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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

OCT 19 2010

Application No.: 10-0452
Date: _____
Zoning District R-1/e
Amount Paid: 75
10/20/10 m.j.

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 16 1/4 of Section 22 Township 41 North, Range 8 West, Town of IRON RIVER
Gov't Lot 16 Block _____ Subdivision Part of Buxford CSM # 599
Volume 911 Page 517 of Deeds Parcel I.D. 04-024-2-47-08-22-2-00-323-16000
Property Owner Jim Sloane Contractor Jeff Oprea (Phone) 218-590-4664
Address of Property Iron River, WI 54847 Plumber _____
Telephone 612-805-0390 (Home) _____ (Work) _____
Authorized Agent _____ (Phone) _____

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 20,000 Square Footage 1296
USE: 3x36

- * 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) 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 _____
 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) Thomas E. Sloane Date 10/12/10

Address to send permit Jeff Oprea P.O. Box 28 Port Wing, WI 54865 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 _____
Date 11/3/10 Permit Number 10-0452 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structural setbacks/conditions as presented by owner appears to be code compliant & no permit may be issued By DOC Date of Inspection 10-21-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed [Signature] Inspector _____ Date of Approval 10-21-10
Rec'd for Issuance Nov Oct 3 2010

Secretarial Staff

Lot Line



1. Name the frontage road
2. Show the location, size
3. Show the location, size
4. Show the location of th
5. Show the location of ar
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

*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.