

\$75 18

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

AUG 30 2010

Application No. 10-03574
 Date: _____
 Zoning District R-1 Class 1
 Amount Paid: \$75 9/7/10
mg

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 SW 1/4 of Section 2 Township ~~Norway~~ ⁴³ North, Range 6 West, Town of Namakegon

Gov't Lot 3 Lot 1 Block _____ Subdivision _____ CSM # 382 Acreage 3.5

Volume 657 Page 374 of Deeds Parcel I.D. 04-034-2-43-06-02-3 05-003-20000

Property Owner DAVID JUNG Contractor Self (Phone) _____

Address of Property 4550 Cable Wire 54821 Plumber _____

Telephone 715-794-2466 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Structure: New _____ Addition Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value \$8,000 Square Footage 288 Basement: Yes _____ No Number of Stories _____

USE: _____ Sanitary: New _____ Existing Pkwy _____ City _____

* Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System Conu Tuff

Residence sq. ft. _____ 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) Season Room 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) DAVID JUNG Date 8/27/10

Address to send permit 45300 Cty Hwy D, Cable, WI 54821

* See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE ATACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit issued: _____ State Sanitary Number _____ Date _____

Date 9-9-10 Permit Number 10-03574 Permit Denied (Date) _____

Reason for Denial: Meets all setbacks. Property lines previous representations.

Inspection Record: Remove deck and replace with screen porch / 4 season room.

By MM Futch Date of Inspection 9-2-10

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

Condition: _____

Signed Michael Futch Date of Approval 9-3-10

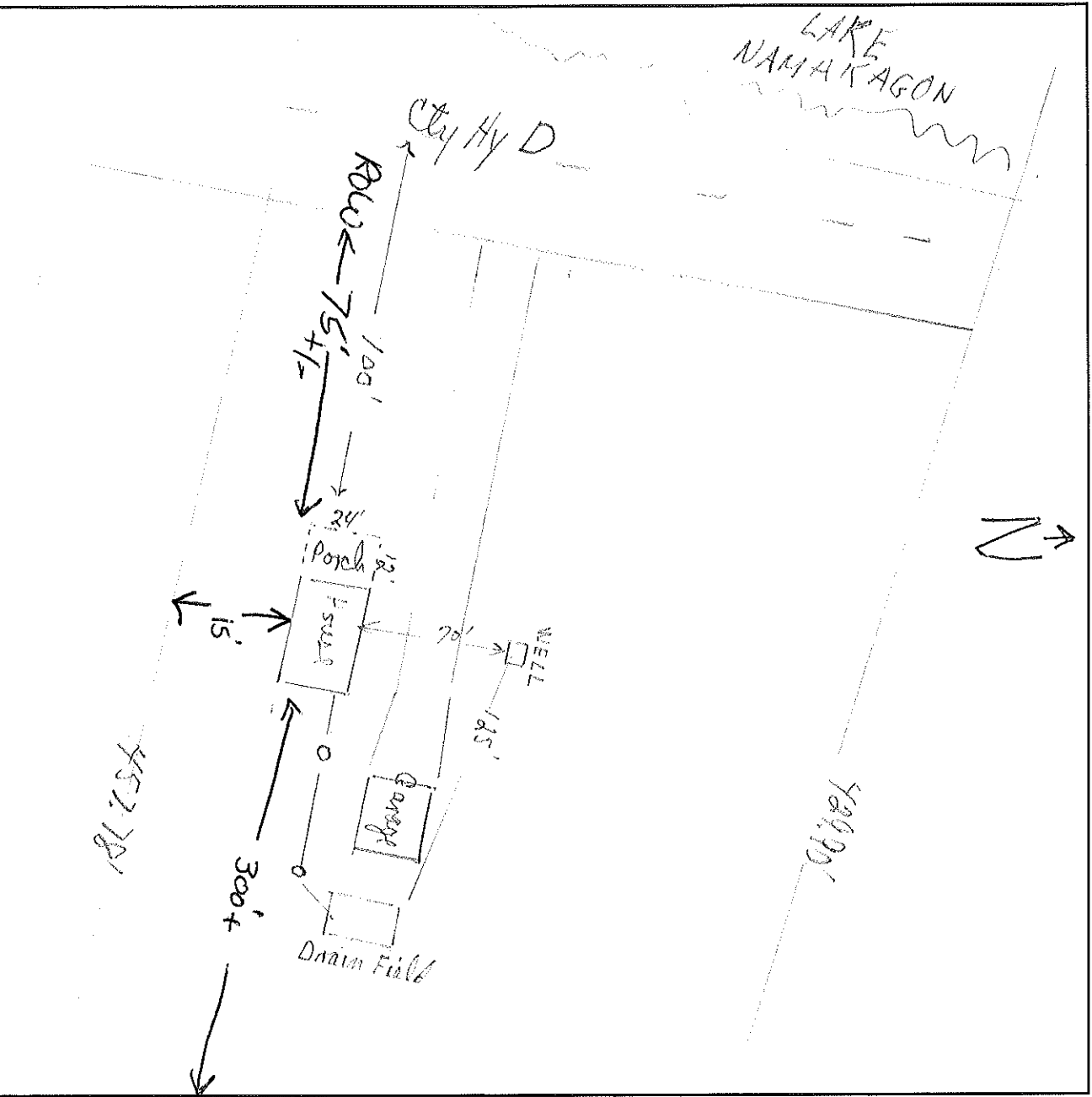
Inspector _____ Rec'd for Issuance _____

SEP 9 2010

NO \$ need. OK 9/7/10

Secretarial Staff

Lot Line



Name of Frontage Road (City Hy D)

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.