

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
 AUG 31 2011

Bayfield Co. Zoning Dept.

Application No: 11-03576
 Date: 9/08/2011
 Zoning District: A-1/OKS 3
 Amount Paid: \$125.00 PDS
 8/31/11

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 NW 1/4 of SW 1/4 of Section 29 Township 47 North, Range 6 West, Town of Keystone

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 1041 Page 943 of Deeds Parcel I.D. 64-028-2-47-06-29-3-02-000-10000

Property Owner John D. & Merri Weber Contractor SBF (Phone) _____

Address of Property Keystone Rd Plumber _____ (Phone) _____

ARS05, WI 98856 Authorized Agent _____ (Phone) _____

Telephone 715-292-1113* (Home) 715-292-4670 (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 \$15,000 Square Footage 1800 (30x60) Sanitary: New _____ Existing _____ Privy City _____

USE: * Residence or Principal Structure (# of bedrooms) 4 Mobile Home (manufactured date) _____

Residence sq. ft. _____ Type of Septic/Sanitary System _____

* Residence w/attached garage (# of bedrooms) 2 Commercial Principal Building _____

Residence sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (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 result as 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 certain 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 8/31/11

Address to send permit PO Box 52 Benoit WI 54816 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 _____ Date _____

Date 9/08/2011 Permit Number 11-03576 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: The proposed structure is located as depicted by the plan. Appears to meet the applicable code requirements.

Date of Inspection 9-13-11 / 9-23-11

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

Condition: The structure may not be used for the purposes mentioned in the plan.

OR using space unless all applicable ordinance, zoning, and other applicable codes are fully met.

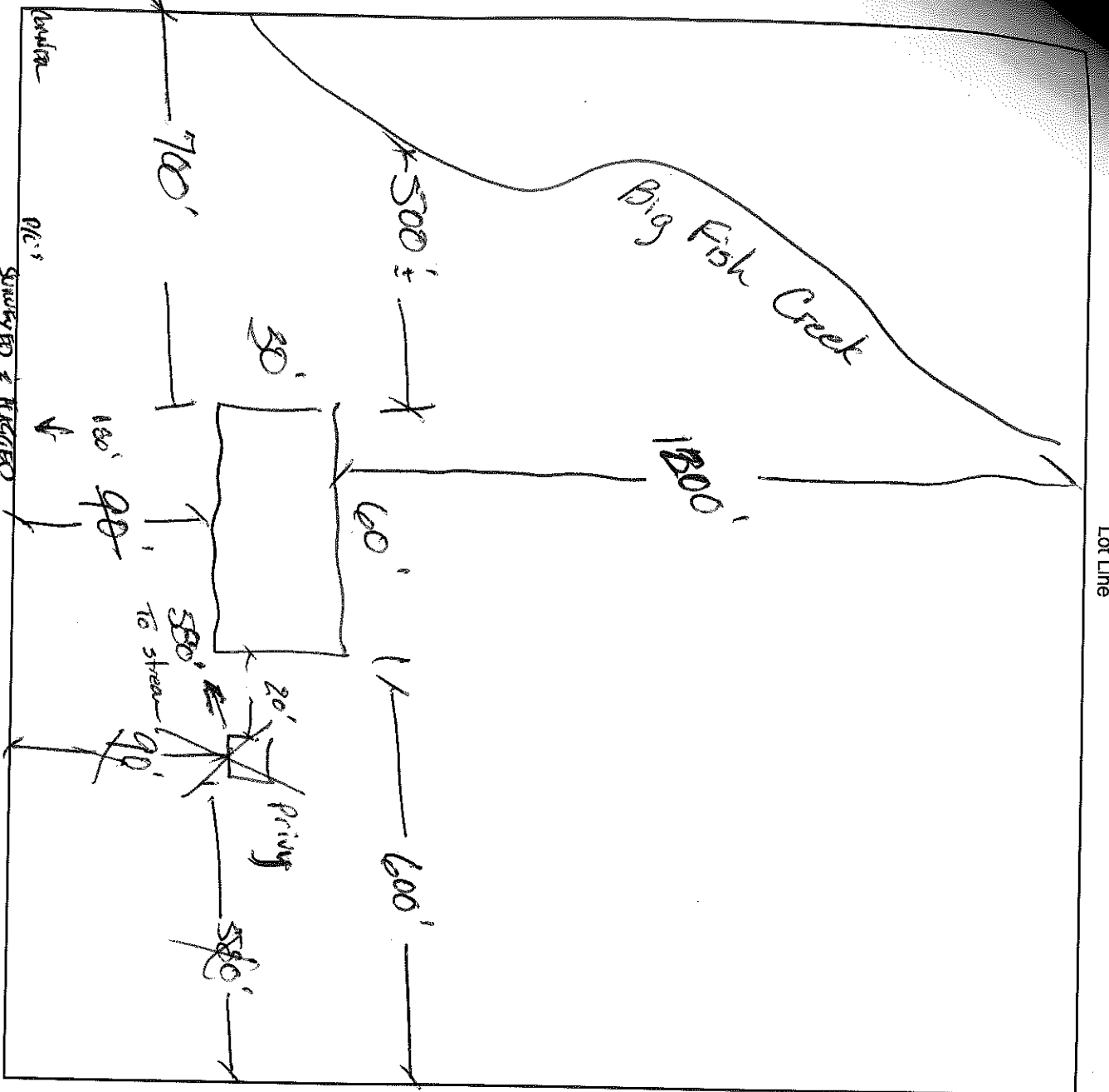
Signed *[Signature]* 9-23-11

Inspector Raci for Issuance Date of Approval

SEP 25 2011

9-23-11 order - present to verify the lot lines/size

Secretarial Staff



410 acres square

Name of Frontage Road (Keystone)

Site Area Defined by Outer

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.

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

150.00

Zoning District
Lakes Class

ENTERED

I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No:	County Permit No:							
Property Owner's Name <i>John D & Merri A Weber</i>		Bayfield								
Address of Property		Property Location: <i>NW 1/4 Sec 29 T 47 N, R 6 E (or W)</i>	Gov. Lot #:							
Property Owner's Mailing Address <i>Po Box 52</i>		Township <i>Keystone</i>	Block #:							
City/State <i>Revel</i>	Zip Code <i>54816</i>	Phone Number <i>715-292-1113</i>	Subdivision Name or CSM #:							
II. TYPE OF BUILDING (Check One)		Parcel ID	Tax Number(s): <i>04-028-2-47-06-29-302-000-1000</i>							
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____										
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)										
A) <input checked="" type="checkbox"/> New		<input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor								
1. <input type="checkbox"/> Reconnection		2. <input type="checkbox"/> Repair								
3. <input type="checkbox"/> Revision		** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)								
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number:</i> _____		Date Issued: _____								
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above										
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)		<input checked="" type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet								
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)							
VI. TANK INFORMATION:		5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)							
Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks									
VII. RESPONSIBILITY STATEMENT:										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Plumber's / Owner's Name: (Print) <i>John D. Weber</i>		Plumber's / Owner's Signature: (No Stamps) <i>[Signature]</i>								
Plumber's Address: (Street, City State, Zip Code) <i>Po Box 52 Revel WI 54816</i>		Home Phone: <i>715-292-1113</i>		Business Phone: <i>Same</i>						
VIII. COUNTY / DEPARTMENT USE ONLY										
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <i>\$150.00 PD</i>		Date Issued: <i>9/28/11</i>		Issuing Agent's Signature / Date: <i>[Signature] 9/29/11</i>		MP/MPPRSW No:
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:										