

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

R E C E I V E D
MAR 13 2008
Bayfield Co. Zoning Dept.

ENTERED

Application No.: 08-0152
Date: _____
Zoning District: F-1/-
Amount Paid: \$345.00 R.O.S
3/14/08

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: SE 1/4 of NE 1/4 of Section 10 Township 47 North, Range 9 West, Town of HUKLES

Gov't Lot: 1 Lot: _____ Block: _____ Subdivision: BEAR PINE ACRES CSM #: _____ Acreage: 2.08

Volume: 987 Page: 715 of Deeds Parcel I.D. # 022-1081-05 Use Tax Statement for Legal Description

Property Owner: Thomas Blomberg Contractor: Self (Phone) _____

Address of Property: I-R-V. Bear Pine Rd. Plumber: Polkoski

Telephone: 715-372-5523 (Home) 715-372-4110 (Work) Authorized Agent: _____ (Phone) _____

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: \$115,000 Square Footage: 2456 Sanitary: New Existing Privy: _____ City: _____

USE:

* Residence or Principal Structure (# of bedrooms) _____

* Residence w/deck-porch (# of bedrooms) 4

Residence sq. ft. _____ Porch sq. ft. _____

Deck sq. ft. 234 Deck(2) sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. 804

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

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) _____

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) Thomas Blomberg Date 3-13-08

Address to send permit PO Box 342, Iron River WI ATTACH Copy of Tax Statement

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 08-395 Date 5/19/08

Date: 5/20/08 Permit Number 08-0152 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Sanitary Services/Conditions as requested by owner. Items to be code compliant & LD. Permit may be issued by conditions by DR. Date of Inspection 3-10-08

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

Condition: A uniform Dineley COE (code) permit must be obtained prior to the start of construction & obtained from the contractor or inspection agency.

Signed: [Signature] Inspector Date of Approval: 3-18-08

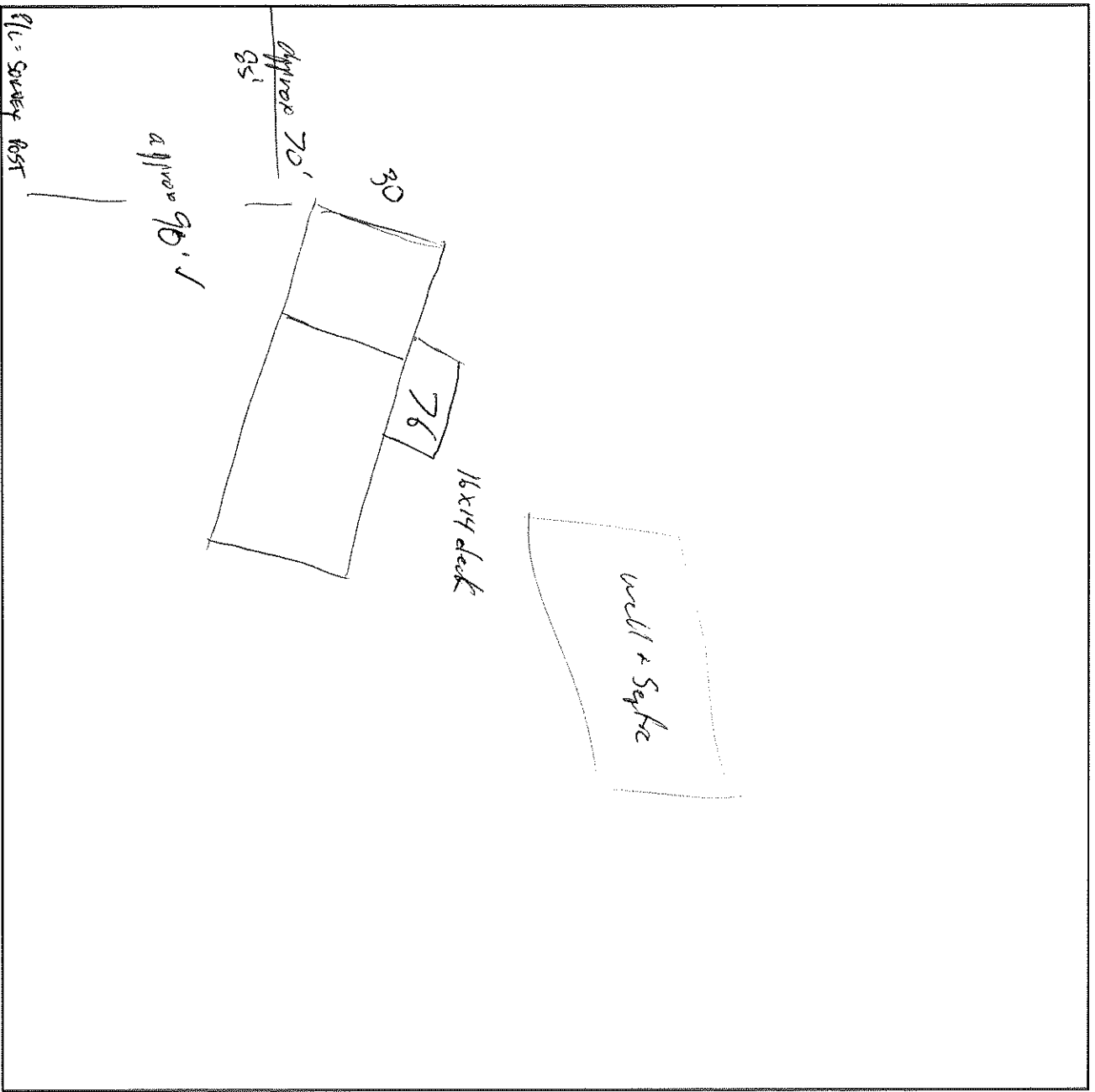
RECORD INSURANCE

How far Sanitary MAY 2 9 7009

N

Lot Line

Bear Paw Rd.



Note - ~~was~~ DEMANDATED AT INSPECTIONS Name of Frontage Road (Bear Paw 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 - (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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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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.