

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 ZONING DEPARTMENT
 APR 07 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0059
 Date: _____
 Zoning District: A-1
 Amount Paid: \$135
4-19-11/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 _____

Use Tax Statement for Legal Description

Legal Description N/E 1/4 of N/E 1/4 of Section 13 Township 48 North, Range 5 West Town of Bardsdale

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10.05

Volume 1029 Page 887 of Deeds Parcel ID: 04002248051310100050000

Property Owner Sandra Wilpers Stolle contractor Mark Hudson (Phone) 715-292-0558

Address of Property 30985 ENGDE ROAD Plumber _____
WASHBURN WI. 54891 Authorized Agent _____ (Phone) _____

Telephone 715-393-5888 (Home) Same (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 \$45,000 Square Footage 2160 Sanitary: New Existing Privy City _____

USE: Residential or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System ST / Mound

Residential Addition / Alteration (explain) _____ Mobile Home (manufactured date) _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Accessory Building (explain) Garage/Storage Commercial Other (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____ External Improvements to Principal 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) Sandra Wilpers Stolle Date 4-9-2011

Address to send permit 30285 Engde Rd Washburn WI 54891 ATTACH _____

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Permit Number 11-0059 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Quantity Streets/Conditions is requested by other checks to the code committee by inspectors to streets & hills. Smith, DRC Date of Inspection 4.15.11

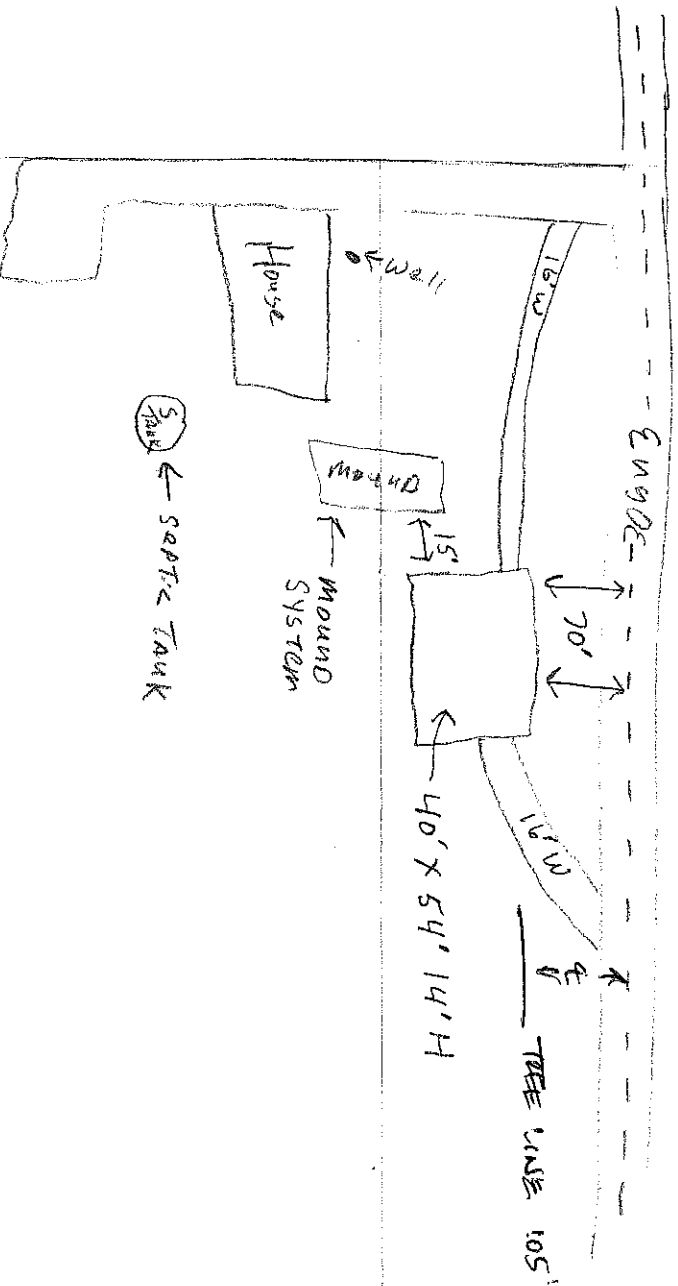
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: A GRUBBER SETBACK OF 63 FEET FROM CENTERLINE MUST BE MAINTAINED

Not represented by owner Signed [Signature] Date of Issuance 4.15.11
 Inspected by _____ Date of Approval _____

\$135.00
 PAID

Lot Line



NOTE - PROPOSED BUILDINGS DETAILED AT ASPECTED

Name of Frontage Road (_____)

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.