

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 27 2010

Application No: 10-0167

Date:

Zoning District AG-1

Amount Paid: \$75

5/28/10
mg

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 SW 1/4 of SE 1/4 of Section 17 Township 46 North, Range 5 West, Town of Kelly
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 19.00

Volume 891 Page 290 of Deeds Parcel I.D. 04-026-2-46-05-19-3-03-000-20,000

Property Owner Gene C Hoffmeyer

Contractor Jake Kinnunen (Phone) 715-763-3118

Address of Property 25100 Holms Road

Plumber _____

Mason WI 54856

Authorized Agent _____ (Phone) _____

Telephone 715-765-4922 (Home) 715-682-5257 (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 _____

Fair Market Value \$1800 Square Footage 300'

Sanitary: New _____ Existing Privy _____ City _____

USE:

* Residence or Principal Structure (# of bedrooms) _____

Type of Septic/Sanitary System Holding Tanks
 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. _____

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) deck

Commercial Other (explain) _____

Residential Accessory Building (explain) _____

Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____

External Improvements to Principal Building (explain) _____

Residential Other (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) Gene C Hoffmeyer

Date 5-27-10

Address to send permit _____

ATTACH

* See Notice on Back

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

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued:

State Sanitary Number 282662 Date 8/26/1986

Date 6/4/10

Permit Number 10-0167 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation.

By Travis Tabvitzky Date of Inspection 6/03/2010

Mitigation Plan Required: Yes No

Variance (B.O.A.) # _____

Condition: _____

Signed

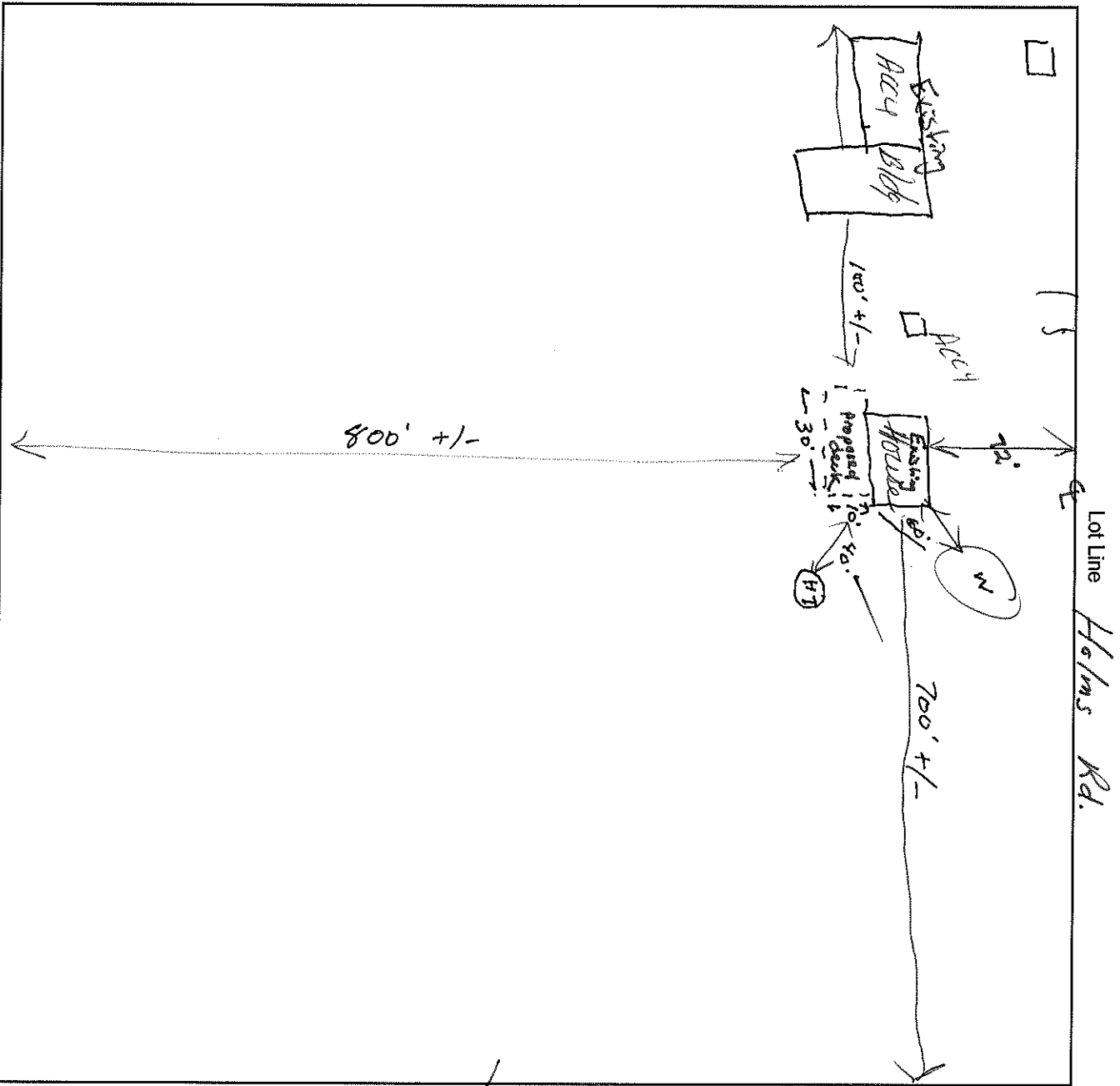
Travis Tabvitzky

Inspector

Rec'd for Issuance 6/03/2010

JUN 4 2010

Secretarial Staff



Name of Frontage Road (*Holms Road*)

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.