

ORIGINAL STATEMENT  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 JUL 18 2008  
 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 08-0371  
 Date: \_\_\_\_\_  
 Zoning District: F-1  
 Amount Paid: \$75.00 RDS  
7/18/08

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 \_\_\_\_\_  
 Legal Description E 1/2, NE 1/4 of AVE 1/4 of Section 23 Township Mason North, Range T46 West, Town of R 06 W  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 2.0  
 Volume 559 Page 201 of Deeds Parcel I.D. # 032-045-06 Use Tax Statement for Legal Description  
 Property Owner Denise and David Jensen Contractor KV TECH CORP. (Phone) 715-765-4493  
 Address of Property 23495 Faith Church Road Plumber \_\_\_\_\_  
Mason, WI, 54856 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 608-769-4498 (Home) 608-769-7187 (Work) \_\_\_\_\_  
715-765-4498  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition Existing \_\_\_\_\_  
 Estimated Cost of Construction \$16,000.00 Square Footage 526 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy  City \_\_\_\_\_  
 USE:  \* 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) 24x24' Garage  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

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

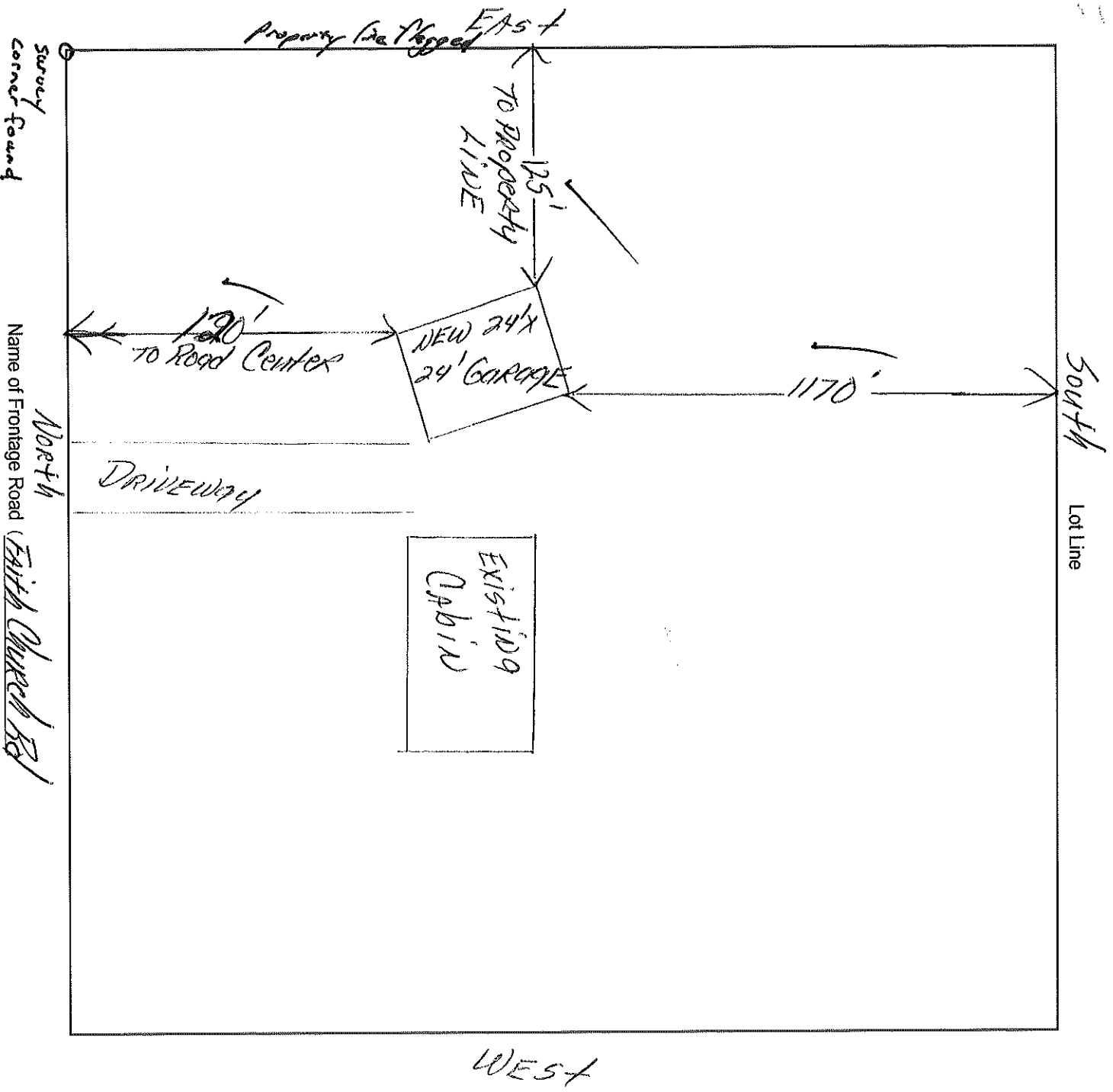
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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) [Signature] Date 7-16-08  
 Address to send permit KV TECH CORP 23520 Faith Church Rd ATIAH  
Mason, WI 54856 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 \_\_\_\_\_ Date \_\_\_\_\_  
 Date 7-29-08 Permit Number 08-0371 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets code requirements per owner's representation. Proposed bldg. location flagged and East property line flagged. By Travis Talawsky Date of Inspection 7/23/2008 and Northeast corner survey marker was found.  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: No human habitation.  
 Signed Travis Talawsky Date of Approval 7/25/2008  
 Inspector \_\_\_\_\_  
 Rec'd for Issuance \_\_\_\_\_



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.