

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
 JUN 10 2011

Bayfield Co. Zoning Dept.

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.

Application No: 11-0197
 Date: 7-11-11
 Zoning District: R-1
 Amount Paid: \$125.00 EDS
6/13/11

ENTERED

LAND USE **SANITARY** **PRIVY** **CONDITIONAL USE** **SPECIAL USE** **B.O.A.** **OTHER** _____

Use Tax Statement for Legal Description

Legal Description NW 1/4 of SE 1/4 of Section 33 Township 48 North, Range 5 West, Town of Bardsdale

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.0

Volume 591 Page 252 of Deeds Parcel I.D. 04-002-2-48-05-33-4 02-000-20000

Property Owner Robert + Brenda Focemich Contractor SELF (Phone) _____

Address of Property 27705 Cherryville Rd Plumber _____ (Phone) _____

Ashland WI 54806 Authorized Agent _____ (Phone) _____

Telephone 715-682-3303 (Home) 715-685-9920 (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 15,000 Square Footage 900 Sanitary: New _____ Existing Privy _____ City _____

USE: **Residence or Principal Structure** (# of bedrooms) 30X30 Type of Septic/Sanitary System CON

Residence sq. ft. _____ 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) Storage

Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (explain) _____

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

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

Residential Other (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 for give access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) [Signature] Date 6-10-11

Address to send permit 27705 Cherryville Rd Ashland WI 54806 ATTACH _____

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____

Date 7-7-11 Permit Number 11-0197 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Quickly Settles/conditions of process but as requested by owner (request) Area

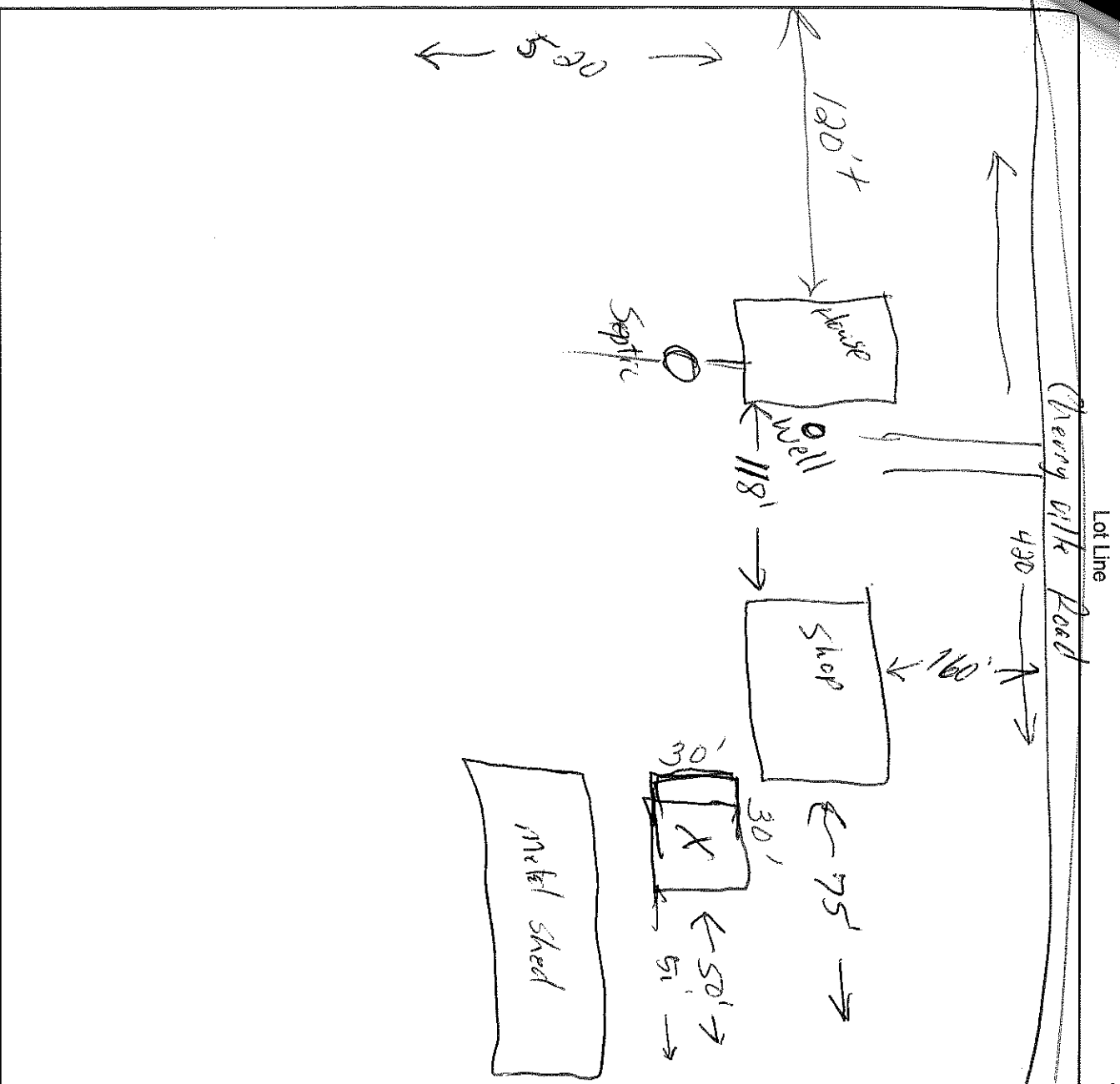
to meet ZONE REVISIONS & 10 BY [Signature] Date of Inspection 6-25-11

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

Condition: _____

Signed [Signature] Date of Approval 6-29-11

Inspector _____



Name of Frontage Road (Cherryville)

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.