

ENTERED

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  
MAY 05 2008  
Bayfield Co. Zoning Dept

Application No.: 08-0129  
Date: \_\_\_\_\_  
Zoning District: F-113  
Amount Paid: \$75.00 FOS  
5/6/08

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 13 Township 47 North, Range 8 West, Town of Iron River  
Gov't Lot 1 Lot 20 Block \_\_\_\_\_ Subdivision Nolan Lake estate CSM # 1.28  
Volume 977 Page 291 of Deeds Parcel I.D. # 04-024-2-4705-15-2-00-225-0080 Use See Tax Statement for Legal Description  
Property Owner Steve Probst Contractor NA (Phone) \_\_\_\_\_  
Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Address of Property 7965 Ridge Dr  
Iron River, WI 54891  
Telephone 715-269-6776 (Home) 715-273-6114 (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
Estimated Cost of Construction \$6000 Square Footage 900 Sanitary: New \_\_\_\_\_ Existing  Convent: on a City

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
- Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_
- \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_
- Residential Addition / Alteration (explain) \_\_\_\_\_
- Residential Accessory Building (explain) detached garage
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (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 Probst Date 5-28-08

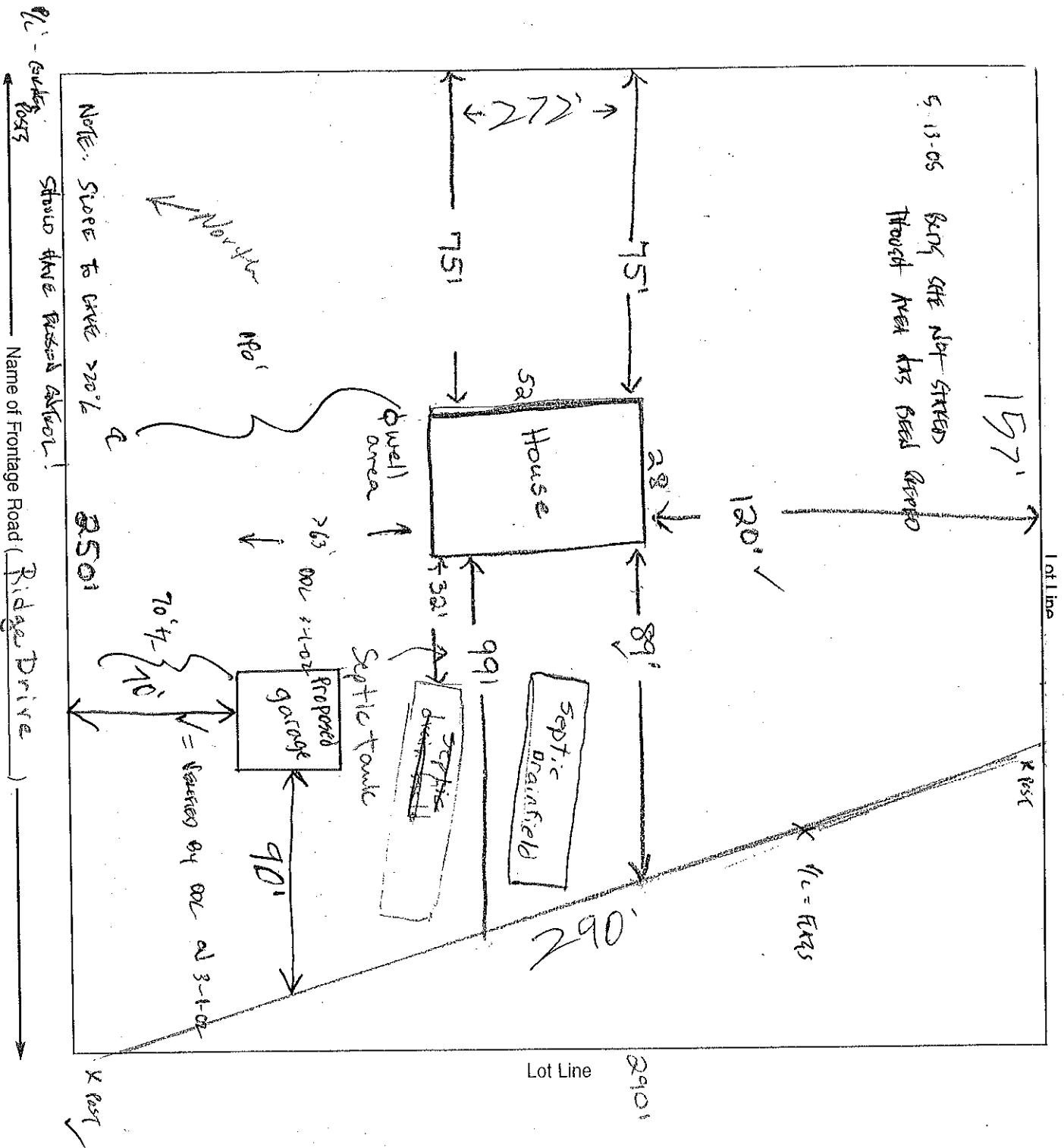
Address to send permit 7965 Ridge Dr Iron River WI 54891 ATTACH  
Copy of Tax Statement  
If you previously purchased the property Attach a Copy of Recorded Deed  
\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 5/14/08 Permit Number 08-0129 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: STRUCTURAL STRENGTH/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE GOOD  
CONCRETE & W.D. PERMIT MAY BE  
ISSUED BY CONDITIONAL DEEDS. BY DOC Date of inspection 5-13-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: STRUCTURE MUST BE AT LEAST 63 FEET FROM CENTERLINE OF TOWN ROAD  
Signed: [Signature] Date of Approval 5-13-08  
Inspector \_\_\_\_\_ Rec'd for Issuance \_\_\_\_\_

MAY 14 2008

Secretarial Staff



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.

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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 05 2008

Application No.: 08-0130  
Date: \_\_\_\_\_  
Zoning District: R-1(13)  
Amount Paid: \$75.00 RDS  
5/6/08

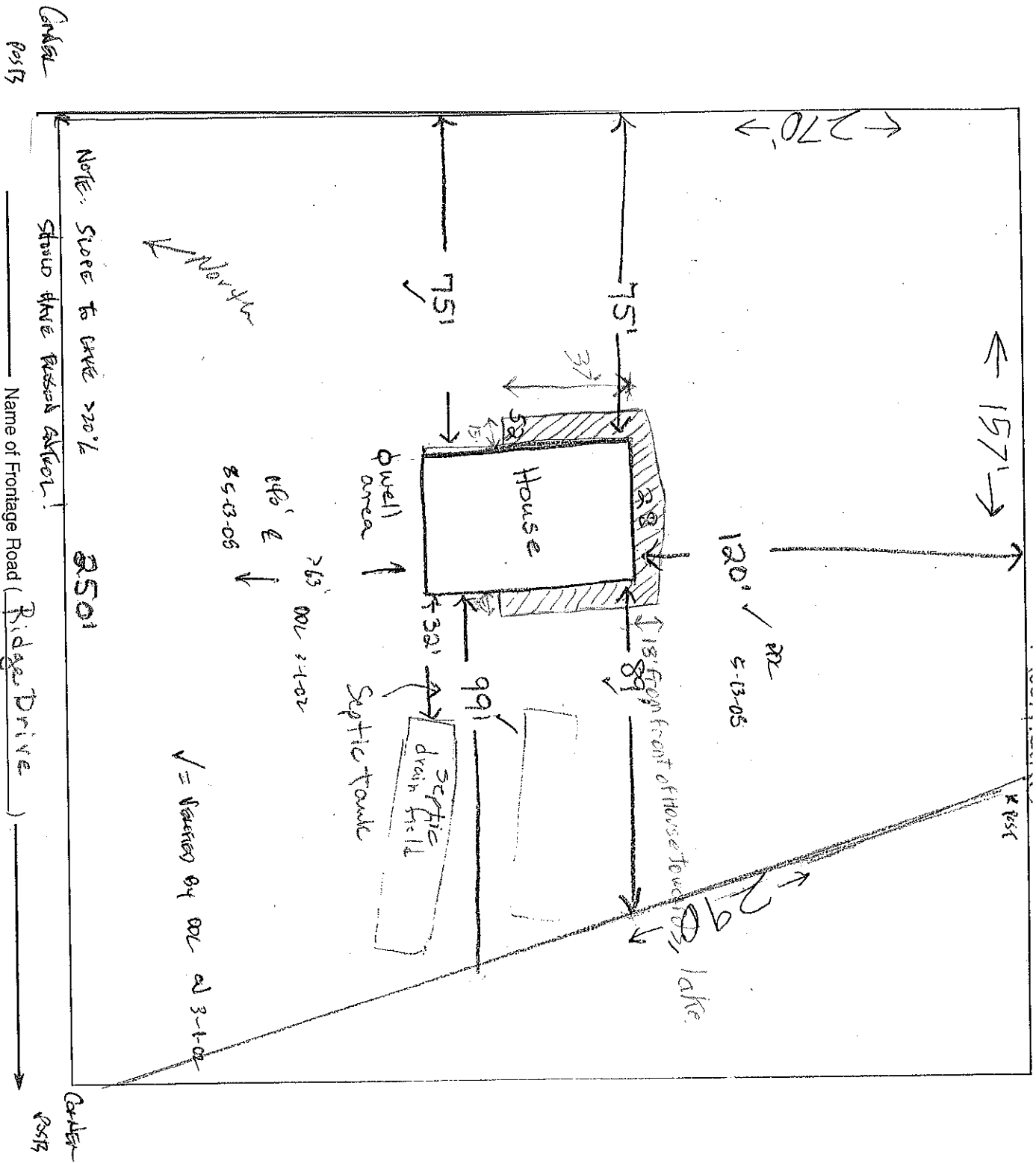
INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department.

LAND USE:  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER  
Legal Description: SE 1/4 of NE 1/4 of Section 18 Township 47 North, Range 8 West, Town of Iron River  
Gov't Lot: 1 Lot 20 Block \_\_\_\_\_ Subdivision Moon Lake Estates CSM # \_\_\_\_\_ Acreage 1.28  
Volume 977 Page 299 of Deeds Parcel I.D. # 04-0242-4708-18-2-00-225-2600 Use Tax Statement for Legal Description  
Property Owner: Steve Probst Contractor SELF (Phone) \_\_\_\_\_  
Address of Property: 2965 Ridge Dr. Plumber \_\_\_\_\_  
Iron River, WI 54891 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Telephone: 28-269-6776 (Home) 323-6114 (Work) \_\_\_\_\_  
Written Authorization Attached: Yes  No  Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_ Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Stories \_\_\_\_\_  
Estimated Cost of Construction: \$8000 Square Footage 1980 Sanitary: New \_\_\_\_\_ Existing  Conventional City \_\_\_\_\_  
USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) Deck  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential / Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (explain) \_\_\_\_\_  
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Owner or Authorized Agent (Signature) Steve Probst Date 5-4-2008  
Address to send permit County Forestry Dept. or Property ATTACH  
\* See Notice on Back Copy of Tax Statement  
If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE  
Permit Issued: \_\_\_\_\_ State Sanitary Number 38949 Date 2002  
Date 5/17/08 Permit Number 08-0130 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: STRUCTURE SATISFIED/CONDITIONS AS REQUESTED BY OWNER APPEARS TO BE CODE COMPLIANT & NO PERMIT MAY BE ISSUED. By DDC Date of Inspection 5-13-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_  
Signed [Signature] Date of Approval 5-13-08  
Inspector \_\_\_\_\_ Rec'd for Issuance  
Nearly ready permit it MAY 14 2008



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