

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
 APR 24 2008

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 NW 1/4 of SE 1/4 of Section 26 Township 47 North, Range 9 West, Town of Hughes

Gov't Lot Lot Block Subdivision CSM # Acreage 2.28

Volume Page of Deeds Parcel I.D. # 022-1072-06 Use Tax Statement for Legal Description

Property Owner Robert Falls et al Contractor Jerry Martinson (Phone) 715-372-4870

Address of Property 5675 Windald Rd Plumber

Iron River WI 54844 Authorized Agent (Phone)

Telephone 715-373-2133 (Home) 715-373-615 (Work)

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 Basement: Yes No Number of Stories 1

Estimated Cost of Construction \$5,000 Square Footage 15 x 5 Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms) 120

Residence sq. ft. Mobile Home (manufactured date)

* Residence w/deck-porch (# of bedrooms) Commercial Principal Building

Residence sq. ft. Porch sq. ft. Commercial Principal Building Addition (explain)

Deck sq. ft. Deck(2) sq. ft. Commercial Accessory Building (explain)

* Residence w/attached garage (# of bedrooms) Commercial Accessory Building Addition (explain)

Residence sq. ft. Garage sq. ft. Commercial Other (explain)

Residential Addition / Alteration (explain) LEAN TO Special/Conditional Use (explain)

Residential Accessory Building (explain) External Improvements to Principal Building (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) [Signature] Date 4-24-08

Address to send permit 16 Grove Blvd - Washburn 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 Date

Date 5/8/08 Permit Number 08-0112 Permit Denied (Date)

Reason for Denial:

Inspection Record: STRUCTURE SEEDBATS/CONDITIONS AS REQUESTED BY OWNER APPEARS TO BE IN ACCORDANCE WITH PERMIT MAY BE ISSUED. By DAC Date of Inspection 5-6-08

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

Condition:

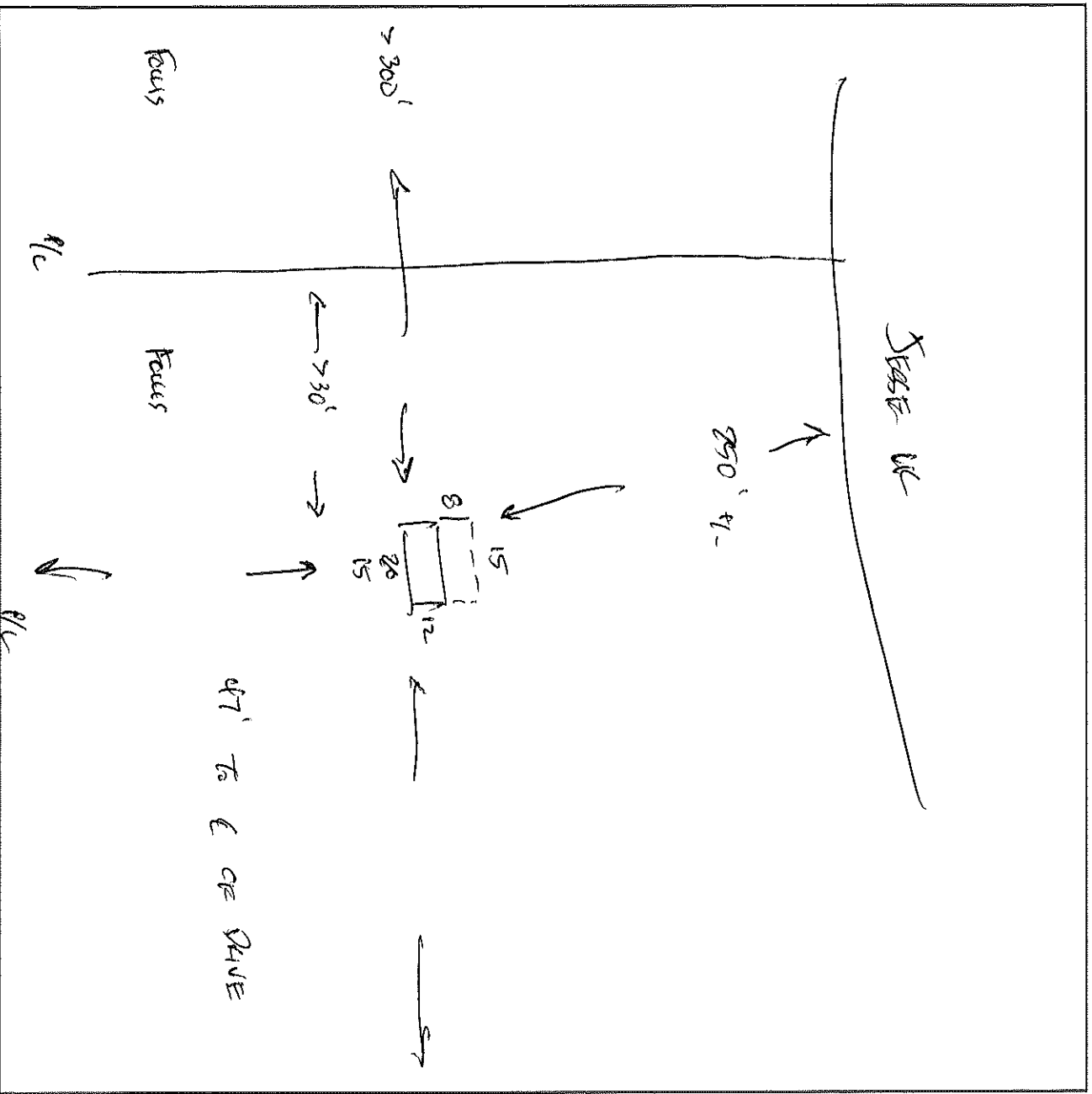
Signed [Signature] Date of Approval 5-6-08
 Inspector Rec'd for Issuance

MAY 08 2008

Secretarial Staff

ENTERED

Lot Line



Pl's - Not REVISITED

Name of Frontage Road (_____)

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

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

COMPLETED ORIGINAL
ON, TAX STATEMENT

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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

MAY 08 2008

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Application No: 08-0113
Date: _____
Zoning District: R-1/2
Amount Paid: \$75 5/8/08 mg

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
Legal Description 1 1/4 of 24 Township 47 North, Range 9 West, Town of Highles
Gov't Lot 1 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 1.5
Volume 111 Page 436 of Deeds Parcel I.D. # 022-1062-05 Use Tax Statement for Legal Description
Property Owner James R. Philipovich Contractor Self (Phone) 1-715-372-4187
Address of Property 66130 West Lake LN Plumber _____ Authorized Agent _____ (Phone) _____

Telephone _____ (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If Yes, _____
Structure: New _____ Addition Existing _____
Estimated Cost of Construction \$800.00 Square Footage 443 Sanitary: New _____ Existing Privy _____
 * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residential Addition / Alteration (explain) _____
 * Residential Accessory Building (explain) _____
 * Residential Accessory Building Addition (explain) Storage
 * Residential Other (explain) _____

Residence sq. ft. _____
Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____ Deck(2) sq. ft. _____
Residence sq. ft. _____ Garage sq. ft. _____
 * Mobile Home (manufactured date) _____
 Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____
 Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____
 Commercial Other (explain) _____
 Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____
 External Improvements to Accessory Building (explain) _____

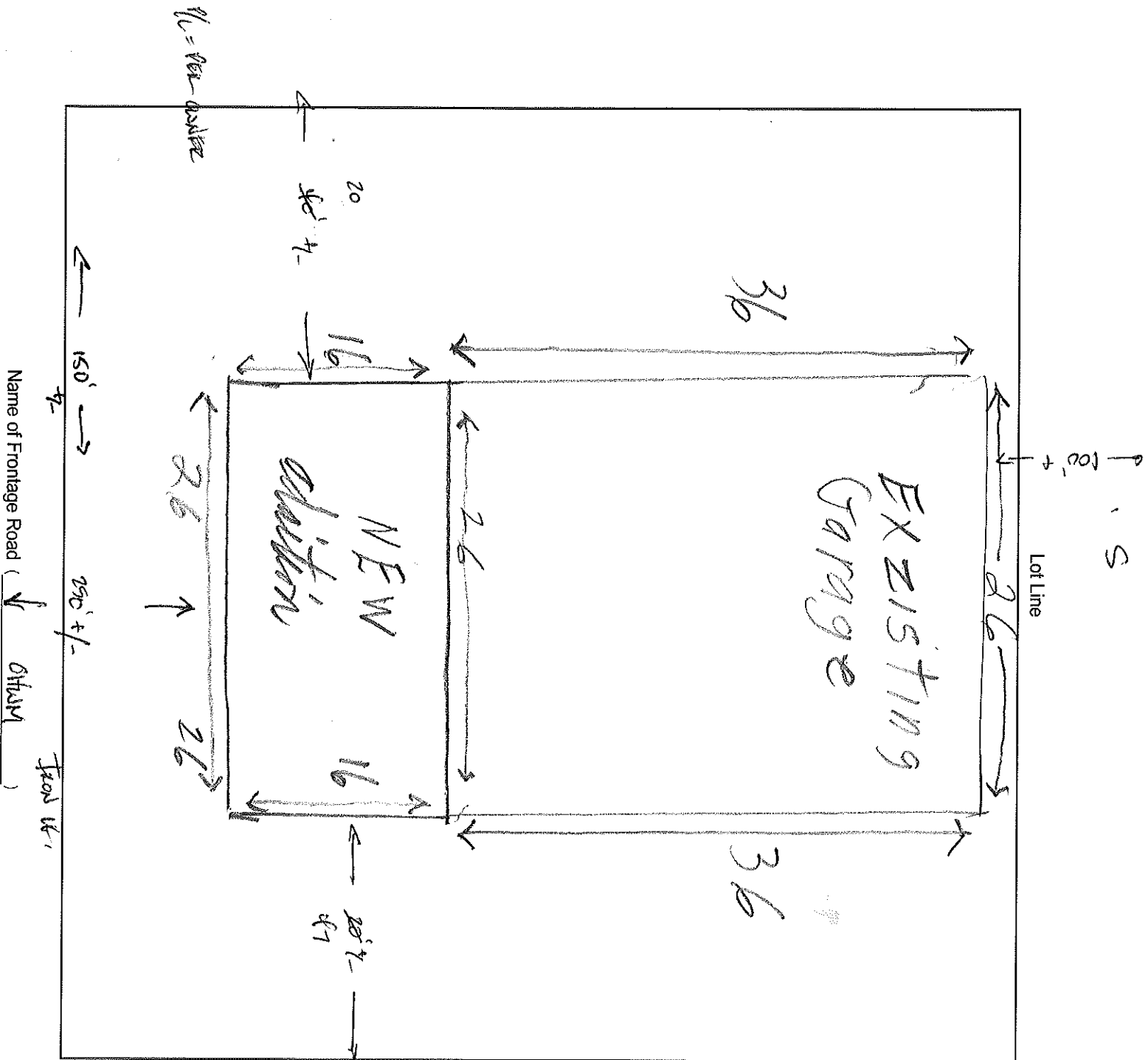
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Owner or Authorized Agent (Signature) _____ Date 5-6-08
Address to send permit 66130 West Lake LN ATTACH _____
Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 5/6/08 Permit Number 08-0113 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO MEET CODE
COMPLIANT I.D. PERMIT MAY BE ISSUED By DC Date of Inspection 5-8-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed [Signature] Inspector _____ Date of Approval 5-7-08
Rec'd for Issuance _____
NOTE - OWNER PRESENT
MAY 08 2008

FELTHERTON, GUST Per Review DEED cot 150 At WATERMAN'S OFFICE



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
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