

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 02 2008

Bayfield Co. Zoning Dept.

Application No.: 08-0223

Date:

Zoning District: 09-1 / *forest*

Amount Paid: 75. - 6/2/08

*duk*

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  
Legal Description: NE 1/4 of SW 1/4 of Section 2 Township 46 North, Range 5 West, Town of Kelly

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 40

Volume 644 Page 365 of Deeds Parcel I.D. # 026-1003-06 Use Tax Statement for Legal Description

Property Owner Verne Gilles Contractor Larson Construction (Phone) 746-2796

Address of Property 63335 Ed Carlson Rd Plumber

Ashland WI 54806 Authorized Agent: \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 682-4408 (Home) 682-4408 (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

Estimated Cost of Construction \$1,500 Square Footage 231 Sanitary: New \_\_\_\_\_ Existing  *Holdry Tank* City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Existing  Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* 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) Deck Extension

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) Verne J Gilles Date 6/1/08

Address to send permit 63335 Ed Carlson Rd Ashland 54804 ATTACH Copy of Tax Statement

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

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 6/1/08 Permit Number 08-0223 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Meets code requirements per owner's representation

By Travis Telowitky Date of Inspection 6/10/2008

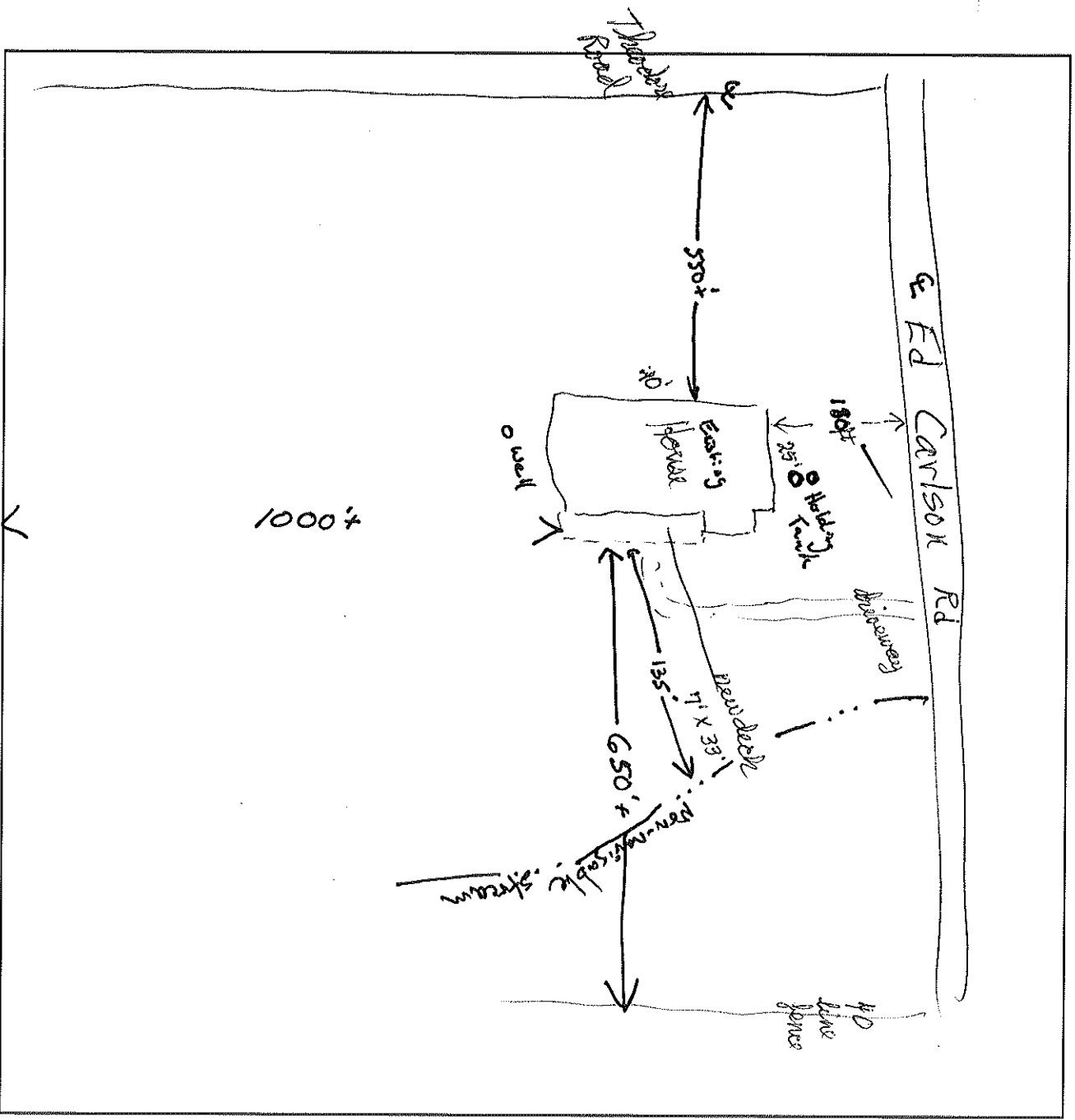
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

Signed Travis Telowitky 6/10/2008 Date of Approval

Inspector Rec'd for Issuance

Lot Line



Name of Frontage Road (Ed Carlson)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
  - e. Septic tank to building
  - f. Septic tank to well
  - g. Septic 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. Drain field to closest lot line
  - l. Drain field to building
  - m. Drain field to well
  - n. Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
 DETAILED PLOT PLAN  
 IS NECESSARY, FOLLOW  
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

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ENTERED  
Application No.: 08-0229  
Date: \_\_\_\_\_  
Zoning District: AG-1  
Amount Paid: \$75.00 RDS  
6/11/08

*Super storm damage  
learn to add it in  
learn to add it in*

RECEIVED  
JUN 10 2008  
Bayfield Co. Zoning Dept.

LAND USE:  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Legal Description: NW 1/4 of SE 1/4 of Section 22 Township 44 North, Range 05 West, Town of Kelly

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 25.00

Volume 904 Page 289 of Deeds 289 Parcel I.D. # 07-026-021-337 026-1046-09 Use Tax Statement for Legal Description

Property Owner: Jeff & Eileen Mckutchen Contractor: NA (Phone) \_\_\_\_\_

Address of Property: 40500 Maple Ridge Rd Plumber \_\_\_\_\_  
Mason WI 54850

Telephone: 765-765-4298 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  **If Yes:**

Structure: New \_\_\_\_\_ Addition  *learn to* Existing \_\_\_\_\_

Estimated Cost of Construction: \$100 Square Footage: 1036 Number of Stories: 1 *over barn*  
1914 BARN OVER ROOF/COVER Existing  Privy  City Damage

USE:  \* 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) \_\_\_\_\_

Residential Accessory Building Addition (explain) Learn to 325' x 28' roof cover over existing barn

Residential Other (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) Jules M Mckutchen Date 6.9.08

Address to send permit: 60500 Maple Ridge Rd Mason WI 54850 ATTACH  
Copy of Tax Statement  
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APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date: 6/12/08 Permit Number 08-0229 Permit Denied (Date) \_\_\_\_\_

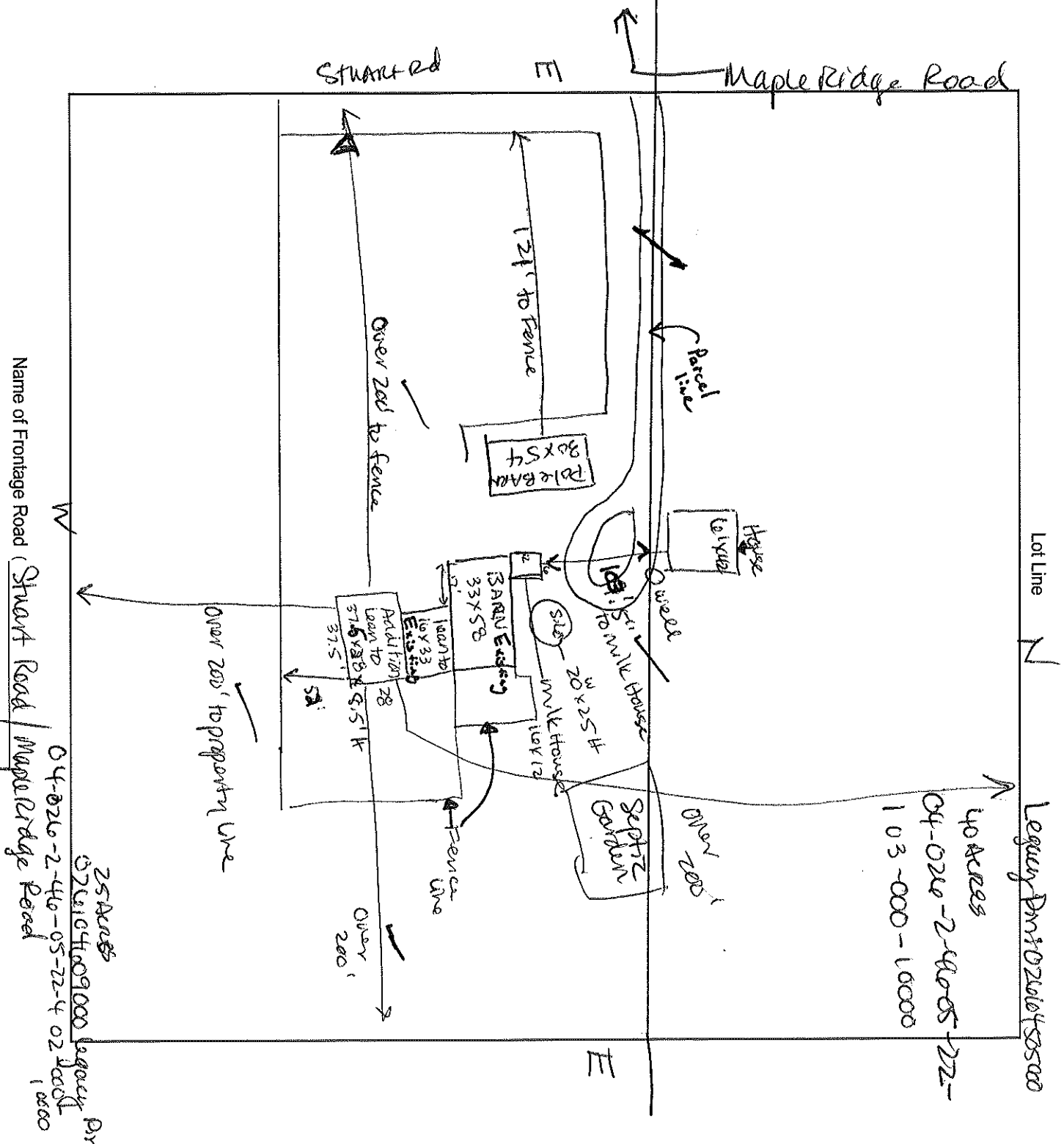
Reason for Denial: \_\_\_\_\_

Inspection Record: Meets code requirements per owner's representation. Owner present at time of inspection verified location of addition and By Travis Tubitzky Date of Inspection 6/10/2008

Mitigation Plan Required: Yes  No  Variance NO for Issuance

Condition: \_\_\_\_\_ JUN 12 2008

Signed: Travis Tubitzky Secretarial Staff  
Inspector Date of Approval: 6/10/2008



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