

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 17 2011
 Bayfield Co. Zoning Dept.

Application No: 11-0201
 Date: 7-7-11
 Zoning District: A11-
 Amount Paid: \$120.00 EDS
6120/11

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 W1/2 E1/2 NW NW 1/4 of sec 32 T14S R5W of Section 32 Township 48 North, Range 5 West Town of Barksdale

Gov't Lot _____ Lot 59 Block _____ Subdivision _____ CSM # _____ Acreage 10

Volume 620 Page 124 of Deeds Parcel I.D. 002-1023-10 & D02-1023-10-990

Property Owner Steve or Tommy Lindenberg Contractor SELF / Kevin Stephenson (Phone) 373-0299

Address of Property 26110Cherryville Rd Plumber N/A (792-2152)

Telephone 715-682-3999 (Home) 715-685-7534 (Work) 247-6144 (Cell)
 Authorized Agent Stephenson (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 4000 Square Footage 15167
 USE: _____ Type of Septic/Sanitary System Onsite

* Residence or Principal Structure (# of bedrooms) 1504
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____
 Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Residence sq. ft. _____ Garage sq. ft. _____

- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) MOBILE HOME GARAGE
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) 4X16
- 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) Kevin Stephenson Date 6-17-11

Address to send permit 26110 Cherryville Rd. Ashland WI 54806 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 _____
 Permit Number 11-0201 Permit Denied (Date) _____

Reason for Denial: _____
 Inspection Record: Sanitary Sewers/Manholes As Inspected By owner (inspector) Approves to be
Done on-site with owner only By DL Date of Inspection 6-25-11

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

Condition: _____
 Signed [Signature] Date of Approval 6-25-11
 Inspector _____

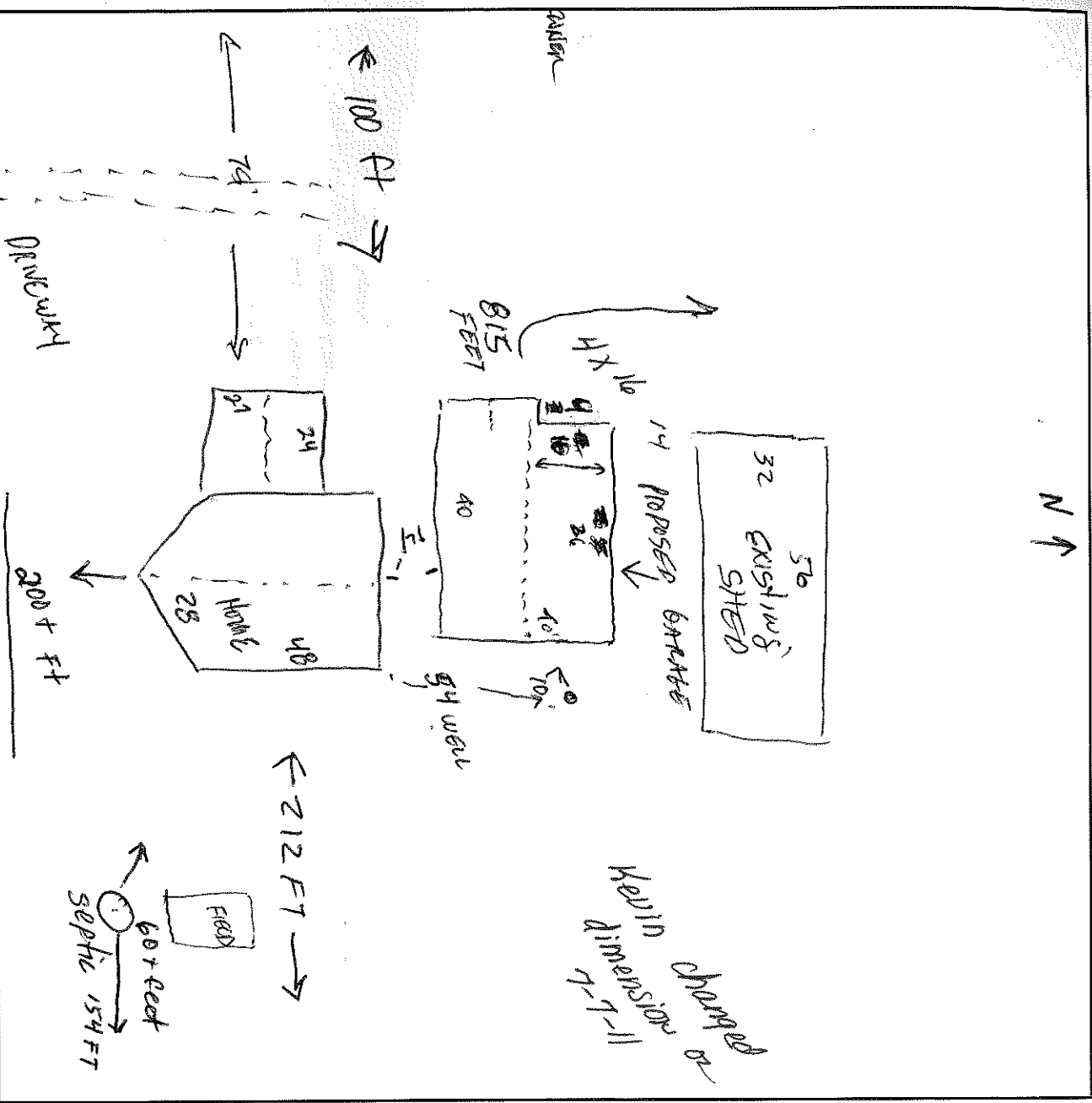
Order must be to 10 days without
the of authorization



← 390' →

Lot Line

N ↑



Name of Frontage Road (Chestnut)

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.