

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
APR 13 2011

Application No.: 11-0058
Date: _____
Zoning District: R-1 CWS 3
Amount Paid: \$125 / 4-13-11
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 _____ 1/4 of _____ 1/4 of Section 18 Township 47 North, Range 08 West, Town of Iron River
Gov't Lot 2 Lot 29 Block _____ Subdivision Moon Lake Estate CSM # 999 Acreage 1.69
Volume 6 Page 282-283 of Deeds Parcel I.D. 04-024-2-47-08-18-4 05-002-02000.

Property Owner MATTHEW JENNIFER FARRELL Contractor Economy Garage (Phone) 218 729 5106
Address of Property 2. W. Moon Lake Dr. Example: Dennis Blum (715) 746-2272
Iron River WI Authorized Agent _____ (Phone) _____

Telephone 218 348 9174 (Home) 715 817 7530 (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 _____
Fair Market Value 16,000 Square Footage 718 Basement: Yes _____ No Number of Stories 1
Sanitary: New _____ Existing _____ Privy _____ City _____
Type of Septic/Sanitary System N/A [Garage]
 Mobile Home (manufactured date) _____

- * 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) _____
- 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) Martin Tank Date 3/29/2011
Address to send permit 7105 HUGGITT AVE SUPERIOR, WI 54880 ATTACH _____
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

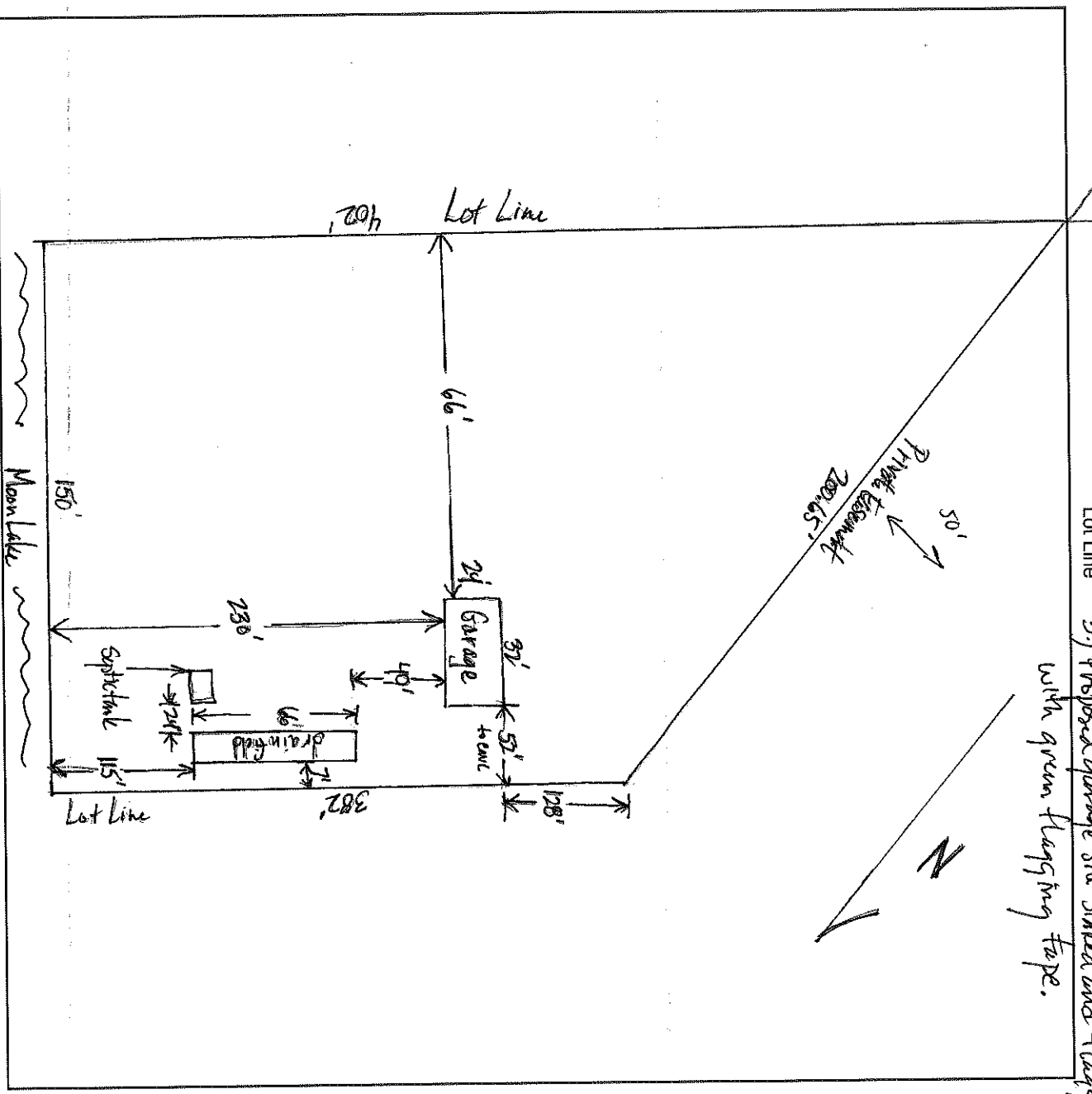
* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 4-19-11 Permit Number 11-0058 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURE SEVERELY OBTUSIONED / Acquired Garages for A class 3 use
All PL's checked & rechecked By DOC Date of Inspection 4.14.11
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Structure may not be used for normal residential or for utility space unless all applicable
zoning, sanitary, & DDC codes are met
Building site well developed
for sanitary use
Signed [Signature] Inspector _____ Date of Approval 4.14.11
Date of Issuance APR 18 2011

W.M. Meun Lake Dr.

Notes: 1) *drawing NOT to scale.
2) Septic and Tank are existing.
3) Proposed garage site staked and flagged with green flagging tape.



Name of Frontage Road (West Meun Lake Dr.)

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. P/A
7. Show the location of any wetlands or slopes over 20 percent. N/A.
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 P/A
 - e. Holding tank to building P/A
 - f. Holding tank to well N/A
 - g. Holding tank to lake, river, stream or pond V/A.
 - h. Privy to closest lot line P/A

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.