

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  
OCT 06 2008  
Bayfield Co. Zoning Dept.

Application No.: 08-0555  
Date: \_\_\_\_\_  
Zoning District: AG-1  
Amount Paid: \$75.00 PDS  
10/6/08

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 NE 1/4 of NE 27 Township 47 North, Range 06 West, Town of Keystone

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 5  
Volume 978 Page 376 of Deeds Parcel I.D. 04-028-2-47-06-27-1-01-000-20000

Property Owner Brian L. Ledin Contractor Economy Gorges (Phone) \_\_\_\_\_  
Address of Property 22215 US Hwy 2 Plumber \_\_\_\_\_  
Ashland, WI 54806 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 218-591-3906 (Home) 715-682-7963 (Work) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  **If yes,** \_\_\_\_\_

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
Fair Market Value 20,000 Square Footage 1200

Basement: Yes \_\_\_\_\_ No  Number of Stories 1  
Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
**USE:**  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
Type of Septic/Sanitary System Holding tank

\* Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_

\* Residential Addition / Alteration (explain) \_\_\_\_\_  
Commercial Accessory Building (explain) \_\_\_\_\_

\* Residential Accessory Building (explain) Garage  
Residential Accessory Building Addition (explain) \_\_\_\_\_

\* Residential Accessory Building Addition (explain) \_\_\_\_\_  
Commercial Accessory Building (explain) \_\_\_\_\_

\* Residential Other (explain) \_\_\_\_\_  
Commercial Other (explain) \_\_\_\_\_

\* Special/Conditional Use (explain) \_\_\_\_\_  
Special/Conditional Use (explain) \_\_\_\_\_

\* External Improvements to Principal Building (explain) \_\_\_\_\_  
External Improvements to Principal Building (explain) \_\_\_\_\_

\* External Improvements to Accessory Building (explain) \_\_\_\_\_  
External Improvements to Accessory Building (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OF 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) Brian Ledin Date 10-6-08  
Address to send permit \_\_\_\_\_ 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 10/9/08 Permit Number 08-0555 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Meets code requirements per owner's representation. owner present at time of inspection  
verified proposed bldg. location By Travis Telowitz ky Date of Inspection 10/08/2008  
and property survey markers were visible and signed along East boundary. (Map Attached).

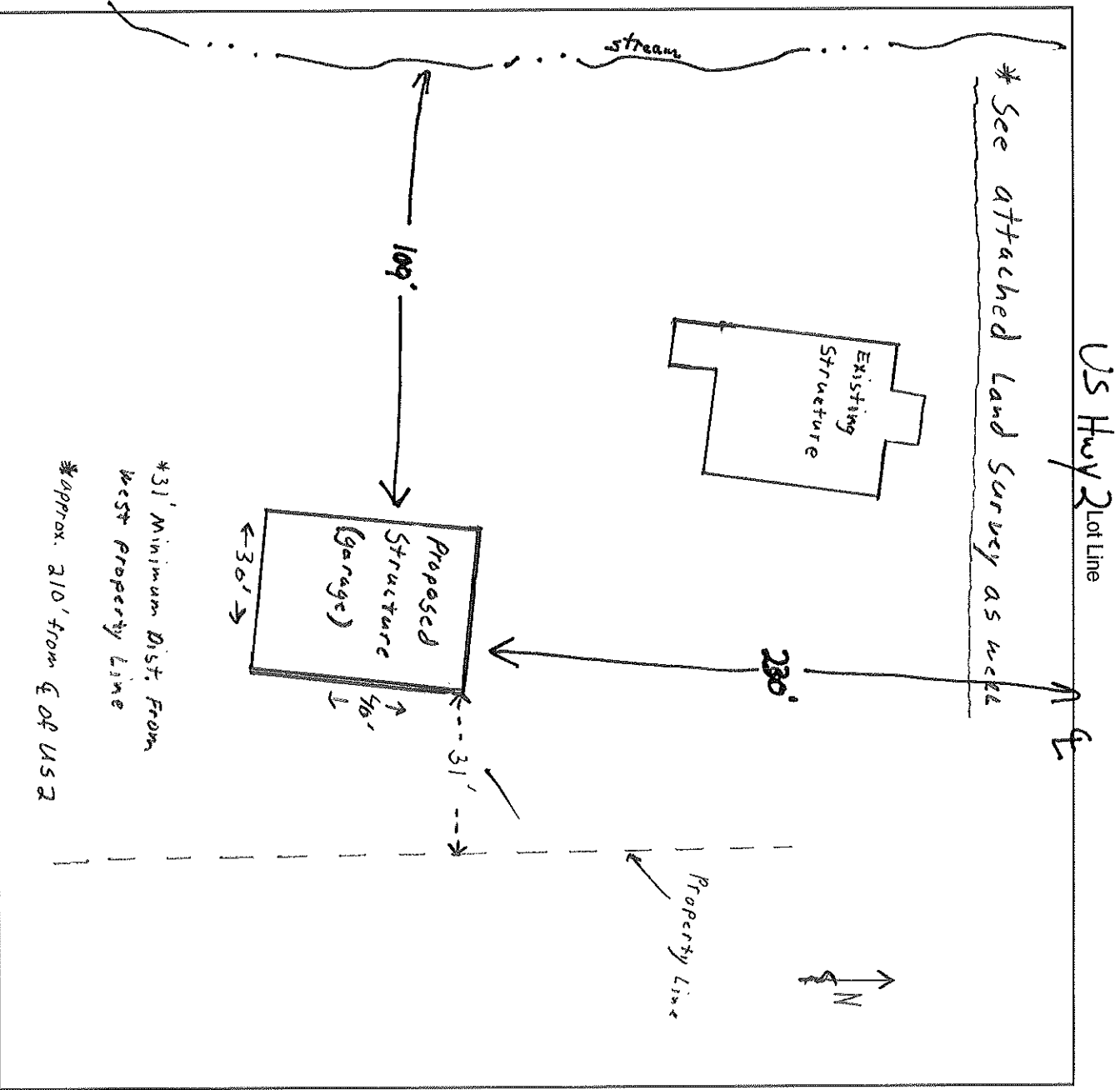
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: No human habitation.

Red Signed Travis Telowitz ky Inspector 10/08/2008 Date of Approval

OCT 09 2008

Secretarial Staff



Name of Frontage Road ( USH 2 )

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.

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BAYFIELD COUNTY, WISCONSIN

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APPLICATION, TAX STATEMENT  
AND FEE TO:  
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P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

**R** RECEIVED  
OCT 06 2008  
Bayfield Co. Zoning Dept.

Application No. 08-0557  
Date: \_\_\_\_\_  
Zoning District R-1 / Class 3  
Amount Paid: \$96.00 LOS  
10/6/08

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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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 EAST 1/2 OF NE 1/4 of NE 22 1/4 of Section 47 Township 47 North, Range 7 West, Town of KEYSTONE  
Gov't Lot 2 Block 2 Subdivision \_\_\_\_\_ CSM # 00886 Acreage 3.10

Volume 381 Page 38 of Deeds (DeCaster) Parcel I.D. 028-1043-06-002\*  
Property Owner DAVID & ELAINE DECASTER Contractor F.W. Brown (Cust) Phone 715 682 5037  
Address of Property 16955 BAKER ROAD Plumber \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Authorized Agent Travis Brown (Cust) Phone 715 682 5037

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  
Fair Market Value 31658.51 Square Footage 1200.00  
Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
Type of Septic/Sanitary System conventional

- \* 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) 30 X 40 GARAGE DETACH
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) \_\_\_\_\_ Date 10-6-08

Address to send permit 422 THIRD STREET WEST STE 102 ATTACH  
WISCONSIN WI 54806 Copy of Tax Statement or

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 10/10/08 Permit Number 08-0557 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_

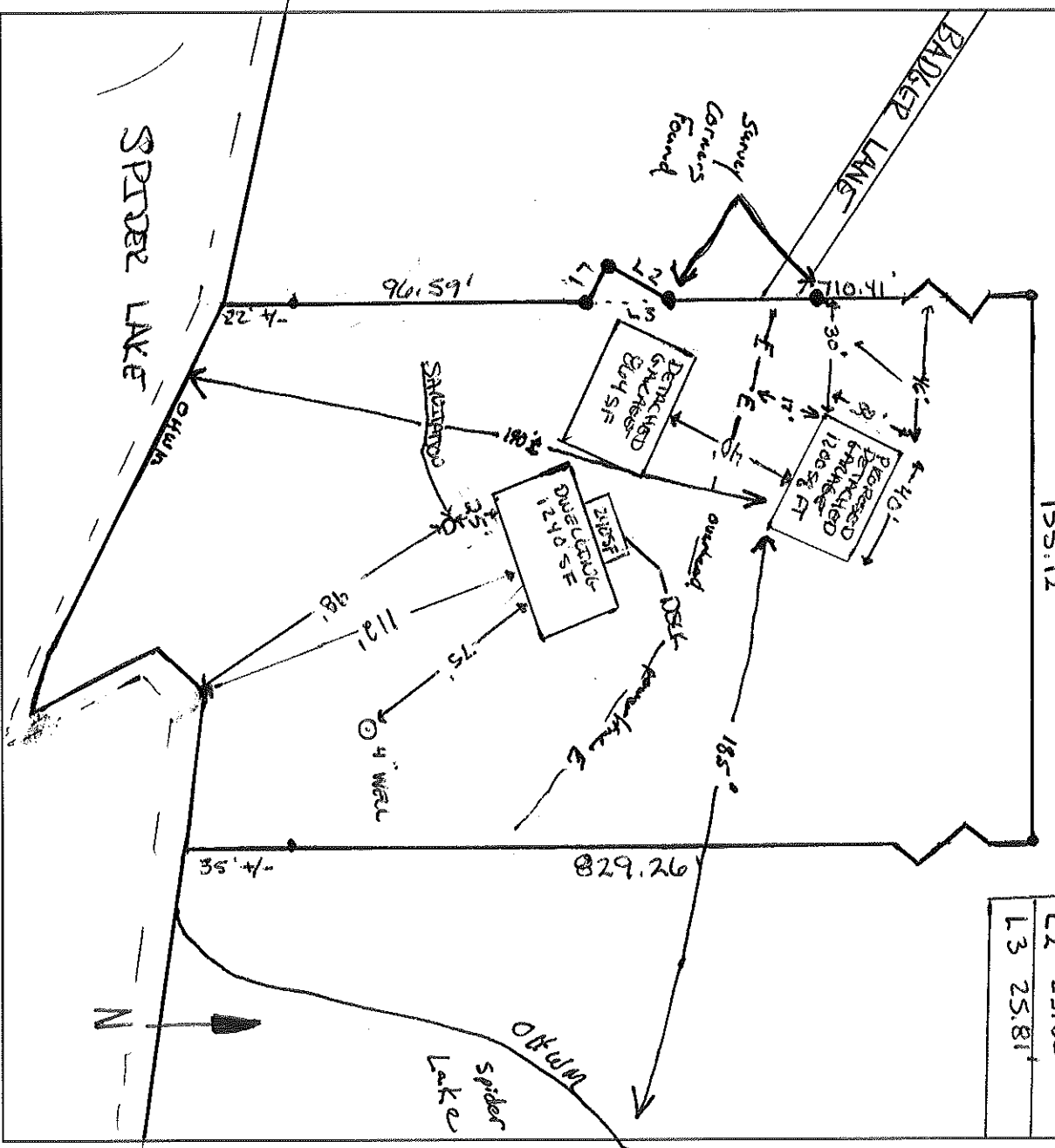
Inspection Record: Meets code requirements per owner's representation. Proposed bldg. site washed and west property line ribboned w/flag and rope between markers. Survey map attached.  
By Travis Tobowitzky Date of Inspection 10/09/2008

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

Signed Travis Tobowitzky Inspector Date of Approval 10/09/2008  
Ret'd for Issuance

Lot Line

L1	10.86'
L2	23.32'
L3	25.81'



Name of Frontage Road (BADGED LANE)

Impervious Surface Area = 3,912 sq ft

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.
 

23	
<u>416</u>	
138	
<u>230</u>	
368	
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.
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