

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

RECEIVED
MAY 26 2009

Bayfield Co. Zoning Dept

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 S40 1/4 of Section 26 Township 47 North, Range 9 West, Town of Hughes

Gov't Lot 2 Lot _____ Block _____ Subdivision _____

CSM # _____

Acreage 4

Volume 789 Page 423 of Deeds X Parcel I.D. 04-022-2-47-09-26-3 05-002-20000

Property Owner David's. Linda Bruce

Contractor Self

Address of Property 5470 Windell Rd.

Plumber N/A

Iron River, WI 54847

Authorized Agent N/A (Phone) _____

Telephone 715-372-5589 (Home) 393-5722 (Work)

Written Authorization Attached: Yes No

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

Fair Market Value 15,000 Square Footage 936'

Sanitary: New Existing Privy City _____

USE:

* Residence or Principal Structure (# of bedrooms) _____

Type of Septic/Sanitary System N/A City CONSTRUCTION

* Residence or Principal Structure (# of bedrooms) _____

Mobile Home (manufactured date) _____

Residence sq. ft. _____

Commercial Principal Building _____

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

Commercial Principal Building Addition (explain) _____

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

Commercial Accessory Building (explain) _____

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

Commercial Accessory Building Addition (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) _____

Commercial Other (explain) _____

Residential Accessory Building (explain) Garage

Special/Conditional Use (explain) _____

Residential Accessory Building Addition (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) Dore Scott Bruce Date 5/22/09

ATTACH

Address to send permit 5470 Windell Rd Iron River, WI

Copy of Tax Statement or

54847

Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 6/4/09 Permit Number 09-0193 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SERVICES/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CORRECT

COMPONENT & PERMIT DUTY BE By DRC Date of Inspection 6-2-09

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

Condition: _____

Signed [Signature] Inspector _____ Date of Approval 6-2-09

fasten permit for house > for 9/15

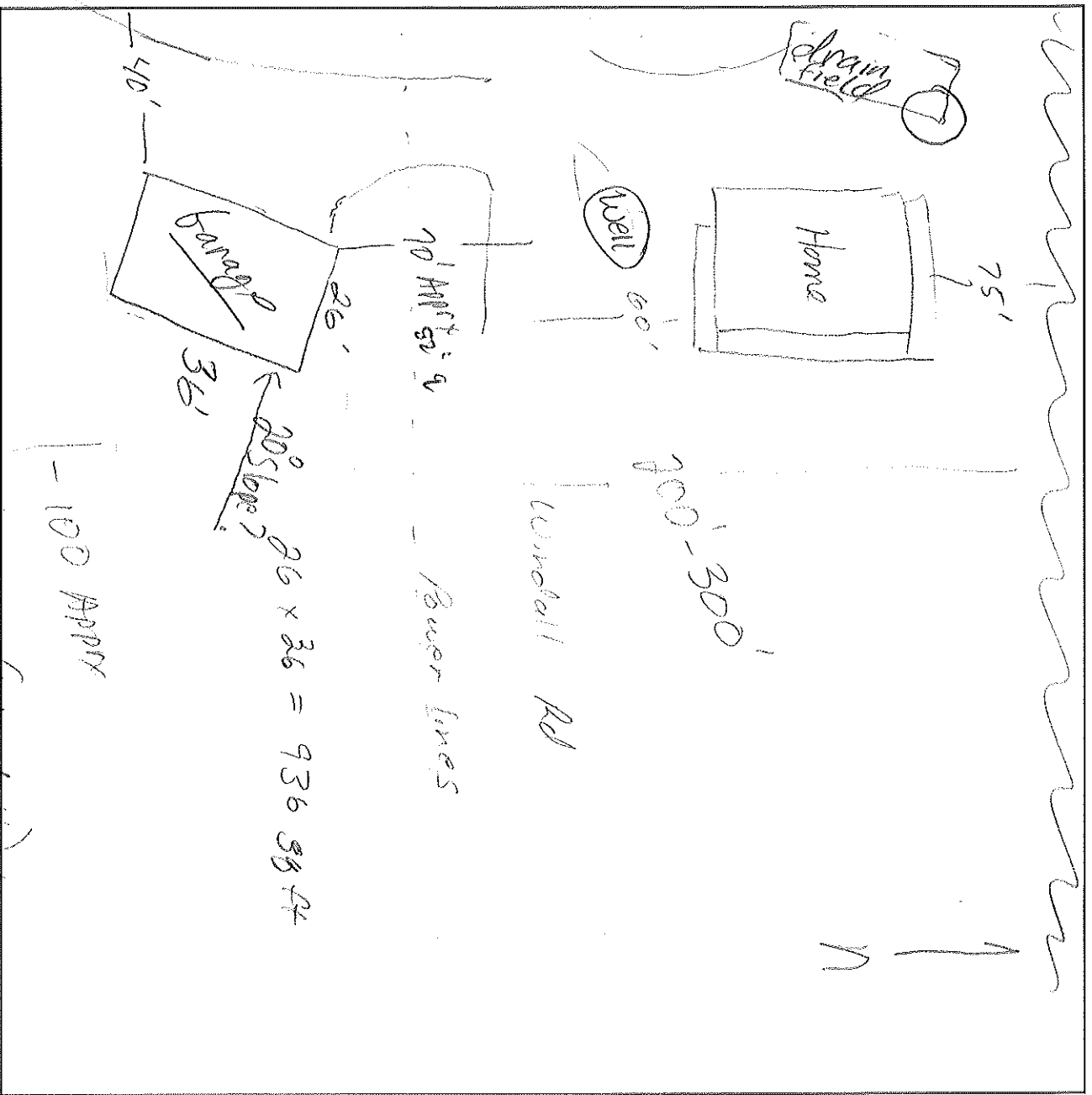
area map

Rec'd for Issuance

JUN 4 2009

Secretary _____

Fake Ahmeek
Lot Line



Name of Frontage Road (Wendall 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:
 - 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.