

Class A

\$175

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  
 JAN 20 2011  
 BY \_\_\_\_\_

Application No: 11-0019  
 Date: \_\_\_\_\_  
 Zoning District: RRB/Class 1  
 Amount Paid: \$175  
1/27/11 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 5 Lot 2 Block \_\_\_\_\_ 1/4 of Section 4 Township 43 North, Range 6 West, Town of Namackagon

Gov't Lot 5 Page 447 of Deeds Parcel I.D. 04-034-2-43-06-04-4 CSM # 1715 Acreage 1.22

Volume 1648 Property Owner Mark & Susan Overson Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_

Address of Property 21625 June's Pt. Rd Plumber \_\_\_\_\_  
Cable, WI 54821 Authorized Agent Mike Best (Phone) 558-4014

Telephone \_\_\_\_\_ (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 \_\_\_\_\_ Square Footage \_\_\_\_\_ Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE: Type of Septic/Sanitary System Conv/W/ift

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

Residence sq. ft. \_\_\_\_\_  Commercial Principal Building \_\_\_\_\_

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

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  Commercial Other (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Special/Conditional Use (explain) Short-term Rental

Residential Addition / Alteration (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Accessory Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (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) [Signature] Date 1-18-11

Address to send permit PO Box 802, Hayward WI 54843 ATACH  Copy of Tax Statement or Attach a Copy of Recorded Deed

\* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 06-1066 Date 8/29/06

Date 2/10/11 Permit Number 11-0019 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structure Existing

By M. Furtak Date of Inspection 1-27-11

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

Condition: See TBA

Signed Michael Furtak Inspector Date of Approval 1-28-11

PATRICIA A OLSON  
 BAYFIELD COUNTY, WI  
 REGISTER OF DEEDS

2010R-534263

08/26/2010 08:15AM

TF EXEMPT #:

RECORDING FEE: 30.00

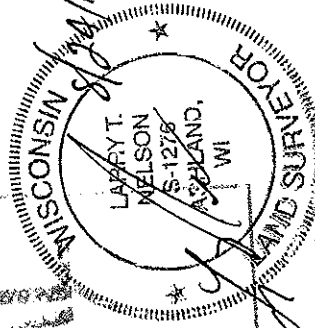
PAGES: 2

**BAYFIELD COUNTY CERTIFIED  
 SURVEY MAP NO. 1715**

A DIVISION OF LOT 1 OF BAYFIELD COUNTY CERTIFIED SURVEY NO. 712, LOCATED IN GOVERNMENT LOT 5 OF SECTION 4 AND GOVERNMENT LOT 2 OF SECTION 9, ALL IN T. 43 N., R. 6 W., IN THE TOWN OF NAMAKAGON, BAYFIELD COUNTY, WISCONSIN

V10CSMP 130-131

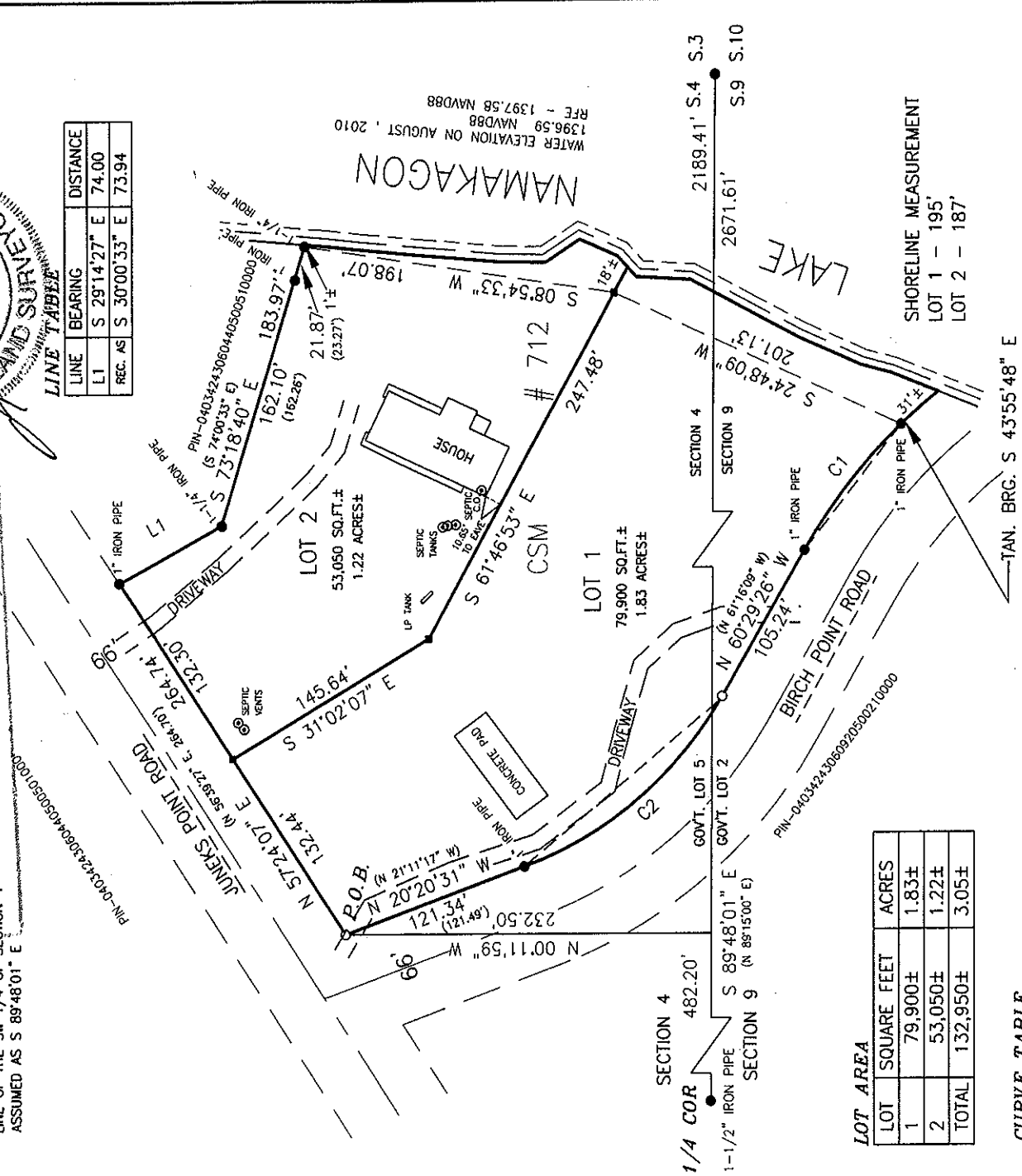
**UNOFFICIAL  
 COPY**



LINE TABLE

| LINE    | BEARING       | DISTANCE |
|---------|---------------|----------|
| L1      | S 29°14'27" E | 74.00    |
| REC. AS | S 30°00'33" E | 73.94    |

BEARINGS ARE BASED ON THE SOUTH LINE OF THE SW 1/4 OF SECTION 4 ASSUMED AS S 89°48'01" E



LOT AREA

| LOT   | SQUARE FEET | ACRES |
|-------|-------------|-------|
| 1     | 79,900±     | 1.83± |
| 2     | 53,050±     | 1.22± |
| TOTAL | 132,950±    | 3.05± |

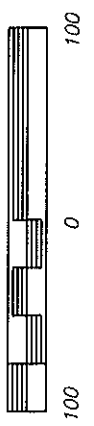
CURVE TABLE

| CURVE   | ARC    | CENTRAL ANGLE | RADIUS | CHORD LENGTH | CHORD BEARING |
|---------|--------|---------------|--------|--------------|---------------|
| C1      | 100.87 | 16°33'48"     | 348.94 | 100.52       | N 52°12'32" W |
| REC. AS | 100.91 | 16°37'59"     | 347.60 | 100.55       | N 52°57'10" W |
| C2      | 168.70 | 40°08'55"     | 240.75 | 165.27       | N 40°24'59" W |
| REC. AS | 168.69 | 40°04'52"     | 241.14 | 165.27       | N 41°13'43" W |

PIPE DIMENSIONS ARE OUTSIDE DIAMETER

LEGEND  
 ● IRON MONUMENT FOUND, AS NOTED  
 ■ 3/4" REBAR FOUND  
 ○ 1-1/4" IRON PIPE SET  
 WT. = 1.68 LBS / LIN. FT.  
 (00.00) "RECORDED AS" INFORMATION

SCALE: ONE INCH = 100 FEET



PIPE DIMENSIONS ARE OUTSIDE DIAMETER

JOB NO. N10-110 SCALE: ONE INCH = 100 FEET  
 DRAFTED BY: LTN AUGUST 17, 2010  
 FILE: N/DATA/T43NR6W/SEC9/PSDATA-N10-110  
 ACAD - N10-110 CAMP DAVID-JUNIEK

CLIENT: CAMP DAVID REALTY

**NELSON  
 SURVEYING  
 INCORPORATED**  
 SURVEYING NORTHERN WISCONSIN SINCE 1954  
 101 W. MAIN STREET  
 SUITE 207  
 ASHLAND, WI 4806  
 (715) 682-2692  
 FAX: (715) 682-5100  
 MAP NO. CSM 2038