

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

**RECEIVED**

JUN 23 2009

SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 973-6138

Application No.: 09-0266  
Date: \_\_\_\_\_  
Zoning District: F-EB(3)  
Amount Paid: 75 / 7-2-09/mj

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 NE 1/4 of NW 1/4 of Section 10 Township 47 North, Range 8 West, Town of IRON RIVER  
Gov't Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.012  
Volume 911 Page 872 of Deeds Parcel I.D. 8604-241-08-10-7 0(1-000-07000)

Property Owner CHARLOTTE D HALE Contractor SELF (Phone) \_\_\_\_\_  
Address of Property 10455 AUGUS LAKE RD. Plumber \_\_\_\_\_  
IRON RIVER, WI Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Telephone 724-599-6399 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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 \_\_\_\_\_  
Fair Market Value 70,000 Square Footage 384

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residential Addition / Alteration (explain) \_\_\_\_\_  
 \* Residential Accessory Building (explain) GARAGE  
 \* Residential Accessory Building Addition (explain) \_\_\_\_\_  
 \* Residential Other (explain) \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No  Number of Stories 1  
Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
Type of Septic/Sanitary System Conventional  
 \* 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 OF 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) Charlotte D. Hale Date 6/23/09  
Address to send permit 22655 Sunset Acres Lane ATTACH  
Grand View, WI, 54839 Copy of Tax Statement or  
\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 7-2-09 Permit Number 09-0266 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structure complies/conditions as represented by applicant agrees to be  
code compliant & l.u. permit By DCH Date of Inspection 6-30-09  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: \_\_\_\_\_

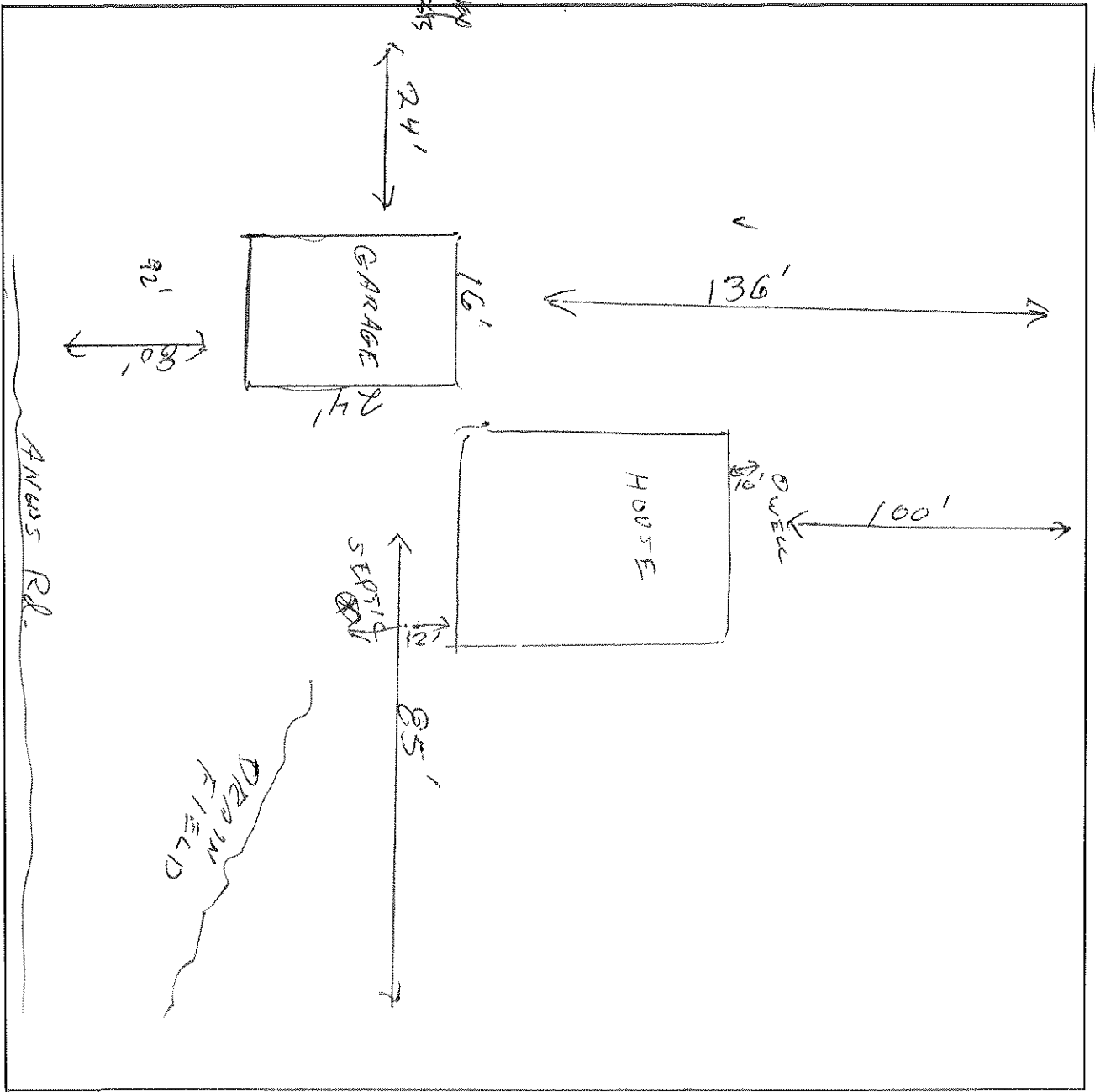
Signed [Signature] Inspector Rec'd for Issuance Date of Approval 6-30-09

JUL 2009

Secretarial Staff

ANGUS LAKE

Lot Line



Name of Frontage Road (ANGUS LAKE 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.