

**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.: 10-0231  
 Date: \_\_\_\_\_  
 Zoning District: F-1  
 Amount Paid: \$150  
7-16-10  
MLP

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 1/4 of 1/4 of Section 3 Township 07 North, Range 8 West, Town of Irons Area  
 Gov't Lot 7 Block \_\_\_\_\_ Subdivision Duffin Flecks CSM # 1st Long Lk subdivision Acreage 3.010  
 Volume 922 Page 933 of Deeds Parcel I.D. \_\_\_\_\_  
 Property Owner Cory Holsclaw Contractor Holsclaw Builders (Phone) 218 428-5173  
 Address of Property 10860 S. Long Lk. Rd. Plumber \_\_\_\_\_  
Iron River, WI 54847 Authorized Agent Cory Holsclaw (Phone) 218 428-5173

Telephone 218 428-5173 (Home) 372-8908 (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New \_\_\_\_\_ Addition  Existing \_\_\_\_\_  
 Fair Market Value 50000 Square Footage 400 1080  
 USE: \_\_\_\_\_  
 \* Residence or Principal Structure (# of bedrooms) 3  
 Residence sq. ft. 2275  
 \* Residence w/deck-porch (# of bedrooms) none  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) none  
 Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) building living addition  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

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**  
 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 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) Cory Holsclaw Date 6-24-10

Address to send permit PO Box 622 Iron River, WI 54847 ATTACH \_\_\_\_\_  
 Copy of Tax Statement or  
 (If you recently purchased the property Attach a Copy of Recorded Deed)

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number 42922 Date 1988  
 Date 7/16/10 Permit Number 10-0231 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Call for any STONE, STRENGTH CONDITIONS AS REPRESENTED BY ASSESSORS TO MEET PROPOSED CODE REQUIREMENTS By DR Date of Inspection 7-16-10  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Structure may not exceed 55' in height  
THE SUBMITTER OF PERMITS ACCOUNTS MAY NOT EXCEED FOUR (4) FEET TO THE SIZE OF THE BUIS  
57-023  
Sanitary Permit?  
 Signed [Signature] Inspector [Signature] Date of Approval JUL 16 2010  
 Rec'd for Issuance 7-16-10

NOTE - CALCULATED ACTIVITIES WILL INCLUDE LAND DISTURBANCES RELATED TO THE INSURANCE OF  
 - GENTLEMAN  
 Secretarial Staff