

APPLICATION FOR RECREATIONAL VEHICLE

Bayfield County Planning and Zoning Department
 P.O. Box 58
 117 East Sixth Street
 Washburn, WI 54891
 Phone - (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

RECEIVED
 AUG 06 2008
 Bayfield Co. Zoning Dept.

ENTERED

Office Use:
 Application No. 09-0194
 Date _____
 Fee Paid \$75.00 RDS
8/6/08

Class A 175 7/23/08 RDS

Applicant Secoy Watson **Property Address** _____
Mailing Address 165 Le Waters Edge
Dr. New Richmond, WI 54017
Telephone 715-246-0861 **Written Authorization Attached:** Yes () No ()

Accurate Legal Description involved in this request: NE 1/4 of NE 1/4 of Section 14 Township 47 N. Range 9 W. Town of Hughes
Gov't Lot _____ **Block** _____ **Subdivision** _____ **CSM #** _____
Volume _____ **Page** 1 **of Deeds** **Parcel I.D. #** 022-1036-07 **Acreage** 1

Additional Legal Description: _____ **Distance from Shoreline:** 75' or greater < 75' to 40' less than 40'
RV: New Replacement **Vin #** 44HTHOM2GT4018274
Make of RV: Hornet **Model of RV:** Travel trailer


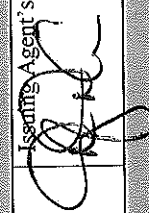
FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Permit Issued: Sanitary Number _____ Date _____
Issuance Date 6/4/09 **Permit Number** 09-0194 **Permit Denied (Date)** _____
Reason for Denial: no permit
Inspection Record: AS REQUESTED BY OWNER APPROX TO AREA GOLF COURSE FACILITIES
PERMIT MAY BE ISSUED IF BY DX **Date of Inspection** 5-15-09
ANY COMMENTS
Variance (B.O.A.) # _____
Condition: RV may be placed up to 4 months from issuance date. **Must be removed by:** NA
CGM RECEIVED ON 5-13-09 **Signed** [Signature] **Inspector** _____ **Date of Approval** 5-15-09
Rec'd for Issuance

MAY 30, 2009
 Secretarial Staff

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No: <u>123-08</u>	County Permit No: <u>09-0197</u>
Property Owner's Name <u>JERRY WATSON</u>		Bayfield	
Address of Property <u>1656 WATERS EDGE DR</u>			
Property Owner's Mailing Address <u>1656 WATERS EDGE DR</u>		Property Location: <u>NE 1/4 NE 1/4, S 14 T 47 N, R 9 E (or W)</u>	Gov. Lot #: _____
City, State <u>New Richmond WI</u>	Zip Code <u>54017</u>	Phone Number <u>715-246-0861</u>	Block #: <u>1</u>
II. TYPE OF BUILDING: (Check One)			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____			
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)			
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____			
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____			
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above			
<input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet			
V. ABSORPTION SYSTEM INFORMATION:			
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)
		<u>N/A</u>	
VI. TANK INFORMATION:		Total Gallons	# of Tanks
Septic Tank or Holding Tank	Capacity In Gallons New Tanks	Existing Tanks	
Lift Pump Tank / Siphon Chamber			
VII. RESPONSIBILITY STATEMENT:			
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.			
Plumber's / Owner's Name: (Print) <u>JERRY WATSON</u>		Plumber's / Owner's Signature: (No Stamps) 	MP/MPSW No: _____
Plumber's Address: (Street, City State, Zip Code)		Home Phone: _____	Business Phone: _____
VIII. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>RDS \$150.00</u>	Date Issued: <u>6/4/09</u>
Owner Given Initial Adverse Determination <u>7/23/08</u>		Issuing Agent's Signature / Date:  / <u>7-29-08</u>	
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:			

Privy Agreement in 5/20/09

Rec'd for Issuance
MAY 20 2009