$125. ENTERED

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 OCT 12 2009 Bayfield Co. Zoning Dept.

Application No.: 09-0486
Date:
Zoning District AG-1
Amount Paid: $125.00 RDS 10/13/09

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 _____

Use Tax Statement for Legal Description

Legal Description So. EAST 1/4 of So. EAST 1/4 of Section 29 Township 47 North, Range 5 West. Town of Eileen

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 18.20

Volume 946 Page 457 of Deeds Parcel I.D. 04-020-2-47-05-29-404-000-20000

Property Owner CYNTHIA L. BRUNOLD-CONESA
JORGE CONESA (BRUNOLD-CONESA)
Address of Property 64955 COLBY Rd
ASHLAND, WI 54806

Telephone (715) 746-2026 (Home) _____ (Work)

Contractor LES DYKSTRA (Phone) 682-9599

Plumber _____

Authorized Agent _____ (Phone) _____

Written Authorization Attached: Yes ☐ No ☐ N/A

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 X Existing _____

Basement: Yes _____ No X Number of Stories 1

Fair Market Value ~5,000.00 Square Footage 320 SqF

Sanitary: New _____ Existing X Privy _____ City _____

USE:

Type of Septic/Sanitary System MOUNDS - DRAIN FIELD

☐ ✱ 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) _____

☐ Residential Accessory Building (explain) _____

~~☒ Residential Accessory Building Addition (explain) Screened porch~~

☐ Residential Other (explain) _____

☐ Mobile Home (manufactured date) _____

☐ Commercial Principal Building _____

☐ Commercial Principal Building Addition (explain) _____

☐ Commercial Accessory Building (explain) _____

☒ Commercial Accessory Building Addition (explain) Screened porch

☐ 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 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) # Cynthia Conesa-Brunold Date OCT 12, '09

Address to send permit 64955 Colby Rd, ASHLAND, WI 54806

* OCT 12, '09

✱ See Notice on Back

ATTACH
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 10/15/09 Permit Number 09-0486 Permit Denied (Date) _____

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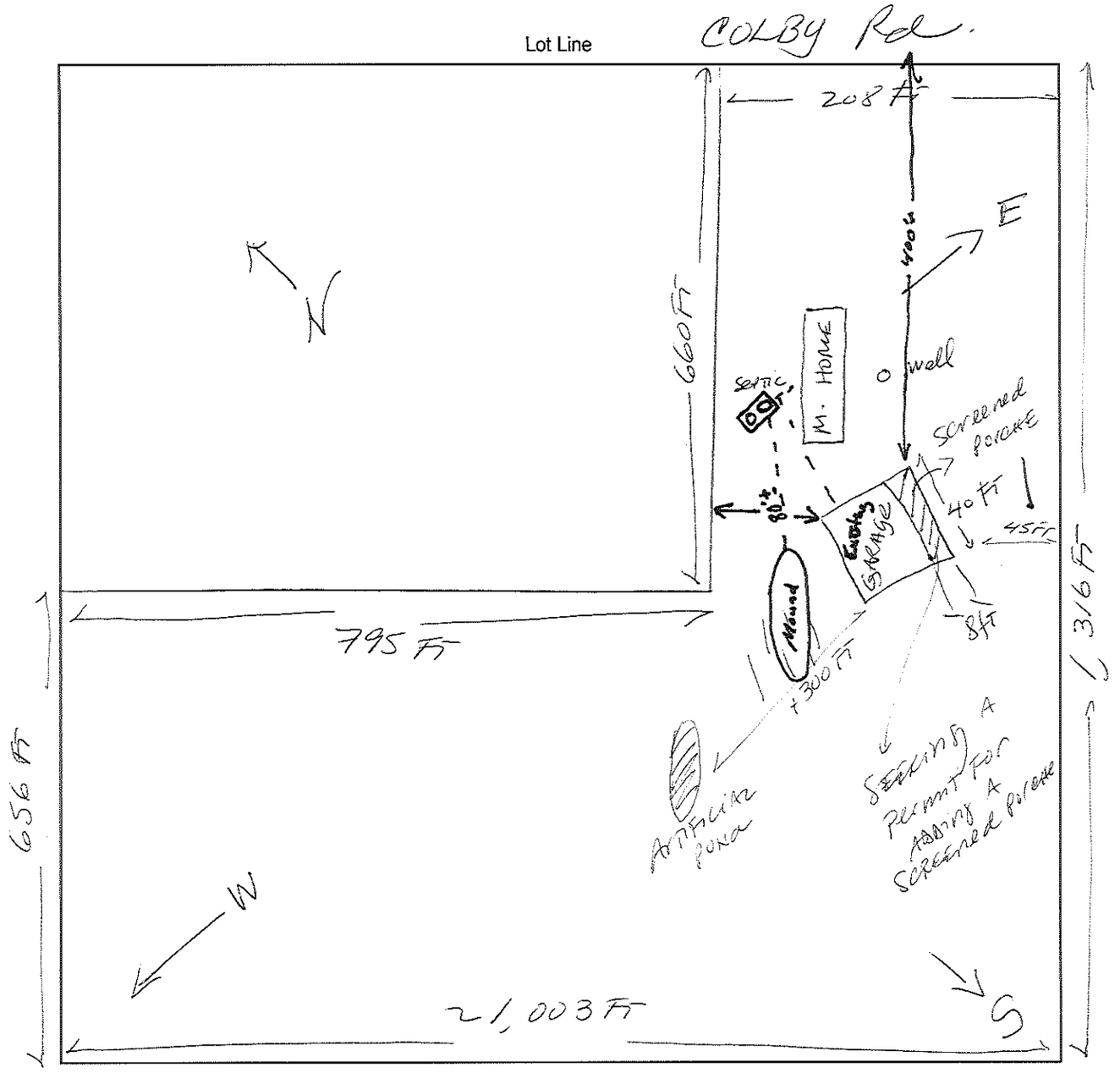
Reason for Denial: _____

Inspection Record: Proposing to add screen porch to classroom building (currently beingused as garage). Special Use Granted to operate a private school with in the buildings. Inspection done when Travis By Travis Tulowitzky Date of Inspection 10/02/2009 there for Special Use permit for the school on Oct. 2nd.

Mitigation Plan Required: Yes ☐ No ☒ _____ Variance (B.O.A.) # _____

Condition: _____

Signed Travis Tulowitzky 10/15/2009
Inspector Date of Approval



Name of Frontage Road (COLBY Rd.)

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:

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

a. Building to all lot lines ~+550 FT
b. Building to centerline of road ~+550 FT
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

N/A

i. Privy to building
j. Privy to lake, river, stream or pond
k. Septic Tank and Drain field to closest lot line ~+ 50 FT
l. Septic Tank and Drain field to building ~ + 35 FT
m. Septic Tank and Drain field to well ~ + 80 (80) FT
n. Septic Tank, and Drain field to lake, river, stream or pond. N/A
o. Well to building ~+ 45 FT

N/A

*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.