

ENTERED

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
MAR 24 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0094
Date: _____
Zoning District: AG-1
Amount Paid: \$450.00 RAS
TBA: \$175.00
4/10/08
3/24/08

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 TBA
Legal Description: NW 1/4 of SE 1/4 of Section 28 Township 46 North, Range 6 West, Town of Mason
Gov't Lot 992 Lot 857 Block _____ Subdivision _____ CSM # _____ Acreage 0
Volume 975 Page 213 of Deeds Parcel I.D. # 04-0332-46-06-28-4 02-000-10000 Use Tax Statement for Legal Description

Property Owner Philip Westlund, Jr
Address of Property 59375 Bill Anderson Rd.
Mason, WI 54856
Contractor _____ (Phone) _____
Plumber _____ (Phone) _____
Authorized Agent _____ (Phone) _____

Telephone 715-765-4125 (Home) 715-765-4125 (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
Estimated Cost of Construction 150,000 Square Footage 1624 Sanitary: New Existing _____ Privy _____ City _____
USE: residence w/ attached deck + garage: 2,508 sq. ft.

- * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
 * Residence w/ deck-porch (# of bedrooms) 3
Residence sq. ft. 1624 Porch sq. ft. _____
Deck sq. ft. 208 Deck(2) sq. ft. _____
- * Residence w/ attached garage (# of bedrooms) 3
Residence sq. ft. 1624 Garage sq. ft. 676
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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) _____

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) Philip Westlund, Jr Date 3-18-08
Address to send permit 61115 Andrew Anderson Rd, Mason, WI 54856 ATTACH
Copy of Tax Statement

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

Permit Issued: _____ State Sanitary Number 08-195 Date 3/24/2008
Date 5/2/08 Permit Number 08-0094 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Proposed residence was well sited and property lines were marked. By Travis Tebeowitz Date of Inspection 4/28/2008. An additional acre was purchased to the north to accommodate setback, see attached deed.
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

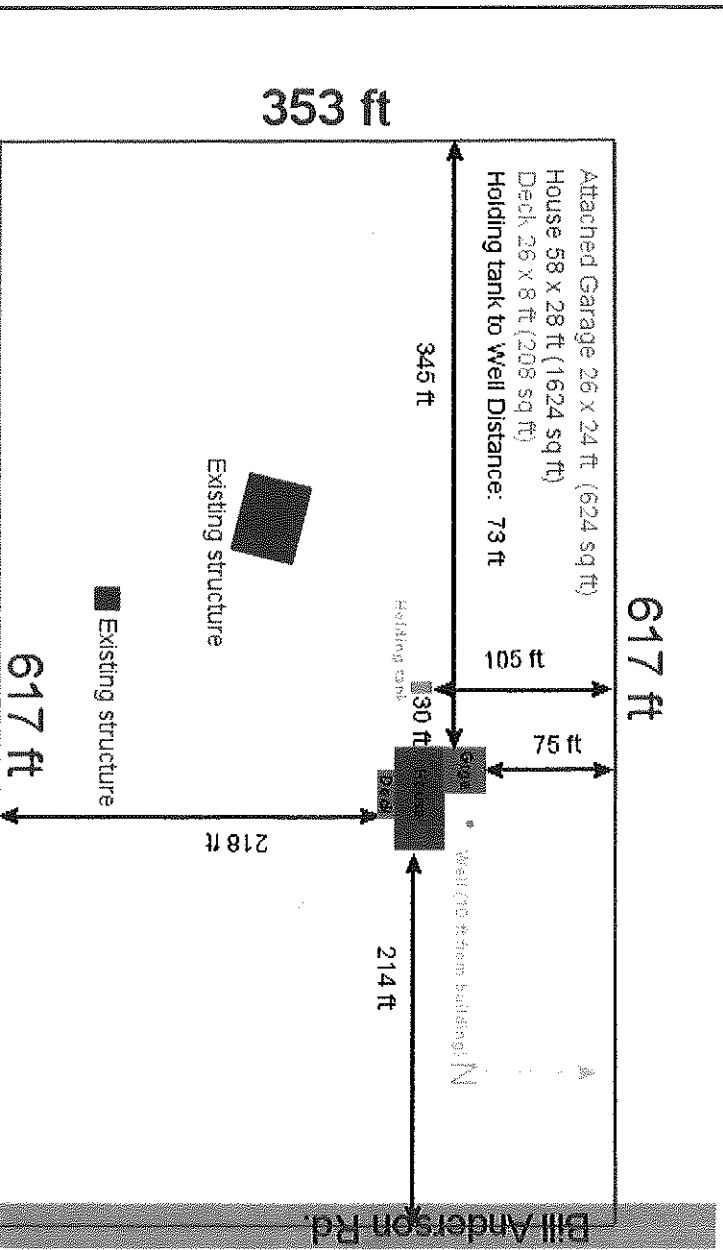
Condition: _____
Signed Travis Tebeowitz Date of Approval 4/28/2008
Inspector _____
Rec'd for Issuance

APR 29 2008

Secretarial Staff

Lot Line

See revised site plan



Name of Frontage Road (*Bill Anderson Rd*)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.