_\_\_ Rec'd for Issuance: \_\_\_\_\_

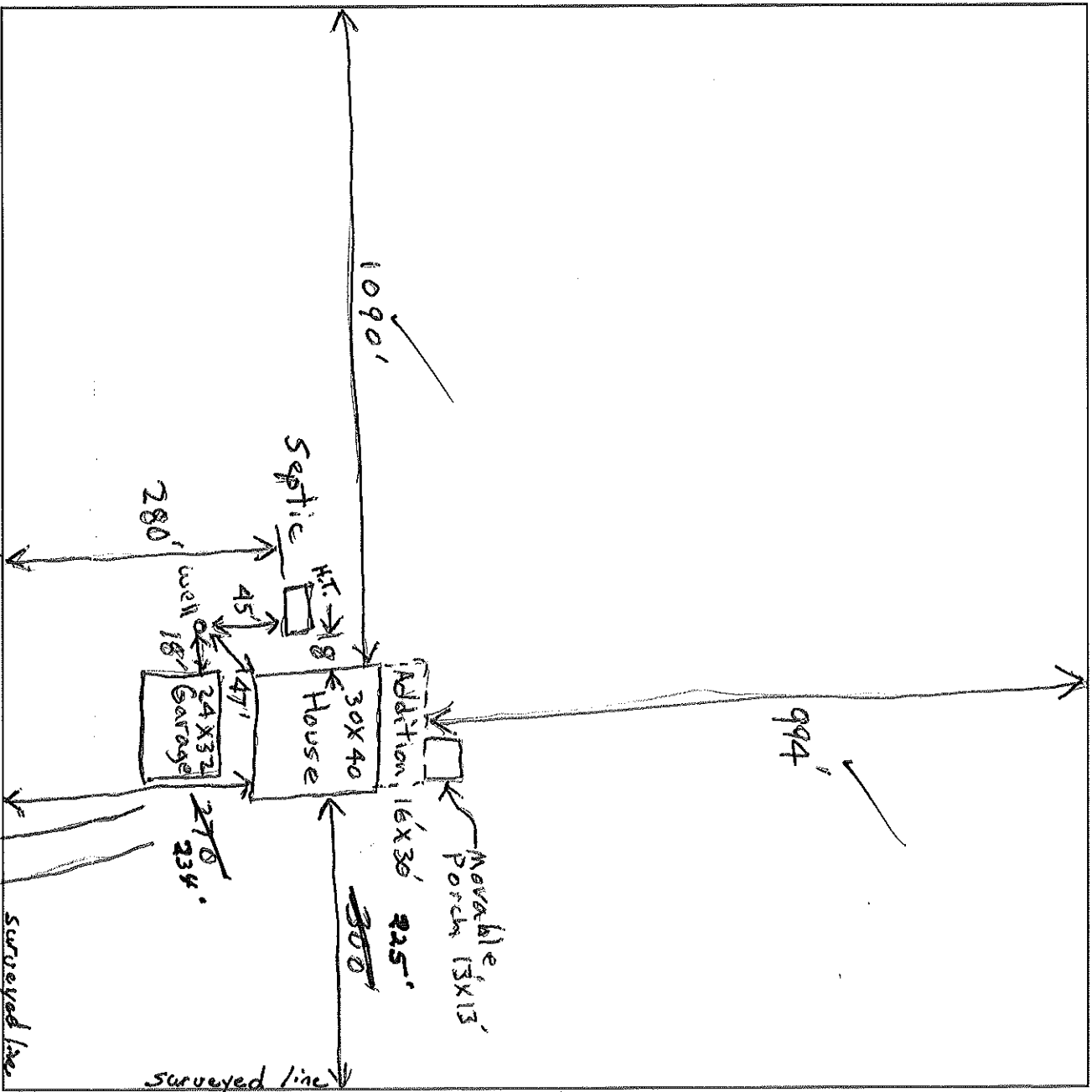
JUL 15 2008

Secretarial Staff

ENTERED

\* Copy of Deed not available

Lot Line **E**



← 1320' →

Name of Frontage Road (**W Schutte**)

← Driveway 700' (on easement) →

← Schutte Rd. →

**IMPORTANT**  
DETAILED PLOT PLAN  
IS NECESSARY. FOLLOW  
STEPS 1-7 (a-o) COMPLETELY.

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

\*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.

ENTERED

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P.O. Box 58  
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(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

REGULATIVE  
JUL 11 2008  
Bayfield Co. Zoning Dept.

Application No.: 08-0337  
Date: \_\_\_\_\_  
Zoning District: AG-1  
Amount Paid: \$75.00 PDS  
7/11/08

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 \_\_\_\_\_  
Legal Description NE 1/4 of NE 1/4 of Section 19 Township 47 North, Range 5 West, Town of Eileen

Gov't Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 40  
Volume 786 Page 54 of Deeds Parcel I.D. # 020-1011-08 Use Tax Statement for Legal Description

Property Owner John & Dorothy Budiasch Contractor Wyatt Chwatik (Phone) \_\_\_\_\_  
Address of Property 66885 Budiasch Road South Plumber \_\_\_\_\_  
Mason WI 54856 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 746-2240 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_

Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
Basement Yes \_\_\_\_\_ No  Number of Stories \_\_\_\_\_  
Estimated Cost of Construction \$10,000 Square Footage 1424 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

- USE:  
 \* 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) Porch roofs & decks  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

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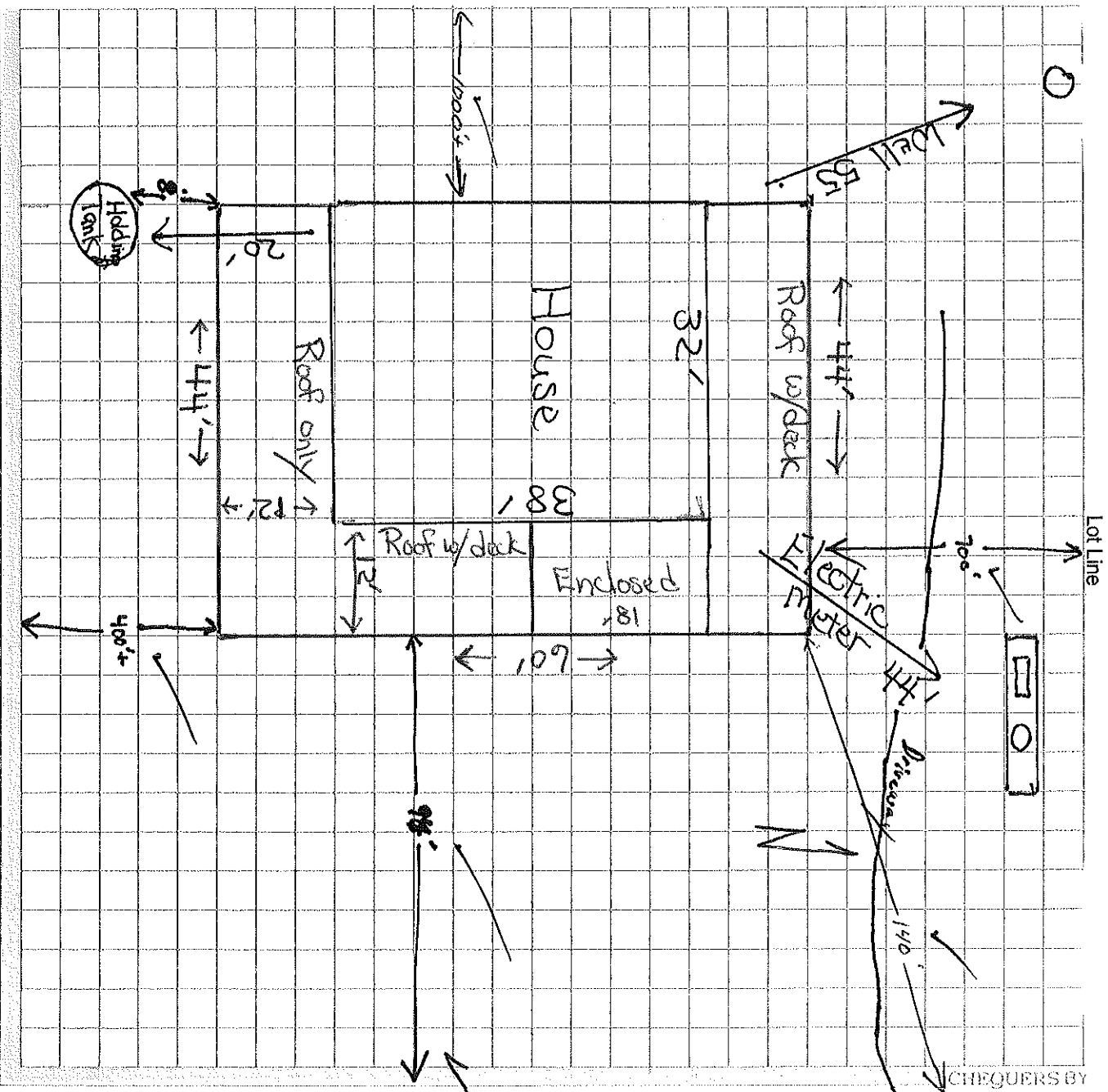
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Owner or Authorized Agent (Signature) John Budiasch Date July 11, 2008  
Address to send permit 66885 Budiasch Road South Mason WI 54856 ATTACH  
Copy of Tax Statement

\* See Notice on Back if you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 77487 Date 8/22/1986  
Date 7-16-08 Permit Number 08-0337 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Meets code requirements per owner's representation. 12ft roof/deck addition on the (S) side of residence.  
By Travis Tubowitzky Date of Inspection 7/15/2008  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed Travis Tubowitzky 7/15/2008 Date of Approval  
Inspector Rock for Issuance  
JUL 16 2008



Name of Frontage Road ( Budjash Rd )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
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  - l. Drain field to building
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