

**APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN**

**SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:**

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 375-6138

RECEIVED
JUN 17 2009
Bayfield Co. Zoning Dept.

ENTERED

Application No.: 09-0246
Date: _____
Zoning District: P-4B/3
Amount Paid: \$75.00 RDS
6/22/09

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: _____ 1/4 of Section S35 Township 50N North, Range 09 West, Town of Oriskany

Gov't Lot 2 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 36.920

Volume _____ Page _____ of Deeds _____ Parcel I.D. 01-036-2-50-01-35-1 05-002 - 60000

Property Owner: Cynthia Gorsig Contractor: SELF (Phone) _____
Address of Property: Portwing WI 54865 Plumber _____
Telephone: 75-774-3112 (Home) (Work) _____ Authorized Agent _____ (Phone) _____

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 EXISTD Basement: Yes No _____ Number of Stories _____
Fair Market Value _____ Square Footage 12x16 Sanitary: New _____ Existing Privy _____ City _____
USE: _____ Extended to 2 Type of Septic/Sanitary System Sanitary
 * Residence or Principal Structure (# of bedrooms) _____ 12 Mobile Home (manufactured date) _____

- Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) Re-roof
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- Commercial Principal Building _____
- Commercial Principal Building Addition (explain) _____
- Commercial Accessory Building (explain) _____
- Commercial Accessory Building Addition (explain) _____
- Commercial Other (explain) _____
- Special/Conditional Use (explain) _____
- External Improvements to Principal Building (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.

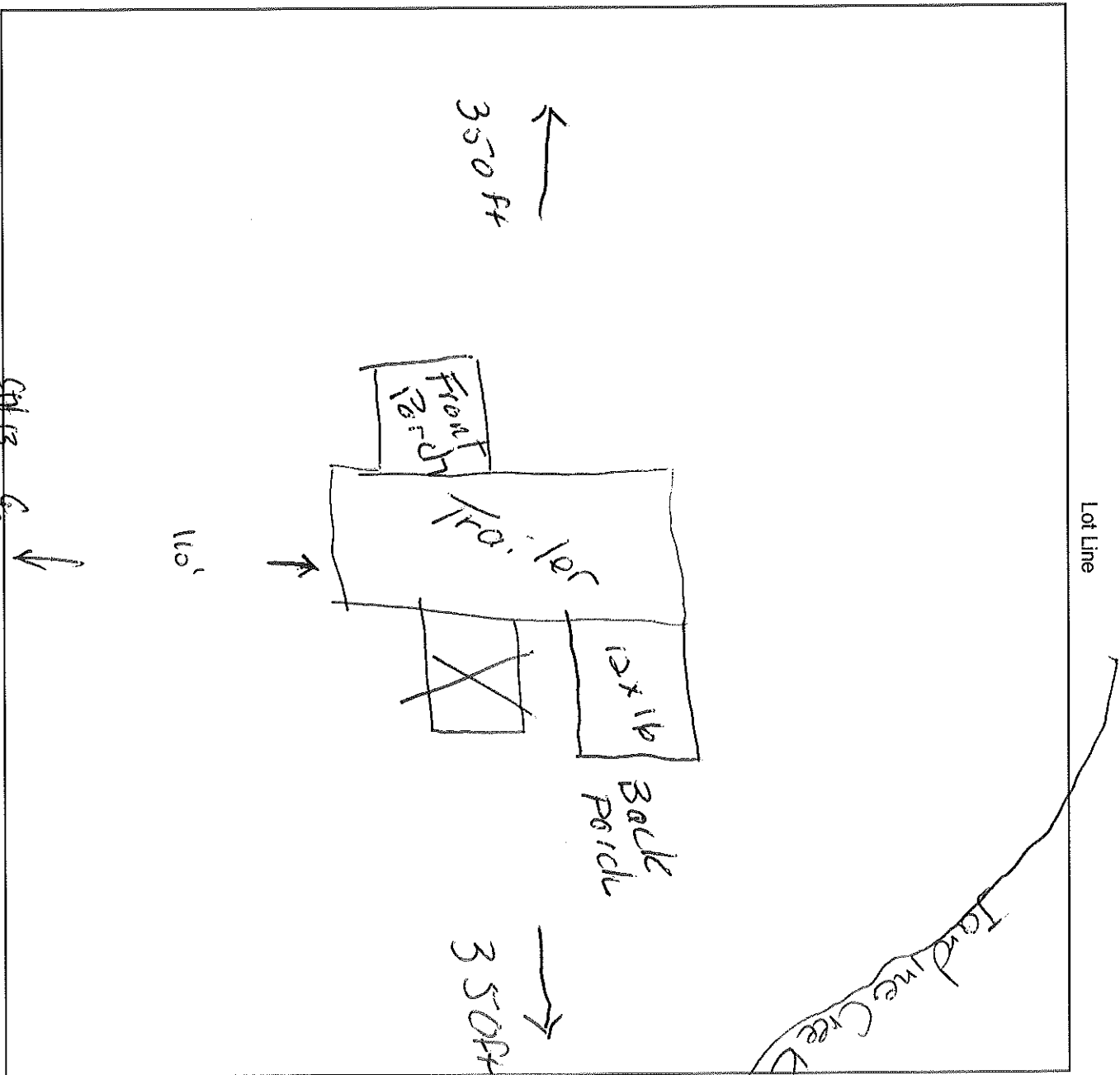
Owner or Authorized Agent (Signature) Cynthia Gorsig Date 6-16-09
Address to send permit 5675 Hwy 13 Portwing WI 54865 ATTACH

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

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 6/26/09 Permit Number 09-0246 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Specimen Sevens/Conditions as Represented by Order Appears to be Compliant & D.O. Permit may be Issued. DDC
By _____ Date of Inspection 6-24-09
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: _____
Signed DGC Inspector Rec'd for Issuance Date of Approval 6-24-09
9-03 IT is what total Doug - Unclear

JUN 26 2009

Secretarial Staff



Name of Frontage Road (# 6 - 1 1 3)

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.