

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
APR 22 2010

Bayfield Co. Zoning Dept.

Application No.: 10-0112

Date:

Zoning District: A-1/3

Amount Paid: \$510.00

4/23/10 *11/18*

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: E 1/2 of SE 1/4 of SW 1/4 of Section 7 Township 44 North, Range 9 West, Town of CULU
Gov't Lot _____ Lot _____ Block _____ Subdivision _____
Volume _____ Page _____ of Deeds _____ Parcel I.D. 038-1013-04990 / 04-038-2-48-09-07-3 04-00-2000
Acreage 20

Property Owner: NATHANIEL & CACHELIE SWANSON

Contractor: SAC

Address of Property: 1460 ERMILIA RD

Plumber _____

Telephone: 715-372-5153 (Home) _____ (Work) _____

Authorized Agent _____ (Phone) _____

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

Written Authorization Attached: Yes No

Structure: New Addition Existing if yes.

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

Fair Market Value: 60,000 Square Footage 1,600

Basement: Yes No Number of Stories 2

Sanitary: New Existing Privy City

USE: 70,000

Type of Septic/Sanitary System: HOLDERS TANK (4,000 GALLON)

* 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. _____ Porch 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. _____ Garage sq. ft. _____

Commercial Other (explain) _____

Residential Addition / Alteration (explain) ADDITION TO HOUSE / 3 BEDS

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) Nathan Swanson

Date 4/21/10

Address to send permit 1460 ERMILIA RD BRUE, WI 54820

ATTACH

Copy of Tax Statement or

(If you recently purchased the property

Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 467214 Date 5-13-05

Date 5/7/10 Permit Number 10-0112 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL STRENGTH INSPECTION AS REQUESTED BY OWNER APPEARS TO BE O.K.

CONCRETE IN C. FOUND MP BE BY DPC

Mitigation Plan Required: Yes No or _____ Variance (B.O.A.) # 03-10

Condition: A UNKNOWN SETBACK DISTANCE MUST BE FIVE (5) FEET MOST BE OBTAINED FROM THE FURTHEST DISTANCE OF THE ADDITION & THE DRIVING THRU

HOLDING THIS PERMIT IS NOT AN ISSUE. SIGNED BY [Signature]

\$100 GUARANTY FOR

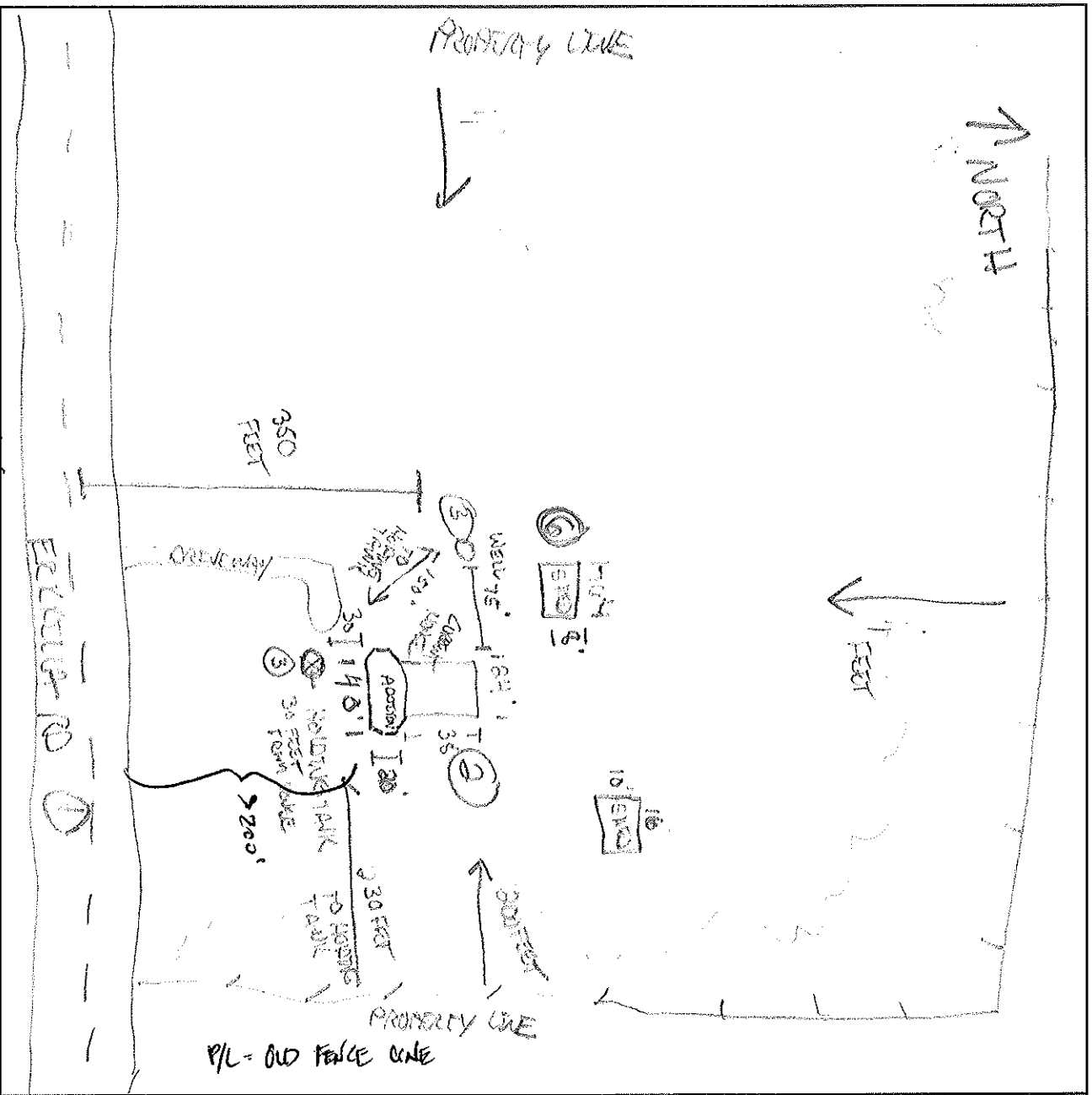
TOTAL 2X (6) BEDROOMS

Inspector [Signature] Date of Approval REC'D for Issuance

MAY 4, 2010

[Signature]

Lot Line



USED FOR PERMIT # 05-219

Name of Frontage Road (ERKKILA)

350

1330

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.