

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 26 2008
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.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
Legal Description: NW 1/4 of SW 1/4 of Section 33 Township 41 North, Range 8 West, Town of Orienta

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

Volume 939 Page 819 of Deeds Parcel I.D. # 036-1022-02 Use Tax Statement for Legal Description

Property Owner Anthony Cross Contractor Kirk Clemens (Phone) 372-4898

Address of Property 16290 C. HWY A Plumber Doug Mahony 715-739-6255

Iron River, WI 54847 Authorized Agent Kirk Clemens (Phone) 372-4898

Telephone 715-372-4433 (Home) 715-372-5519 (Work) Written Authorization Attached: Yes No

Is your structure in a Shoreland Zone? Yes No If yes, with Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing Basement: Yes No Number of Stories 1 with deck

Estimated Cost of Construction \$5,000 - 40,000 Square Footage 840 Sanitary: New Existing Privy _____ City _____

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

Residence sq. ft. _____ * Residence w/deck-porch (# of bedrooms) 2 Commercial Principal Building _____

Residence sq. ft. 840 Porch sq. ft. 196 Commercial Principal Building Addition (explain) _____

Deck 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) _____ 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) Aug H. Clem Date 08/25/08

Address to send permit P.O. Box 840 Iron River, WI 54847 ATTACH
Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number 08-134.S Date 9/10/08

Date 10/22/08 Permit Number 08-0584 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SCHEDULES/CONDITIONS AS REPRESENTED BY OWNER APPEAR TO MEET CODE REQUIREMENTS, PERMIT MAY BE ISSUED Date of Inspection 8-29-08
BE ISSUED PENDING TBA SANITARY & CONCRETE. Variance (B.O.A.) # _____

Mitigation Plan Required: Yes No

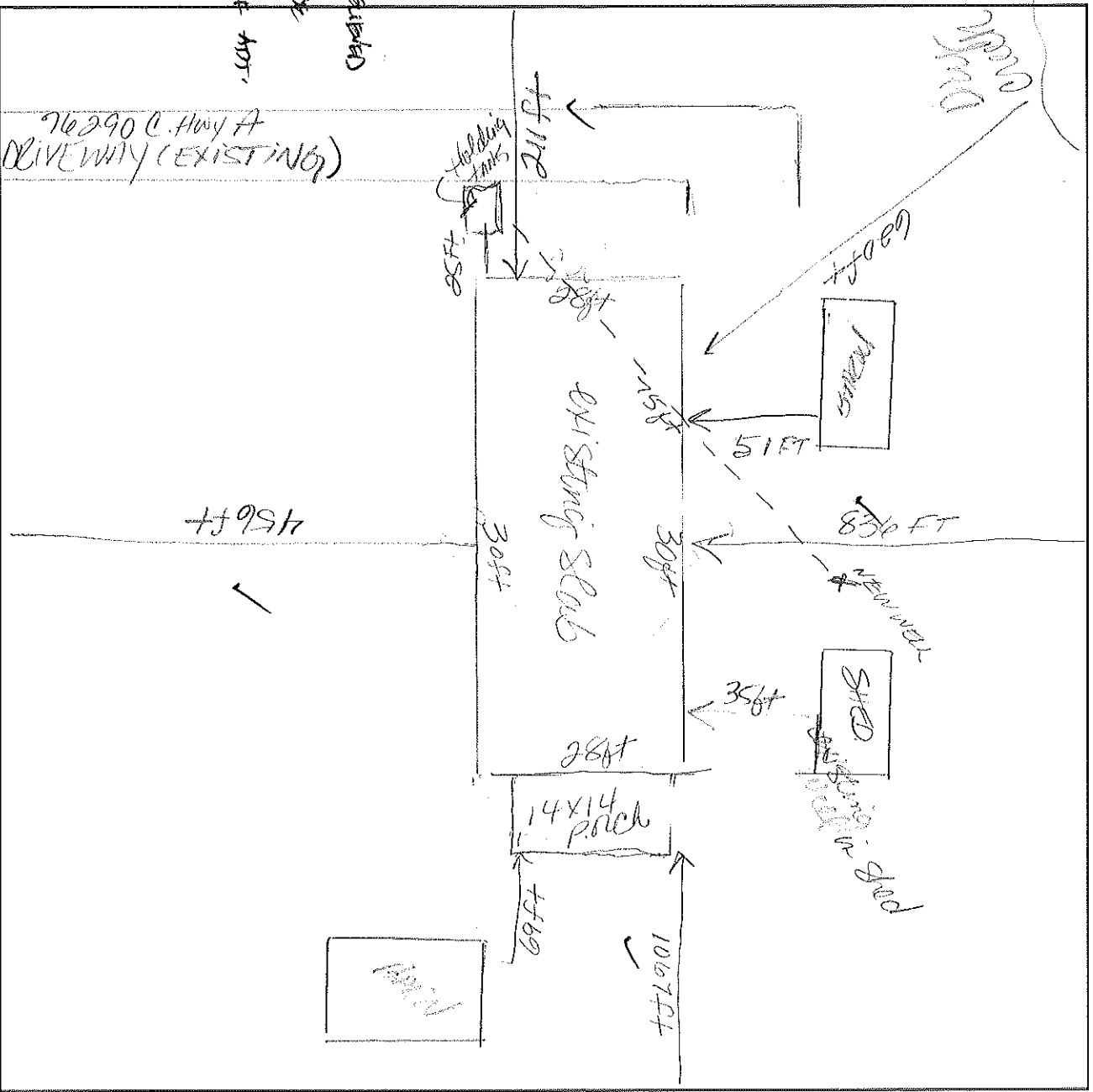
Condition: A UNIFORM DISCREPANCY CODE (UDC) PERMIT FROM THE LOCALITY CONTRACTED UDC INSPECTIONS

AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION

Signed [Signature] Inspector _____ Date of Approval 8-29-08

Sanitary TRA Rec'd for Issuance

Lot Line



NOTE - EXISTING
 Calculate lots representing the proposed prop. site
 Name of Frontage Road (Hwy A)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.