

**SUBMIT COMPLETED 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 06 2010

**Office Use**  
 Application No.: 10-0075  
 Date: \_\_\_\_\_  
 Zoning District/Lakes Class: R-1/2  
 Amount Paid: 75.-  
4/12/10 mg

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 25 Township 47 North, Range 9 West, Town of Hughes  
 Gov't Lot 2+3 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 20.598 Square Feet  
 Volume 867 Page 172 of Deeds Parcel I.D. # 04-022-2-47-09-25-100-361-01000 Use Tax Statement for Legal Description 480 Acres  
 Property Owner Thomas + Ruth Ptak Contractor Steve Hunter Const. (Phone) 715-795-2979  
 Address of Property 65895 Troutdale Road Plumber \_\_\_\_\_  
~~65895 Troutdale Road~~ Authorized Agent Steve Hunter (Phone) 715-795-2979  
 Telephone 520-568-8219 (Home) 480-620-1376 (Work) \_\_\_\_\_  
 Written Authorization Attached: Yes  No

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Distance from Shoreline: 75' or greater  <75' to 40'  less than 40'   
 Basement: Yes \_\_\_\_\_ No  Number of Stories 1  
 Estimated Cost of Construction \$18,000.00 Square Footage 896 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

- USE:**
- Residence (# of bedrooms) \_\_\_\_\_ (# of bedrooms)
  - Residence w/deck-porch (# of bedrooms) \_\_\_\_\_
  - Residence w/attached garage (# of bedrooms) \_\_\_\_\_
  - Residential Addition (explain) \_\_\_\_\_
  - Residential Accessory Building (explain) Garage 28'x31'
  - Residential Accessory Building Addition (explain) \_\_\_\_\_
  - Residential Other (explain) \_\_\_\_\_
  - External Improvements to Principal Building (explain) \_\_\_\_\_
  - Mobile Home (manufactured date) \_\_\_\_\_ (# of bedrooms)
  - 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 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) Steve J. Hunt Date 4/6/10  
 Address to send permit 1730 Lake Road Barnes, WI. 54873 ATTACH Copy of Tax Statement

**APPLICANT — PLEASE COMPLETE REVERSE SIDE**

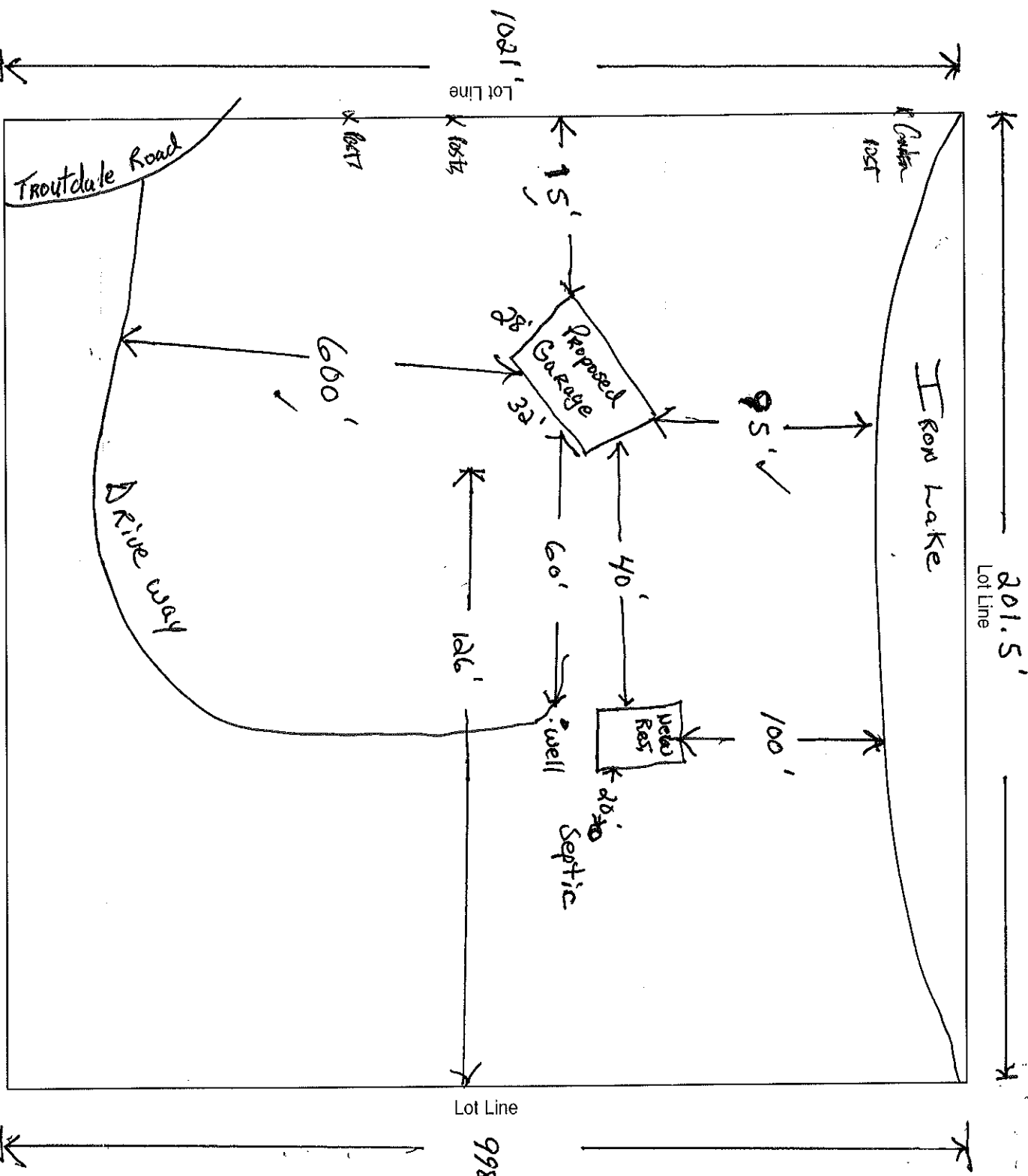
**OFFICE USE ONLY**

Permit Issued: \_\_\_\_\_ Date \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Permit Number 4-14-10 Date 10-0075 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structure satisfies conditions as represented by owner/agent letters to CE Code Consultant in U. Permit may be Reopened if conditions By DK Date of Inspection 6-13-10

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

Condition: \_\_\_\_\_  
 Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 6-13-10



Name: Proposed Building Decided At Proposed  
 Name of Frontage Road: Co. Hwy A  
 Plat: DC # 0.10 As Shaded By DC

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
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 COMPLETELY.

\*NOTICE: 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.