

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED

APR 26 2010

Application No: 10-0117
Date: _____
Zoning District: R-F
Amount Paid: \$75 4/27/10 / 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: _____ 1/4 of Section 29 Township 50 North, Range 8 West, Town of Port Wing
Gov't Lot _____ Lot 1-3 Block 21 Subdivision FIRST ADD TO PORT WING CSM # _____ Acreage .224
Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-042-2-50-08-29-400-173-01000

Property Owner DENNIS ROBERT THILL Contractor GAF (Phone) _____
Address of Property 8795 5TH STREET Plumber _____
PORT WING WI. 54865 Authorized Agent _____ (Phone) _____

Telephone 715-774-3715 (Home) _____ (Work) _____
Written Authorization Attached: Yes No
Is your structure in a Shoreland Zone? Yes No If Yes, _____

Structure: New _____ Addition +DECK Existing 112
Fair Market Value 3500.00 Square Footage 400 Deck 288 sq. ft.
USE: _____

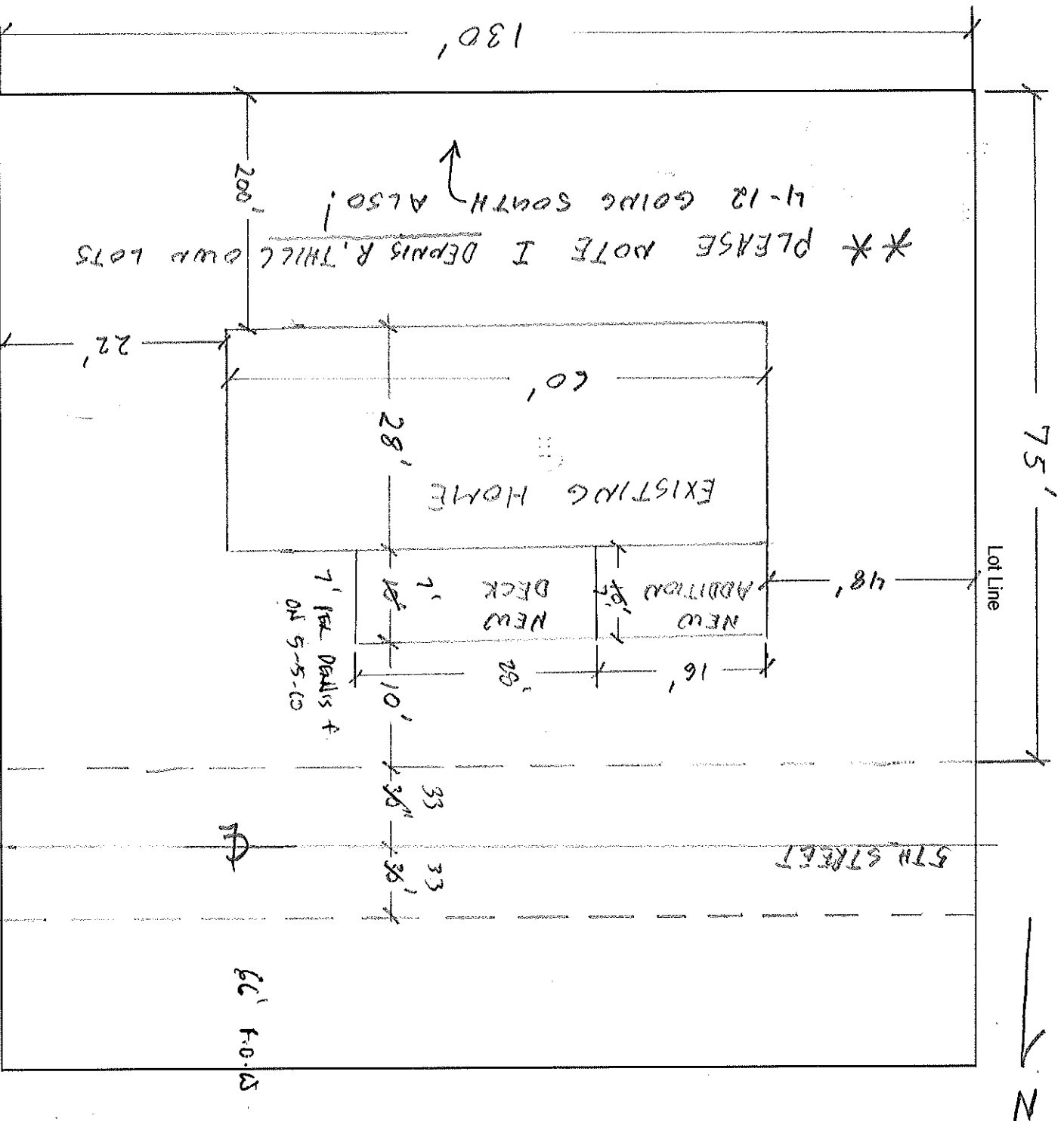
- * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____
- * Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Deck(2) sq. ft. _____
- * Residential Addition / Alteration (explain) + DECK ATTACHED
- 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) Dennis Robert Thill Date 4/25/10

Address to send permit 8795 5TH STREET PORT WING WI. 54865 ATTACH _____
* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 5/7/10 Permit Number 10-0117 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Structural Services/Conditionals as requested & approved by DOL - APPEALS TO BE CODE CORRECT
PLS. PERMIT MAY BE ISSUED BY COUNCILORS BY DOL Date of Inspection 4-24-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: DIRECT STRUCTURE BUILT AS BE AT LEAST 43 FEET FROM THE OUTSIDE
OF 5th STREET
VERY LOW / LOW PREVIOUS PERMIT
AS STATED DO' E TO REMOVED DECK
Signed [Signature] Inspector _____ Date of Approval 5-5-10
Rec'd for Issuance _____
MAY 5, 2010

Secretarial Staff



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.