

Stairs

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

Application No: 09-0564
 Date: _____
 Zoning District R-1/CLASS 2
 Amount Paid: \$100
\$100 ATF
11/24/09 mg

PERMITS
 SEP 22 2009
ATF

INSTRUCTIONS: No permits will be issued until all fees are paid. Use Zoning Department. 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 1/4 of 3 1/4 of Section 3 Township 417 North Range 08 West Town of IRON RIVER
 Gov't Lot 26 Lot 26 Block _____ of Deeds _____ Subdivision Duffer-Frees 1st Long Lake CSM # _____ Acreage 2.39
 Volume _____ Parcel I.D.# 2-01-08-03-00-14-24000

Property Owner Sandra L. Larson Contractor Richard Rantala (Phone) 715-372-8461
 Address of Property 10520 South Longlake Rd Plumber _____
IRON RIVER, WI 54847 Authorized Agent _____ (Phone) _____

Telephone 715-427-0522 (Home) 715-427-5291 (Work) _____
 Is your structure in a Shoreland Zone? Yes No if yes.
 Structure: New Addition Existing _____
 Fair Market Value \$800,000 Square Footage 2714 sq ft
 USE: ICE DO
 * 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) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) SEPTIC SYSTEM

Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 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) _____

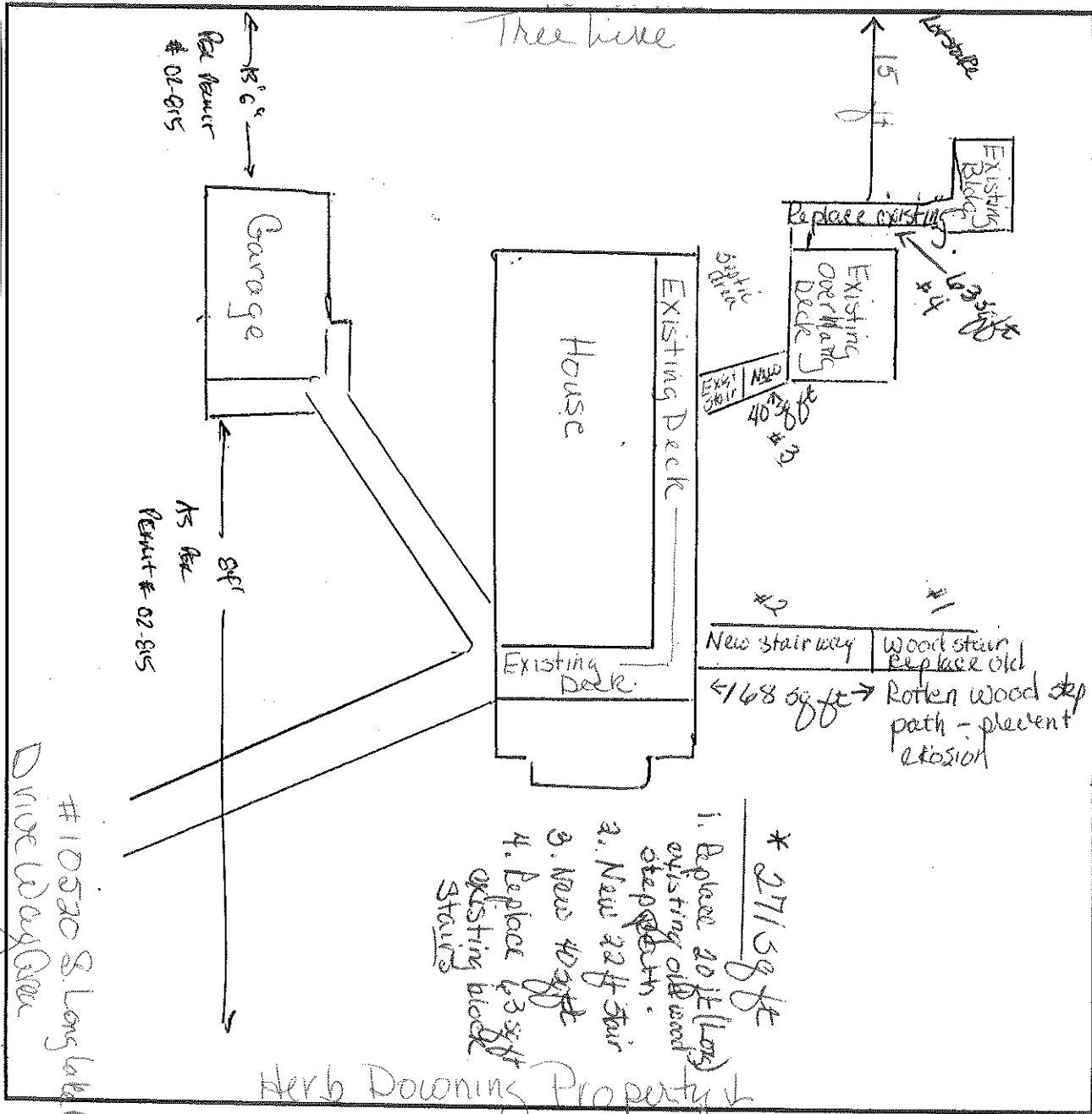
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Sandra L. Larson Date 9/20/09
 Address to send permit P.O. Box 7 Rib Lake, WI 54470 ATTACH _____
 * See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____
 Date 11/24/09 Permit Number 09-0564 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: STRUCTURE NECESSARY FOR WAKE ACCESS PERMIT MAP BEG ISSUED
AS-BUILT SEPTIC SYSTEM CORE By DL Date of Inspection 9-27-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed [Signature] Inspector _____
 Date of Approval 11-19-09 Date of Issuance _____
two (2) SEPARATE SETS OF STAIRS
2-FLIGHTS!
STAIRS CONFLICTING HOUSE TO NON-CONFORMING ZONE?
CONTACT OWNER ON FEES & POSSIBLE REMOVAL / VERIFY P/L'S (SORRY)
STAIRS REMAINS PERMITS (POINTS ACTIONED)
NOV 24 2009
SECRETARIAL STAFF

Lot Line Lake Front



Name of Frontage Road 10520 S. Long 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 tank, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.