

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

JUL 23 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

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 NE 1/4 of NW 1/4 of Section 13 Township 47 North, Range 5 West, Town of Eileen

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5

Volume 1037 Page 490 of Deeds Parcel I.D. 020-1031-05 990/04-020-2-17-05-13-201-000-20000

Property Owner Boyd Carlson Contractor Self (Phone) 682-3222

Address of Property 30465 Carlson Rd. Plumber Blakeman Plumbing

Ashland, WI 54806 Authorized Agent _____ (Phone) _____

Telephone 715-682-3573 (Home) 715-682-3222 (Work)

Is your structure in a Shoreland Zone? Yes No **if yes.**

Structure: New _____ Addition Existing _____

Fair Market Value \$ 1,000.00 Square Footage 70

* 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) _____

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) Boyd Carlson Date 6-10-10

Address to send permit 30810 Woodland Rd Ashland WI ATTACH _____

* See Notice on Back

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 8-4-10 Permit Number 10-0276 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Boyd present at time of inspection verified both East + West property lines and proposed deck locations. By Travis Tulowitzky Date of Inspection 7/22/2010

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

Condition: _____

Signed Travis Tulowitzky 7/23/2010 Date of Approval

Inspector Travis Tulowitzky Recorder for Issuance

8/3/2010

See Staff

for Dech #75.00

10

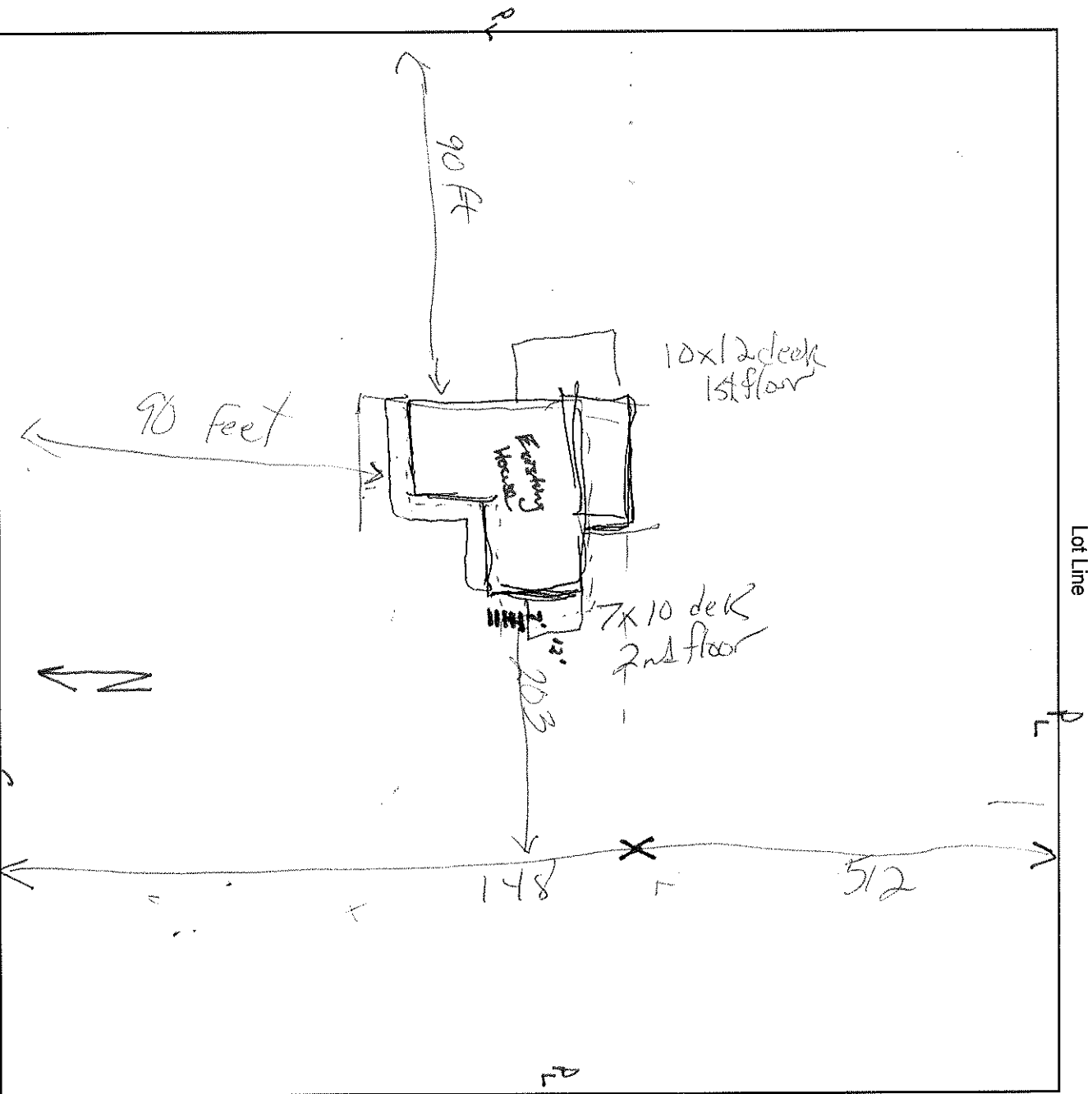


Application No. 10-0276

Date: _____

Zoning District AG-1

Amount Paid: \$7500.00
8/2/10



Name of Frontage Road (Carlson)

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.