

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

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 SE 1/4 of SE 1/4 of Section 21 Township 46 North, Range 5 West. Town of Kelly

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

Volume 82.7 Page 799 of Deeds Parcel I.D. 026-1044-05 000

Property Owner Isaac Dymaszuk Contractor self (Phone) _____

Address of Property 60055 Roy Anderson Rd. Plumber _____

Mason, WI 54856 Authorized Agent _____ (Phone) _____

Telephone 705-4198 (Home) 413-0115 (Work)

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 \$4,000 Square Footage 704

Sanitary: New _____ Existing Privy _____ City _____

Type of Septic/Sanitary System drain field septic tank

* 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) chicken coop

Residential Accessory Building Addition (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 to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Isaac Dymaszuk Date _____

Address to send permit 60055 Roy Anderson Rd, Mason, WI 54856 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 10/22/08 Permit Number 08-0580 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Owner's wife present at time of inspection verified proposed bldg. location and abutment property line. Abutment site was staked. Needs By Travis Tubowitzky Date of inspection 10/17/2008 to transfer ownership from adjoining parcel to the south from his mother to himself.

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

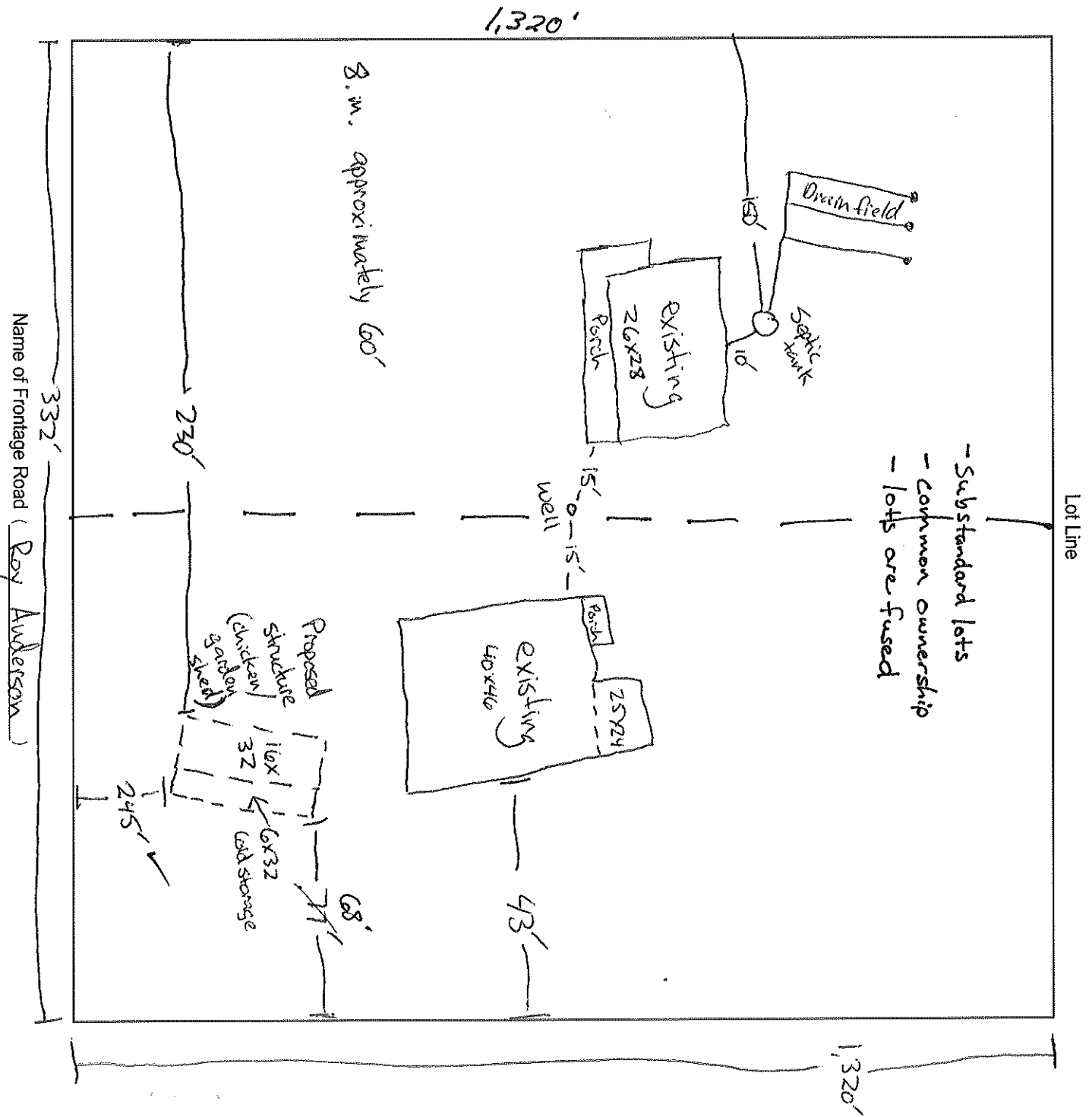
Condition: _____ Rec'd for issuance

_____ OCT 27 2008

Signed Travis Tubowitzky Inspector
Secretarial Staff 10/22/2008 Date of Approval

10/22/2008: Transfer of ownership from Nancy to Isaac; Deed attached.

RECEIVED



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

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

- 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

*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.

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
 OCT 10 2008
 Bayfield County Zoning Dept.

Application No.: 08-0581
 Date: _____
 Zoning District: _____
 Amount Paid: \$75.00 PDS
10/14/08

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 SE 1/4 of SE 1/4 of Section 21 Township 46 North, Range S West, Town of Kelly
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____
 Volume 827 Page 799 of Deeds Parcel I.D. 026-1044-05 Acreage 10

Property Owner Isac Dymesida Contractor self (Phone) _____
 Address of Property 60055 Roy Anderson Rd Plumber _____
Mason, WI Authorized Agent _____ (Phone) _____

Telephone 765-4198 (Home) 413-0115 (Work) _____

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 \$5,000 Square Footage 600 Basement: Yes _____ No Number of Stories 1
 Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) _____
 * Residence w/attached garage (# of bedrooms) _____
 * Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) garage-lean-to
 Residential Other (explain) _____

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

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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) Isac Dymesida Date _____

Address to send permit 60055 Roy Anderson Rd, Mason, WI 54850 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 10/22/08 Permit Number 08-0581 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owned representation. Owner's wife present at time of inspection verified proposed addition and north property line. Fee needs to transfer ownership from Isac Dymesida to Travis Tubudguy. Date of inspection 10/17/2008. His mother to himself on parcel to the south. Addition to existing building does not further encroach on setback.
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 * Need for Issuance _____

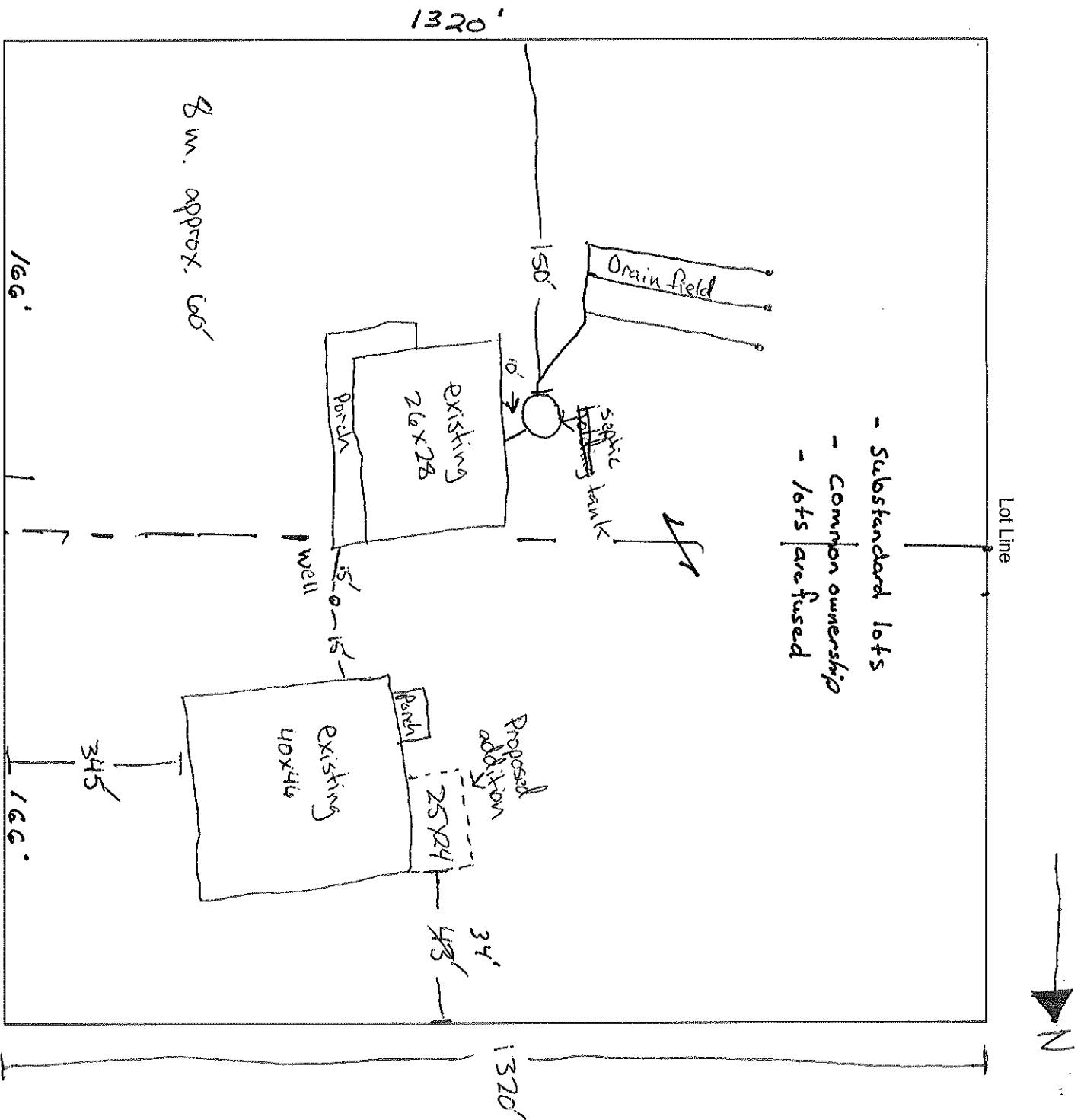
Condition: _____

OCT 22 2008

Signed Travis Tubudguy Inspector
 Secretarial Staff 10/22/2008
 Date of Approval _____

10/22/2008: Transfer of ownership from Nancy to Isac; Deed attached.

X



IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

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:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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*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.

**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
OCT 10 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0577
Date: _____
Zoning District: AG-1
Amount Paid: \$75.00 RDS
10/14/08

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
W/4 of DWH NE 1/4 of NW 31 Township 46 North, Range S West, Town of Kelly

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

Volume 560 Page 148 of Deeds Parcel I.D. 026-1064-05-990

Property Owner JEFF + Shari Brown Contractor self (Phone) _____

Address of Property 25315 Brown Rd Plumber _____

Mason WI 54856 Authorized Agent _____ (Phone) _____

Telephone 715-765-4HMS (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____

Fair Market Value \$5,000 Square Footage 240

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) 2x30 Shed

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Shari Brown Date 10-10-08

Address to send permit 25315 Brown Rd Mason WI 54856

* See Notice on Back

APPLICANT --- PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 10/21/08 Permit Number 08-0577 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Owner present at time of inspection proposed location stated. By Travis Tebowitzky Date of inspection 10/17/2008

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

Condition: No human habitation.

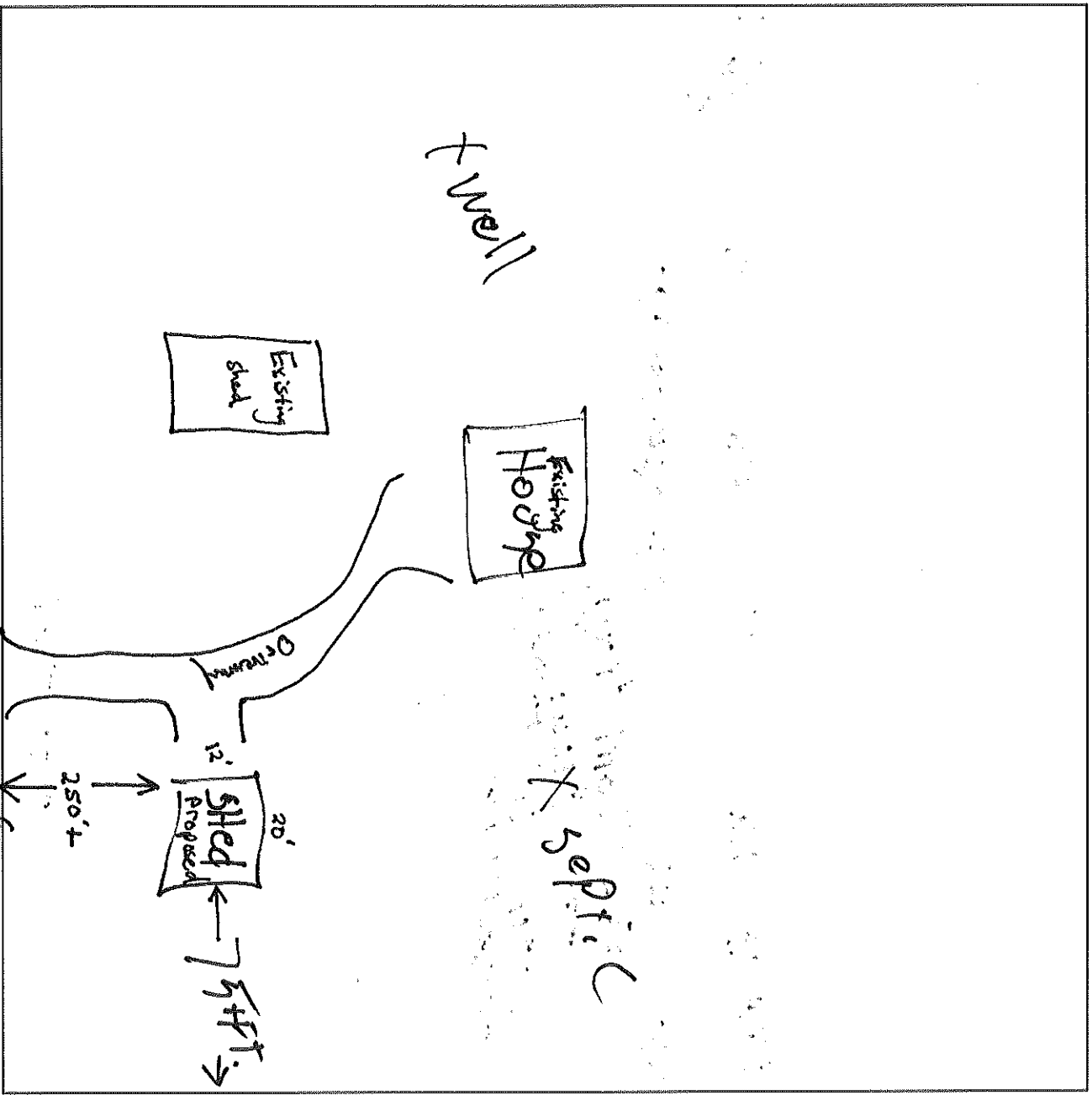
Signed Travis Tebowitzky Inspector 10/17/2008 Date of Approval

Rec'd for Issuance

[Handwritten initials]

ENTERED

Copy of Tax Statement or
ATTACH
(If you recently purchased the property
Attach a Copy of Recorded Deed)



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 - 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

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