

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

FEB 03 2010

Application No.: 10-0024
 Date: _____
 Zoning District: AG-1
 Amount Paid: \$250.00
2cks 2/10/10 mg
\$175.2/10/10 mg
Class A FBA Class 99

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 MW 1/4 of Section 8 Township 46 North, Range 6 West, Town of Mason

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

Volume 226 Page 59 of Deeds Parcel I.D. 222-1014-08/04-032-2-46-06-08-201-000-10000

Property Owner Barbara Sellung et al Contractor Bullyan Homes (Phone) 218-729-9143

Address of Property 62810 City Hwy E Plumber Bilyan Poikoski

Mason, WI 54856 Authorized Agent Bullyan Homes (Phone) 218-729-9143

Telephone 715-746-2582 (Home) _____ (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 1

Fair Market Value 69,100.00 Square Footage 1465 1280 Sanitary: New Existing Privy City

USE: Type of Septic/Sanitary System Holding Tank

* Residence or Principal Structure (# of bedrooms) 3 Mobile Home (manufactured date) 2009

Residence sq. ft. 1465 1280 Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

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

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

* Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) _____ Special/Conditional Use (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 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) Barbara Sellung Date 2-5-10

Address to send permit 19100 US Hwy 2 Mason, WI 54856 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 06-1583 Date 8/24/2006

Date 2/17/10 Permit Number 10-0024 Permit Denied (Date) _____

Reason for Denial: _____

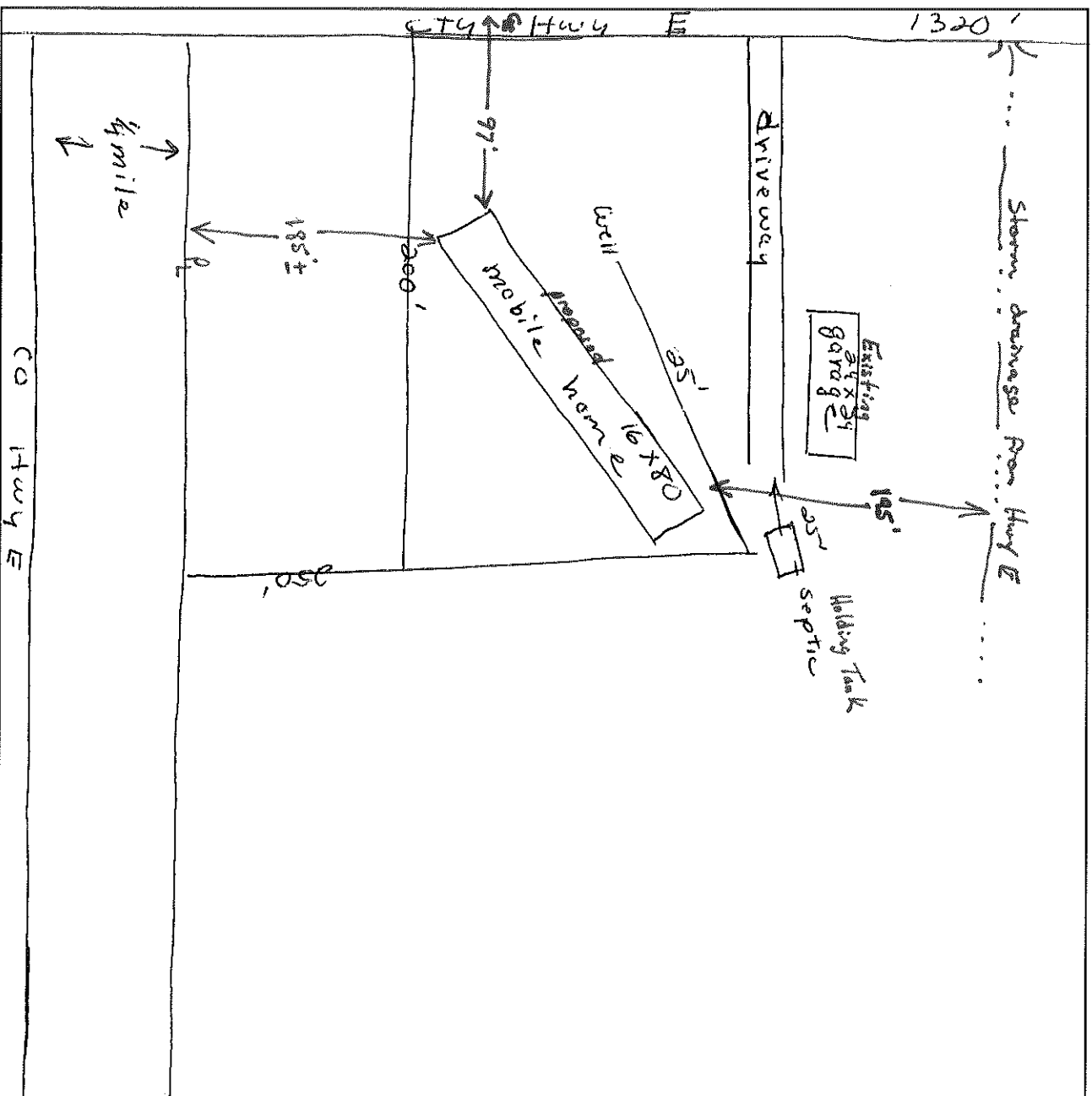
Inspection Record: Meets code requirements per owner's representation. Proposed home location well sited. Holding tank to be installed by Tom's Wellworks. Date of inspection 2/12/2010. This permit will replace #07-0312 which has expired.

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

Condition: _____

Signed David Tubangyi Date of Approval 2/12/2010
 Inspector _____

N
Lot Line



Name of Frontage Road (City Hwy E)

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. none
6. Show the location of other existing structures. none
7. Show the location of any wetlands or slopes over 20 percent. none
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.