

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
 JUL 19 2011

Bayfield Co. Zoning Dept.

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.

ENTERED

Application No.: 1-0091
 Date: 8/05/11
 Zoning District: F-1/4SS 3
 Amount Paid: \$ 75.00 FOS
7/20/11

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Use Tax Statement for Legal Description

Legal Description S.W. 1/4 of S1E 1/4 of Section 11 Township 7N Range 7W North, Range 7W West, Town of 47D CSM # Acreage

Gov't Lot Lot Block Subdivision Parcel I.D. 04-016-2-46-07-04-4 03-000-10003

Volume 835 Page 544 of Deeds

Property Owner JOHN B. + LYNN K. VAN HOLEN Contractor ARLENE S. OLSON (Phone) 715-372-4196 Cell 715-331-9211

Address of Property 15650 CAMP TOWN ROAD Plumber N/A Authorized Agent ARLENE S. OLSON (Phone) 54ME AS ASBKE

Telephone 715-372-8375 (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 \$ 20,000.00 Square Footage 912 Sanitary: New Existing Privy City

USE: Type of Septic/Sanitary System 4 ft.

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

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

* Residence sq. ft. Porch sq. ft. Commercial Principal Building Addition (explain)

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

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

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

Residential Addition / Alteration (explain) Special/Conditional Use (explain)

Residential Accessory Building (explain) GARAGE (30x32) External Improvements to Principal Building (explain)

Residential Accessory Building Addition (explain) External Improvements to Accessory Building (explain)

Residential Other (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) ARLENE S. OLSON Date 7/19/2011

Address to send permit ARLENE S. OLSON 62290 Timber Ln. RD. 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 Date

Date 8/05/11 Permit Number 1-0091 Permit Denied (Date)

Reason for Denial:

Inspection Record: Structural Steps/Conditions as requested by owner APPROVED BY ANE

OWNER'S FLD REPORT MADE BY EDC Date of Inspection 8-2-11

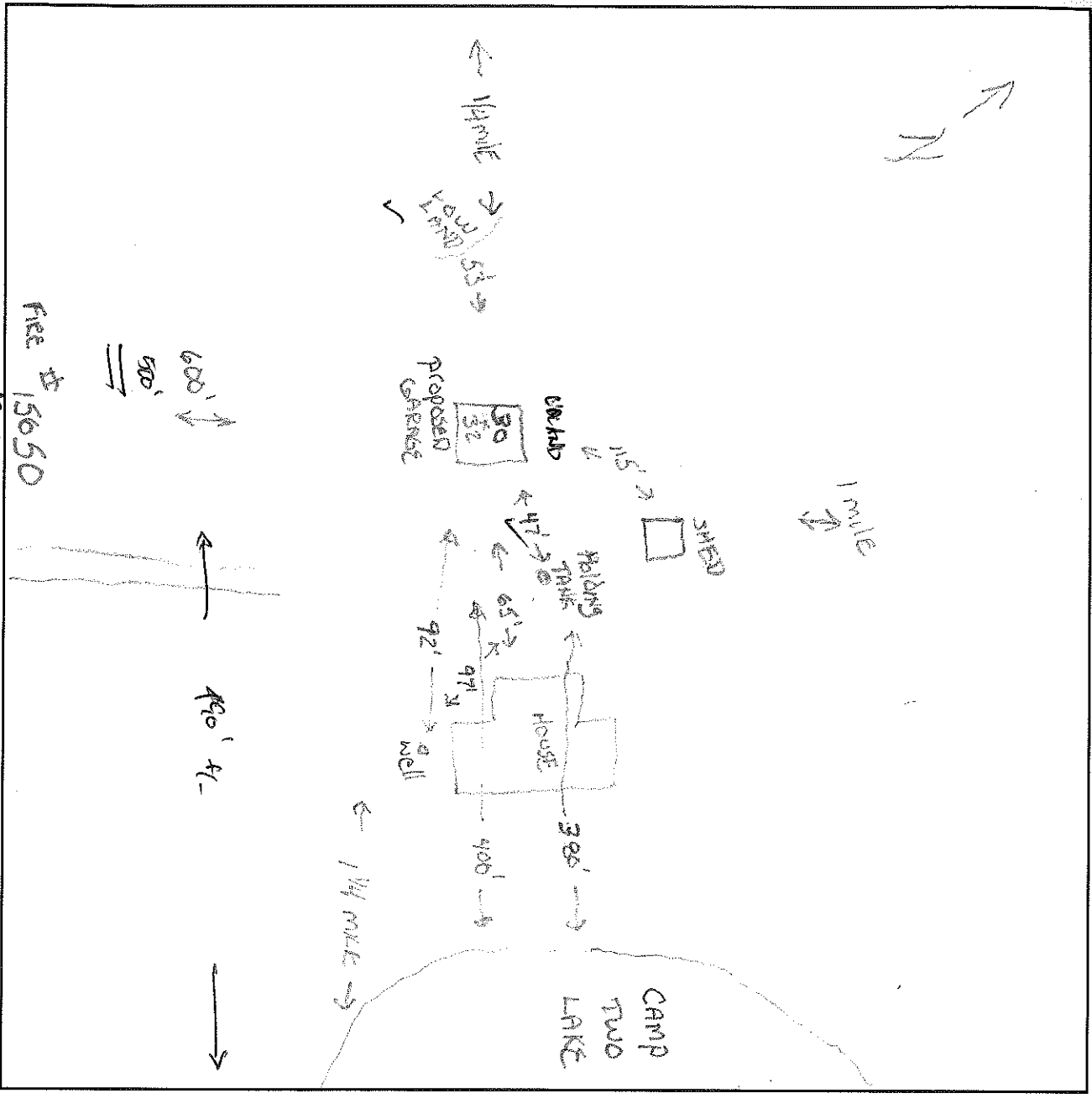
Mitigation Plan Required: Yes No Variance (B.O.A.) #

Condition:

Rec'd for Issuance Signed Inspector Date of Approval 8-2-11

Secretarial Staff AUG 2011

LETTER OF AUTHORIZATION. signed by Arlene S. Olson + Paid



Proposed By: Staked (DRAFTED) AT
 Inspectors: _____

Name of Frontage Road (Camp Two Road)

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:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road 600' c. Building to lake, river, stream or pond 400' d. Holding tank to closest lot line 1/4 mile e. Holding tank to building 47' f. Holding tank to well 97' g. Holding tank to lake, river, stream or pond 380' h. Privy to closest lot line N/A 	<ol style="list-style-type: none"> i. Privy to building N/A j. Privy to lake, river, stream or pond N/A k. Septic Tank and Drain field to closest lot line N/A l. Septic Tank and Drain field to building N/A m. Septic Tank and Drain field to well N/A n. Septic Tank and Drain field to lake, river, stream or pond. N/A
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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.