

14 ENTERED

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
SEP 20 2010

Application No. 10-0397
Date: _____
Zoning District A-1, Class 3
Amount Paid: \$125 9/22/10
\$175 " "
Class A
reconnect attach
B.O.A. OTHER

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

Use Tax Statement for Legal Description

Legal Description NW 1/4 of SW 1/4 of Section 7 Township 46 North, Range 15 West, Town of Kelly
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 5.45260
Volume 1047 Page 778 of Deeds Parcel I.D. 24-026-2-46-05-07-3 02-000-2000

Property Owner James Leley (LeVoy) Contractor _____ (Phone) _____
Address of Property 25085 Squires Rd Plumber Tony B...
Mason, WI 5854856 Authorized Agent _____ (Phone) _____

Telephone 715 207 8652 (Home) _____ (Work) _____
Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____
Fair Market Value 63000 Square Footage 960
USE: 14'x70'
 * 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) _____
 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) [Signature] Date 9-2-10
Address to send permit P.O. Box 316 Ashland

* See Notice on Back ATTACH
Copy of Tax Statement or
(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
Permit Issued: Reconnect State Sanitary Number 137156 Date 6-8-90
Date 9/30/10 Permit Number 10-0397 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Mobile home to be located on existing slab.
By M. Fustak Date of Inspection 9-27-10

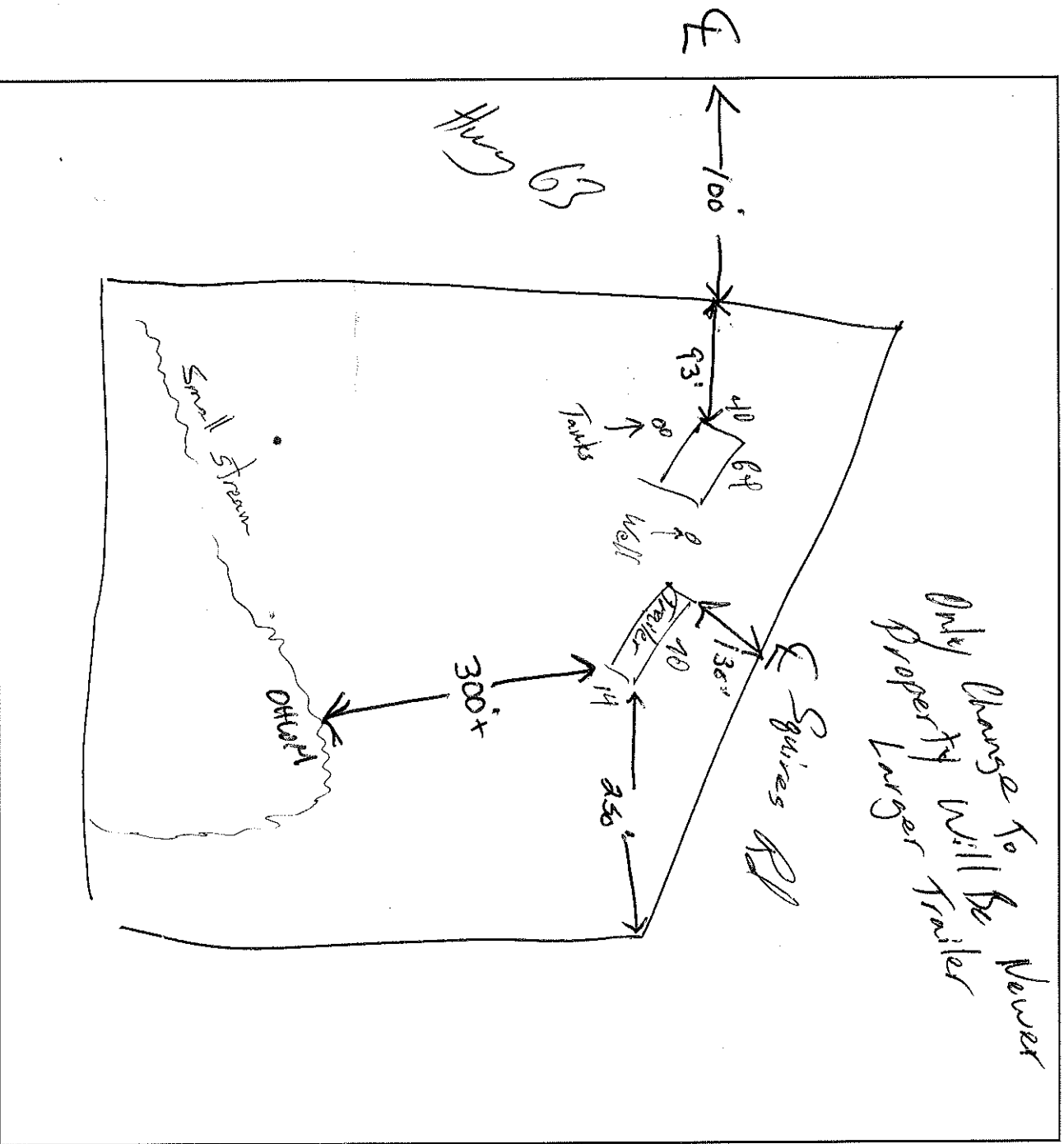
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Existing mobile home must be removed prior to the placement of the new mobile home.

Signed Michael Fustak Inspector
Date of Approval 9-29-10
Rec'd for Issuance _____

SEP 24 2010

Staff

Lot Line



Name of Frontage Road (*Squires*)

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.