

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
MAY 10 2011

Application No.: 11-0130
Date: 5-25-11
Zoning District: K-11-
Amount Paid: \$535.00 PDS
360
175 + 65.00 TBA
5/11/11

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
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.

TBA

LAND USE: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____
Legal Description SE 1/4 of S1 1/4 of Section 26 Township 48 North, Range 9 West Town of CUU

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 20
Volume _____ Page _____ of Deeds Parcel I.D. # 04-08-2-18-04-24-3-04 Use Tax Statement for Legal Description

Property Owner Sharon Weissz Contractor Tony Polkoski (Phone) _____
Address of Property Iron Eastview / Ebonen Rd Authorized Agent _____ (Phone) _____

Telephone 283904777 (Home) _____ (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 120,000 Square Footage 21628 Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) 3 Mobile Home (manufactured date) 2011

* Residence sq. ft. 1404 * Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building _____
Residence sq. ft. #404 Parcel sq. ft. 21628 Deck sq. ft. 1120 Commercial Principal Building Addition (explain) _____
 * Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____

* Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____
 Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____
 Residential Other (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) SUDENY Date _____ ATTACH
Address to send permit PO. Box 158 Iron River WI 54847 Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number 11-215 Date _____
Date 5-25-11 Permit Number 11-0130 Permit Denied (Date) _____

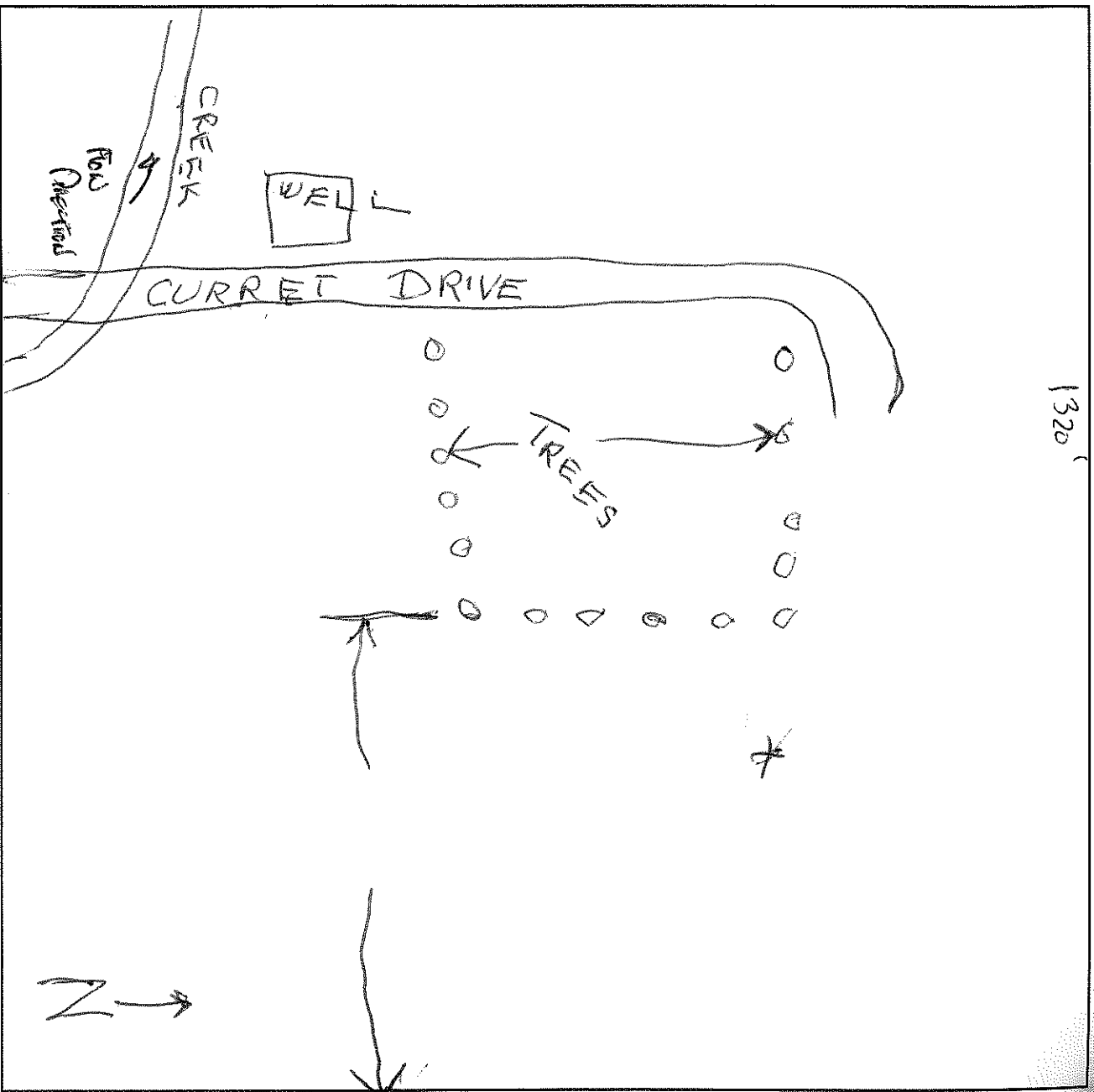
Reason for Denial: _____
Inspection Record: Structural safety/conditions as witnessed by auditor permits to be core
document & in permit by By DDC Date of Inspection 5-13-11/5-17-11

Mitigation Plan Required: Yes No (Copy) _____ Variance (B.O.A.) # _____
Condition: A Uniform Overlay Ord. Permit from the verify character and district study
MUST BE OBTAINED GIVE TO THE STATE OF CALIFORNIA

Signed [Signature] Date of Approval 5-17-11
Inspector _____



1320'



Clear Area for APPROX TO BE
 30' CURB CUT SIDE EAST VIEW
 Name of Frontage Road (EAST VIEW)

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.

HOLDINGS TANK

*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.