

ENTERED

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 01 2010

Application No.: 10-0235

Date:

Zoning District A-1

Amount Paid: \$75.00

7/14/10

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 [X] SANITARY [] PRIVY [] CONDITIONAL USE [] SPECIAL USE [] B.O.A. [] OTHER []

Use Tax Statement for Legal Description

Legal Description N 1/2 of SW 1/4 of NW 1/4 of Section 14 Township 49 North, Range 09 West, Town of Orienta

Gov't Lot [] Lot [] Block [] Subdivision []

Volume 859 Page 153 of Deeds Parcel I.D. 25898

CSM # 036-1056-02-990

Property Owner Clancy Ward + Sarah York

Contractor Stef

Address of Property 79685 Severson Rd

Plumber

Telephone 715.774.3738 (Home)

Authorized Agent

Is your structure in a Shoreland Zone? Yes [] No [X] If Yes:

Written Authorization Attached: Yes [] No []

Distance from Shoreline: greater than 75' [] 75' to 40' [] less than 40' []

Structure: New [] Addition [] Existing [X]

Basement: Yes [] No [X] Number of Stories 1

Fair Market Value 2000 Square Footage 429

Sanitary: New [] Existing [X] Privy [X] City []

USE:

Type of Septic/Sanitary System Peavy

[] * 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. []

[] Commercial Accessory Building (explain)

Deck sq. ft. []

[] Commercial Accessory Building Addition (explain)

[] * Residence w/attached garage (# of bedrooms)

[] Commercial Accessory Building Addition (explain)

Residence sq. ft. []

[] Commercial Other (explain)

[] Residential Addition / Alteration (explain)

[] Special/Conditional Use (explain)

[X] Residential Accessory Building (explain) Back house

[] 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 zoning ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Sarah York

Date 29 June 10

Address to send permit 79685 Severson Rd, Port Wing, WI 54865

ATTACH

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

Date

Date 7-16-10

Permit Number 10-0235

Permit Denied (Date)

Reason for Denial:

Inspection Record: Structure satisfies conditions as presented by owner. Areas to be code compliant & w. permit may be used. By D.L. Date of Inspection 7-12-10

Mitigation Plan Required: Yes [] No [X]

Variance (B.O.A.) #

Condition 1 A Uniform Deterioration Code (UDC) from the locally contracted UDC inspection agency

Must be obtained prior to occupancy.

2 AS A REQUIREMENT, THIS STRUCTURE MAY NOT HAVE A KITCHEN OR FOOD PREPARATION ACTIVITIES.

Signed [Signature]

Inspector

Rec'd for Issuance

Date of Approval

7-12-10

JUL 15 2010

Shelby Permit is collection of base

Senior Staff

Lot Line

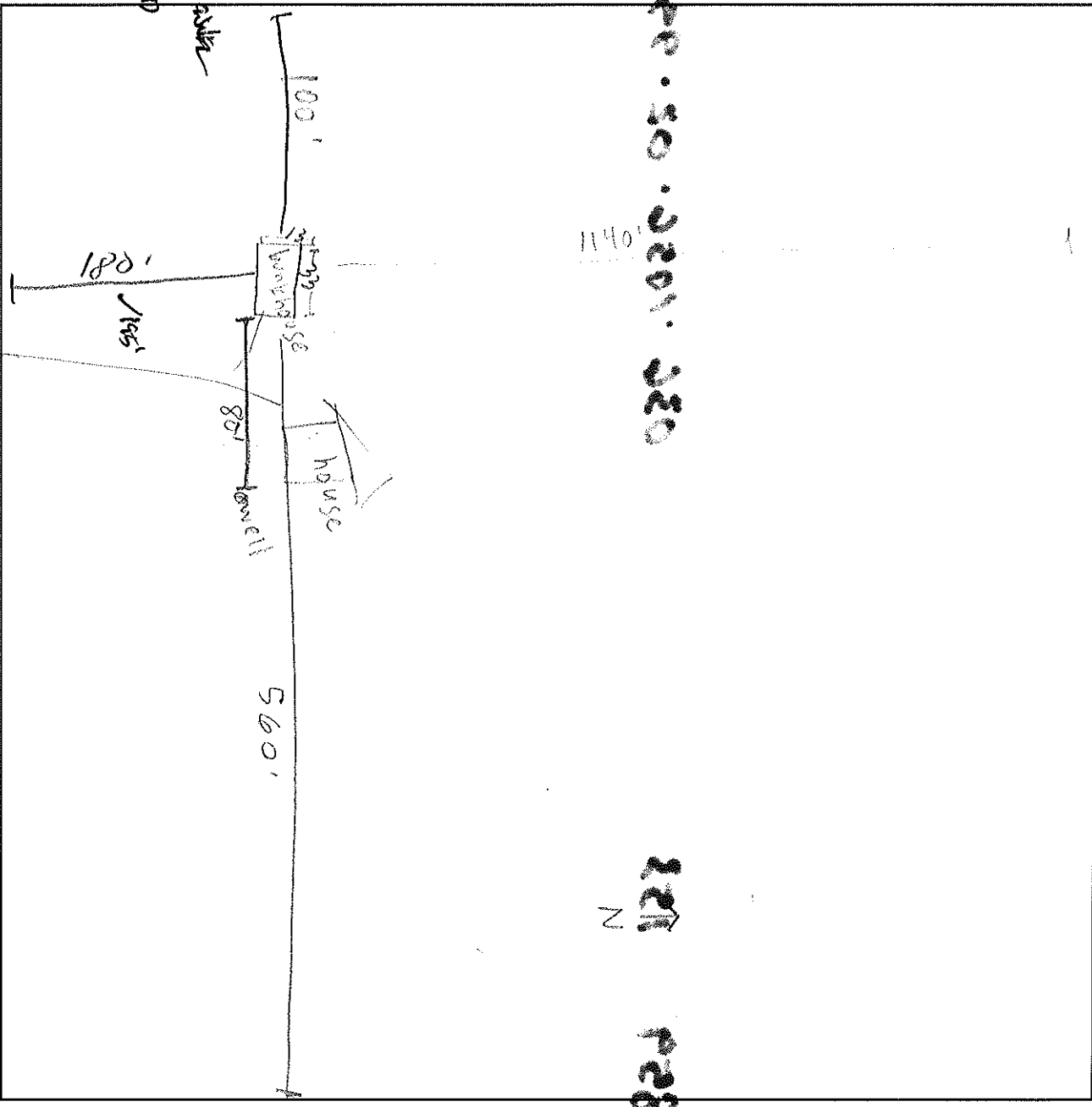
044-50-0201-020

1140'

1320

221
N

428



Note - older Present
Name of Frontage Road (Severson)

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 tank, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.