

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

MAR 31 2010

Application No.: 10-0071
 Date: _____
 Zoning District F-1
 Amount Paid: \$75 3/31/10
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 1/2 SW 1/4 of NW 1/4 of Section 14 Township 49 North, Range 9 West, Town of ORIENTA

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20

Volume 859 Page 153 of Deeds Parcel I.D. 036-1056-02-990

Property Owner CLAYTON M. WARD / SARAH D. YORK Contractor SKF (Phone) _____

Address of Property 79085 Severson Rd Plumber _____

Port Wing, WI 54805 Authorized Agent _____ (Phone) _____

Telephone 774-3738 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No if yes.

Structure: New Addition Existing _____

Fair Market Value \$25,000 Square Footage 1200 1520

Basement: Yes _____ No Existing Privy _____ City _____

Sanitary: New _____ Existing _____

Type of Septic/Sanitary System COMPOSTING PILE

Mobile Home (manufactured date) _____

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) [Signature] Date 12 FEB 10

Address to send permit 79085 Severson Rd, Port Wing, WI 54805 ATTACH

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 03-0579 Date 8/26/03

Date 4/12/10 Permit Number 10-0071 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SPACERS/CONDITIONS AS REPRESENTED BY OWNER APPEAR TO BE CODE COMPLIANT & NO PERMIT MAY BE ISSUED BY DCU

Inspected By: [Signature] Date of Inspection 4-5-10

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

Condition: NO PERMITTING WITHIN ANY EXISTING NON-ARMY FINANCES CAN BE INSTALLED UNLESS ALL APPLICABLE STATUTORY CODE REQUIREMENTS ARE MET & A SURVEY & APPROVED WASTE TREATMENT IS INSTALLED TO SERVE THE SIGNED [Signature]

Inspector [Signature] Date of Approval _____

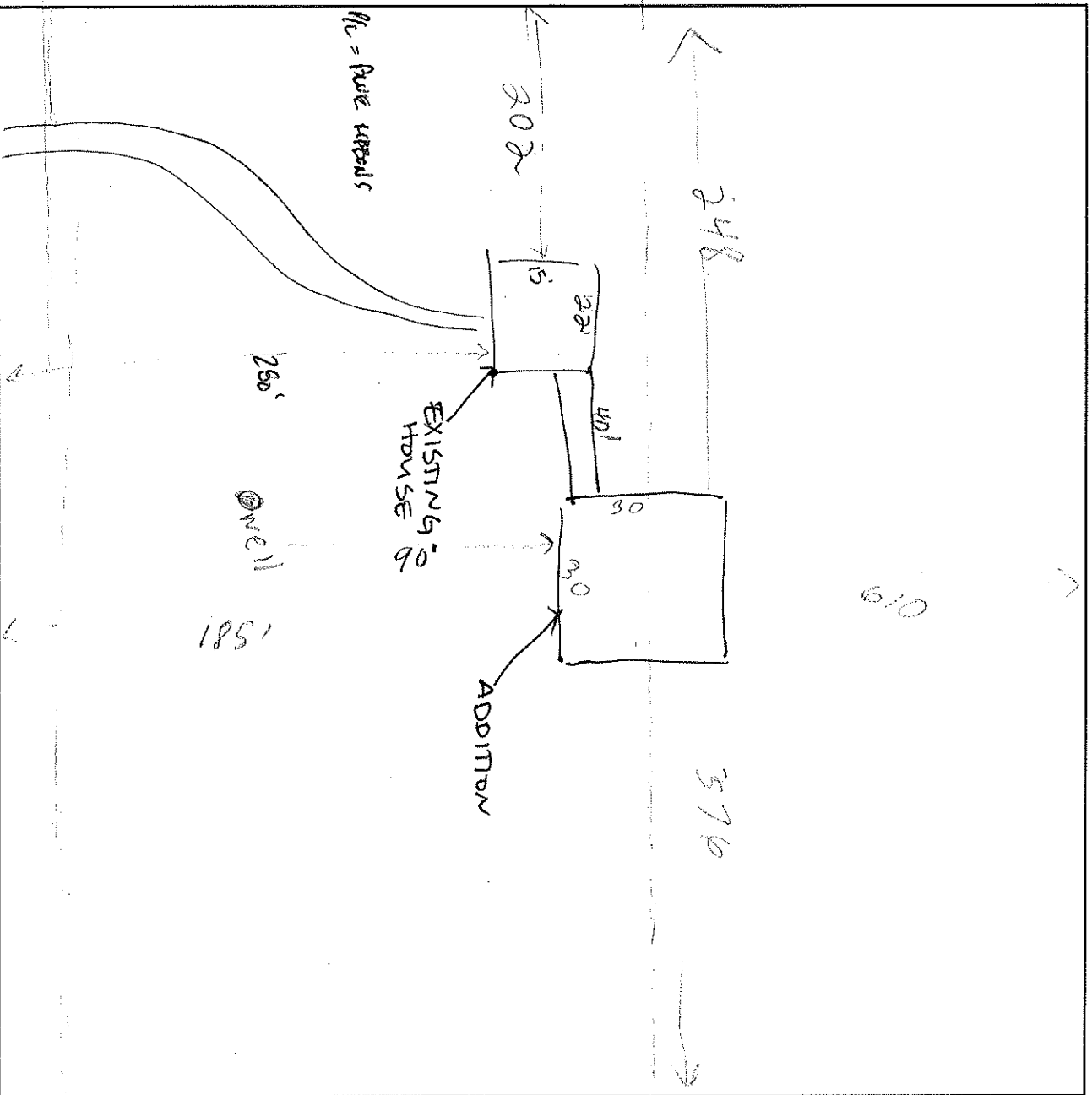
Rec'd for Issuance 579 or 03-0579

Original Permit of 03-0579

W.D. Parker on-site

APR 12, 2010 Secretarial Staff

Lot Line



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.
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.