

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
MAY 12 2008
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.

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

Class A

Legal Description SW 1/4 of NW 1/4 of Section 14 Township 46 North, Range 5W West, Town of Kelly
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 34.5

Volume _____ Page _____ of Deeds _____ Parcel I.D. # 026-1027-10 Use Tax Statement for Legal Description

* Property Owner Dennis Engstrom Contractor Joe Gusk (Phone) 413-0989
Address of Property applied for Kelly Rd. Plumber _____
Mason Wis 54856 Authorized Agent _____ (Phone) _____

Telephone 765-4572 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Written Authorization Attached: Yes No

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 13,000 Square Footage 1824 Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
house 924 breezeway 36 ft

* Residence or Principal Structure (# of bedrooms) _____
garage 36ft mobile home (manufactured date) 1986 14x66

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 2

Residence sq. ft. _____

Deck sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. 924

Garage sq. ft. 864

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) Dennis Engstrom Date 4-23-08

Address to send permit 29200 Kelly Rd Mason Wis 54856 Date 4-23-08 ATTACH

Copy of Tax Statement

If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 08-825 Date 7-2-08

Date 7/2/08 Permit Number 08-0291 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: 2nd residence on parcel that can be divided. Meets code requirements
owner's representation. Site well staked; approximately 250 ft. between residences. By Travis Taborsky Date of Inspection 5/11/2008

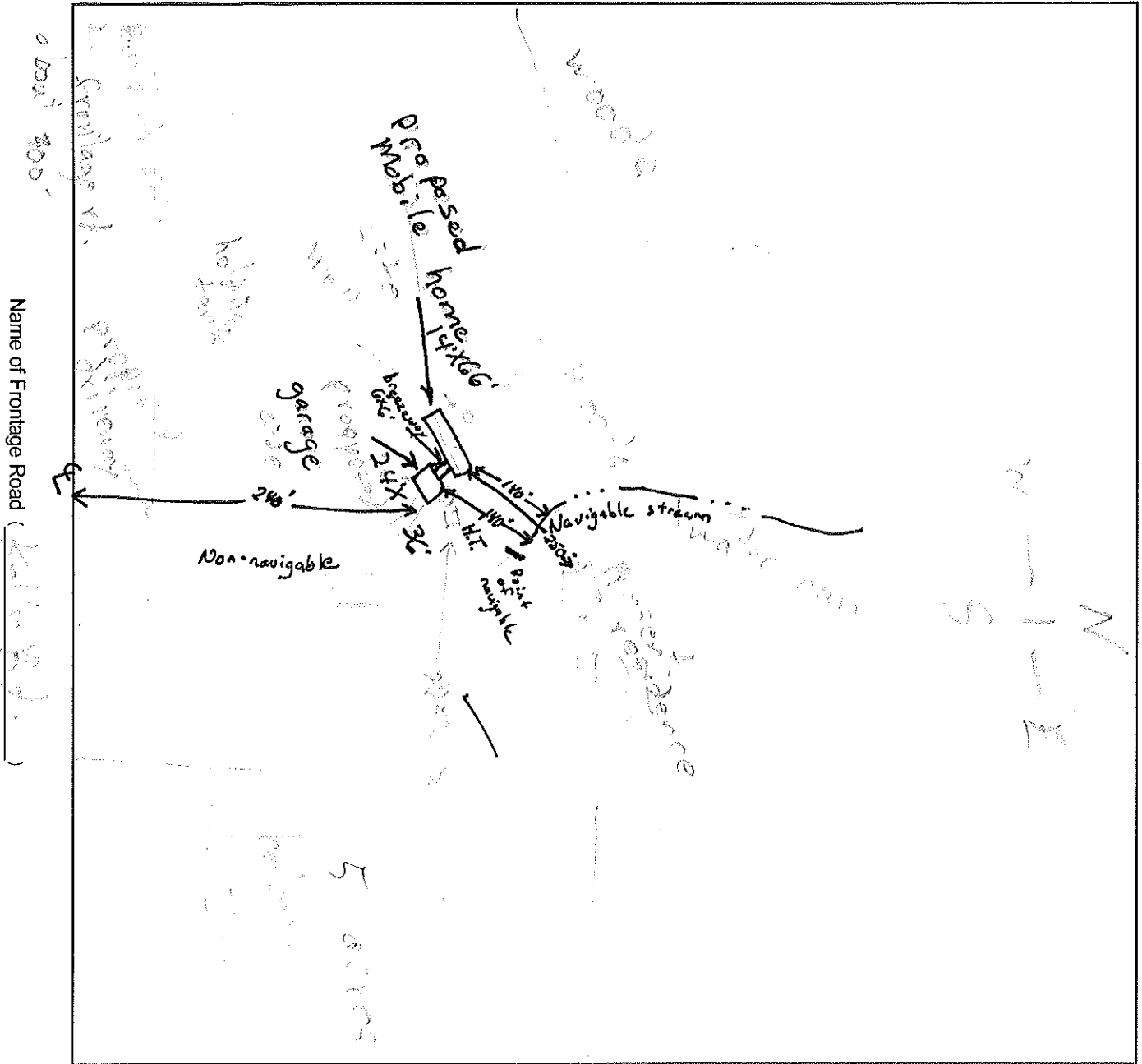
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

Condition: _____

Signed Travis Taborsky Date of Approval 7/02/2008

Inspector _____ Rec'd for Issuance

Lot Line



Name of Frontage Road (Delaware St.)

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.