

TBA 175.00 Res 125.00

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 16 2009
Bayfield Co. Zoning Dept.

Application No: 09-0329
Date: Fri
Zoning District: CLASS 3
Amount Paid: \$125.00
\$175.00
7/16/09 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

Legal Description: SE 1/4 of SW 1/4 of Section 14 Township 49 North, Range 9 West, Town of ORIENTA

Gov't Lot Lot Block Subdivision CSM # Acreage 50

Volume 98 Page 643 of Deeds Parcel I.D. # 04-036249091730400010000 Use Tax Statement for Legal Description

Property Owner FERRY OLSON Contractor JIM HERRICK Phone (715) 536-9021
PORT WING WI 54885 Plumber Allen Polkanke
Authorized Agent JIM HERRICK Phone (715) 536-9021

Telephone 271 532-5339 (Home) 628-8415 (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
Estimated Cost of Construction 45000.00 Square Footage 1200 Sanitary: New Existing Privy City

- USE:
- * Residence or Principal Structure (# of bedrooms) 2
 - 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)
 - Residential 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.

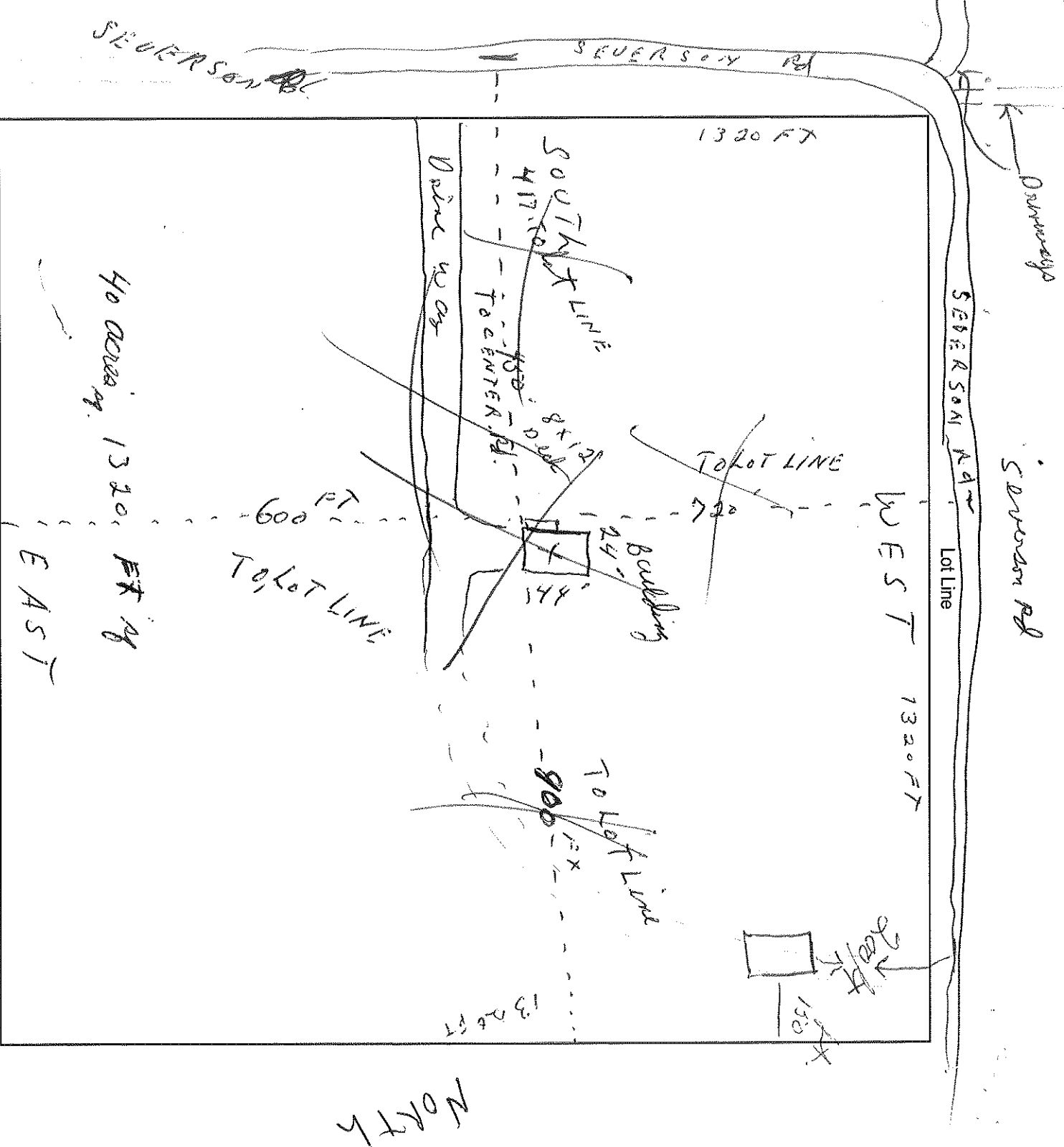
Owner or Authorized Agent (Signature) Louise A Olson Date 7/5/09
Address to send permit JIM HARRICK 110695 CO. RD. 19, COLIFAK, WI. 54730 ATTACH
Copy of Tax Statement
If you previously purchased the property Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number 09-465 Date 6-19-09
Date 6/12/09 Permit Number 09-0329 Permit Denied (Date)
Reason for Denial:
Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY GUYLER BREKERS TO BE CODE COMPLIANT & THE LAND USE PERMIT MAY BE ISSUED IF CONDITIONS
By DX Date of inspection 7-26-09

Mitigation Plan Required: Yes No Variance (B.O.A.) #
Condition: A UNIFORM DRAINING CODE (UDC) PERMIT FROM THE LOCALLY CONTRACTED UDC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Signed [Signature] Inspector [Signature] Date of Approval 6-19-09
Rec'd for Issuance



Name of Frontage Road (SEVERSON RD)

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.

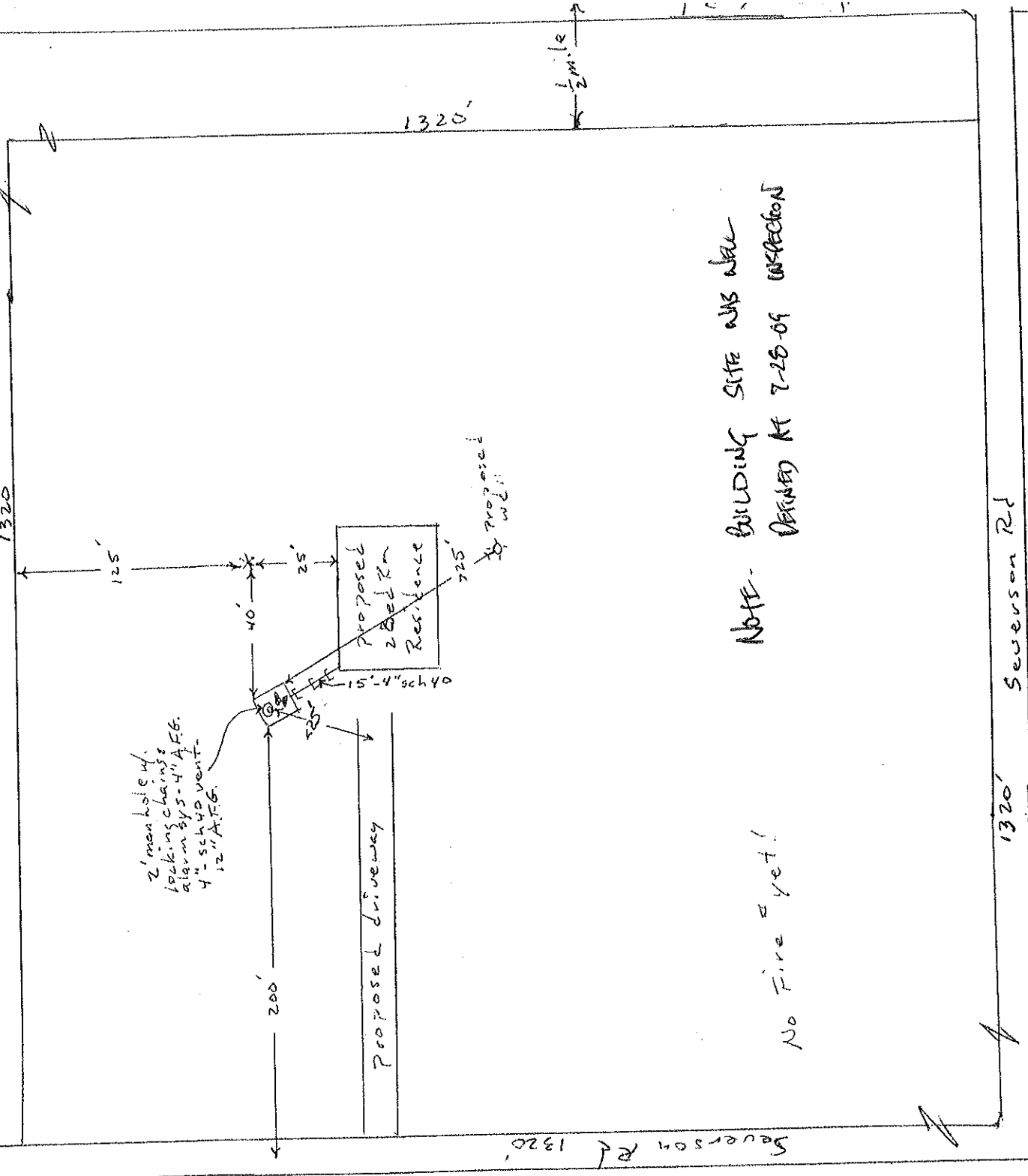
The local town, village, city, state or federal agencies may also require permits.

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.

Property Owner: Terisa M. Olson
 33 Old Town Farm Rd
 Tittston, ME 04345
 Nearest Rd: Sewerson Rd

Property Location: County: Frye
 Gout. Lot SE 1/4 SW 1/4 S14 T49N R9W
 Town of: Orient
 Sewerson Rd

Parcel ID: 04-036-2-49-03-14-304-000-10000



2' man hole w/ locking chains & alarm by 5-4" A.F.G. 4" sch up vent. 12" A.F.G.

NOTE - BUILDING SITE WAS MARKED AT 7-25-09 INSPECTION

No Fire Hydrant!

Holding tank meets all min. setbacks (Comm. 85)
 B.F.G. Below final grade
 A.F.G. Above final grade
 φ Well proposed
 * = near in 8" maple
 = B.M. V.R.P. = Elev. 100.0'
 --- Schdl 40 pvc w/flow direction - 4"

Drawn by: Polkoski Plumbing
 P.O. Box 532
 Iron River WI 54847

Holding Tank Component Manual used: 58D-10571-PCR.6/9

Date: 6-7-09
 Plumbers signature: [Signature]
 M.P.R.S # 220090

