

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 17 2011  
 Bayfield Co. Zoning Dept.

Application No: 11-0096  
 Date: 5-10-11  
 Zoning District: A-1  
 Amount Paid: —

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 SE 1/4 of SW 1/4 of Section 8 Township 46 North, Range 6 West Town of MASON

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 40  
 Volume 876 Page 722 of Deeds Parcel I.D. 04-032-2-46-06-08-3 04-000-10000

Property Owner Donald and Nancy Dymesick Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 20146 Sedenlund Rd Plumber \_\_\_\_\_

Telephone 715-913-0112 (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 \$140,000 Square Footage 6000 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) 4 Type of Septic/Sanitary System Conv  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_

Residence sq. ft. 2000 Porch sq. ft. \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) 4  Commercial Principal Building Addition (explain) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_

Residence sq. ft. 2000 Garage sq. ft. 4000 EC  Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

Special/Conditional Use (explain) Home based business  
 External Improvements to Principal Building (explain) dry dock for  
 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) Eric Dymesick Date 3/10/2011  
 Address to send permit 20146 Sedenlund Rd Mason, WI 54856 ATTACH \_\_\_\_\_  
 \* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE  
 Copy of Tax Statement of \_\_\_\_\_  
 Attach a Copy of Recorded Deed \_\_\_\_\_

Permit Issued: \_\_\_\_\_ State Sanitary Number 06-975 Date 6-20-06  
 Date 5-10-11 Permit Number 11-0096 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structure are existing.  
 By M. Furtak Date of Inspection 3-24-11

Mitigation Plan Required: Yes  No   
 Condition: See ZC decision & affidavit Variance (B.O.A.) # \_\_\_\_\_

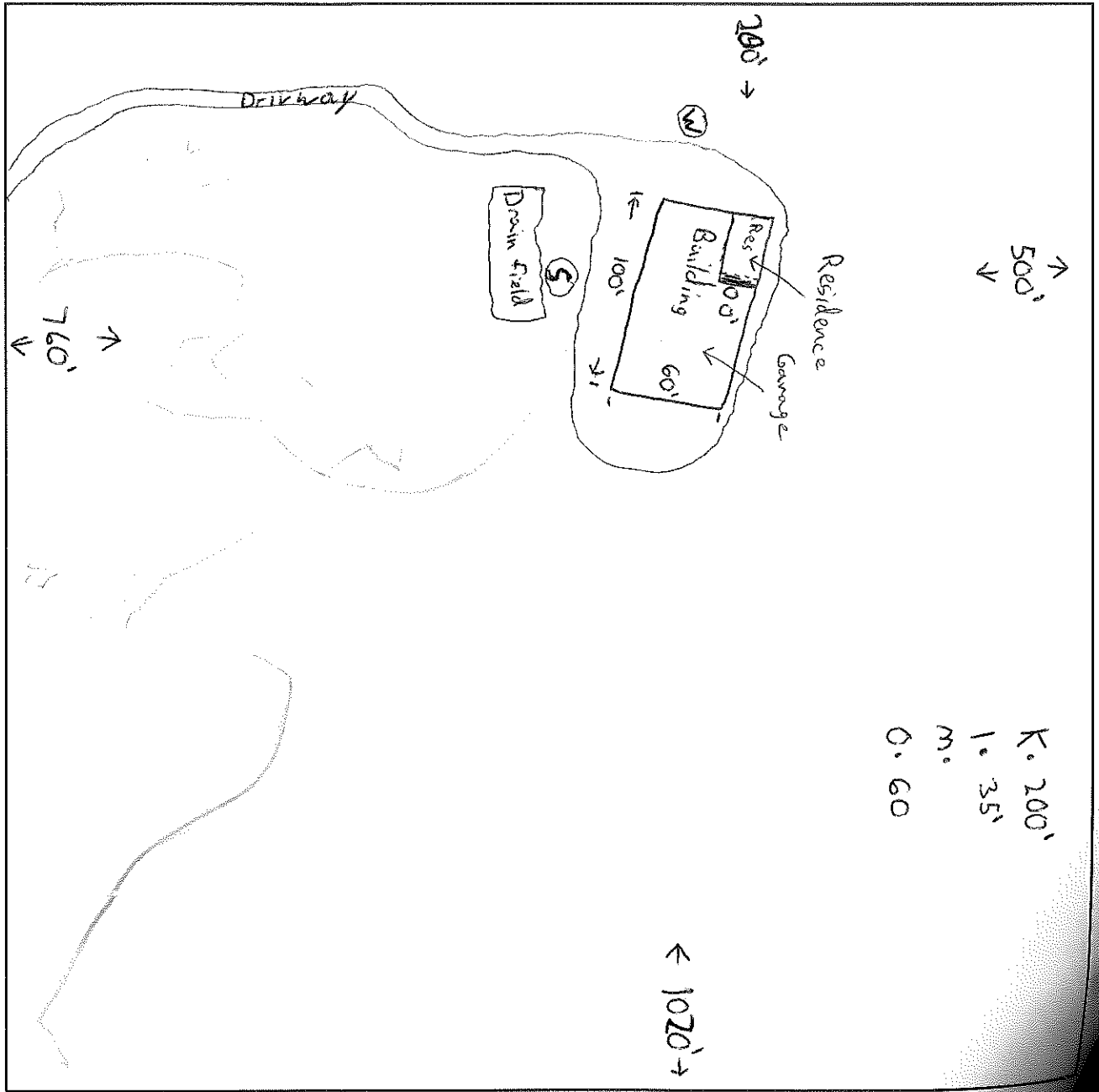
Signed Melinda Furtak Date of Approval 3-25-11  
 Inspector \_\_\_\_\_

N

Lot Line

500' N

K. 200'  
1. 35'  
M.  
O. 60'



Name of Frontage Road (SODERLUND)

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.

