

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) 573-6138

RECEIVED
APR 27 2011

Application No.: 11-0111
Date: 5-12-11
Zoning District: R-1/CASS C
Amount Paid: \$25.00 BMS
4/29/11

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 S2 1/4 of S2 1/4 of Section 21 Township 50 North, Range 08 West Town of Bayfield

Gov't Lot 4 Lot 3 Block _____ Subdivision _____ CSM # _____ Acreage .84

Volume 775 Page 665 of Deeds Parcel I.D. 04-042-2-50-03-21-3 00-272-10000

Property Owner Donald Baughman - Roberta Swain Contractor _____ (Phone) _____

Address of Property 9170 Pearl Rd Plumber _____ (Phone) _____

P.O. Box 58 Washburn WI 54891 Authorized Agent _____ (Phone) _____

Telephone 715-835-2297 (Home) 715-225-9438 (Work)

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 _____ Number of Stories 1 1/2

Fair Market Value 245K Square Footage 2120 Sanitary: New Existing Privy _____ City _____

USE: 2794 Type of Septic/Sanitary System System - 367256 (6-26-00)

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. _____ Deck(2) sq. ft. 3 Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) 3 Commercial Other (explain) _____

Residence sq. ft. 2200 Garage sq. ft. 676 Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Principal Building (explain) _____

Residential Accessory Building (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building Addition (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) Donald Baughman & Roberta Swain Date 4/26/2011

Address to send permit 10304 Rim Rock Rd Washburn WI 54891

ATTACH

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 367256 Date 2000 THU

Date 5-12-11 Permit Number 11-0111 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Groundwater samples/conditions to be discussed by allow meet and requirements

200 Meter may be used if approved by DCR Date of Inspection 5.3.11

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

Condition: A utility already (one foot) but must be adjusted prior to the start of construction

from the county contacted the relevant agency

1) permit - the survey may not exceed 35 ft. adjacent to watershed from the signed AG Inspector _____ Date of Approval 5.3.11

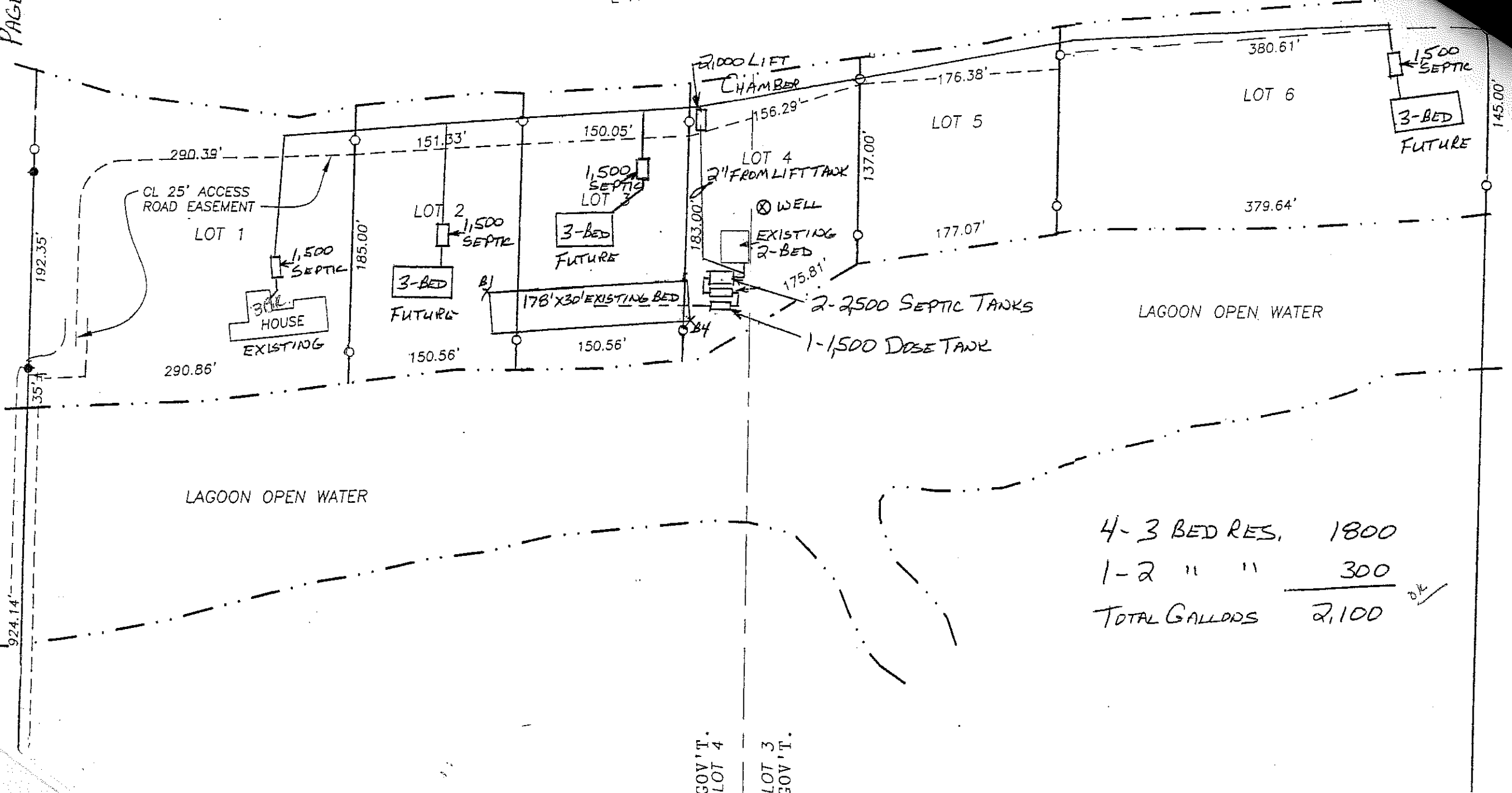
2) Allowance for variance DCR check enclosed resolution to its highest resolution.

2) Sanitary Permit Review, WATERS

PLOT PLAN
 SAND BEACH SUBDIVISION
 SCALE 1" = 100'

LAKE SUPERIOR

PAGE 1 OF 6



4- 3 BED RES.	1800
1- 2 " "	300
TOTAL GALLONS	2,100

GOV'T.
 LOT 4
 GOV'T.
 LOT 3
 GOV'T.