

**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**  
 JUN 26 2008  
 Bayfield Co. Zoning Dept.

Application No.: 08-0007  
 Date: \_\_\_\_\_  
 Planning District: P-00/1  
 Amount Paid: \$50.00 POS  
6123108

Temp. Permit \$50-

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 BY APPLICANT. Changes in plans must be approved by the Zoning Department.

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER Temp.  
 Legal Description: 1/4 of Section 33, Township S2N, Range 73, West Town of Russell  
 Gov't Lot 109, Block 3, Subdivision South Shore G.D., CSM # \_\_\_\_\_, Acreage \_\_\_\_\_  
 Volume Page Parcel I.D. # 046-1071-04 Use Tax Statement for Legal Description \_\_\_\_\_

Property Owner: Town of Russell Contractor: SEC (Phone) \_\_\_\_\_  
 Address of Property: 32665 Little Sand Bay Rd Plumber \_\_\_\_\_  
Bayfield, WI 54814 (Campground) Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone: 715-779-5338 (Home) Town Garage (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: \$1,000.00 Square Footage 70 Existing  Privy  City \_\_\_\_\_  
 USE: (250.00)

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
- Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_
- \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_
- Residential Addition / Alteration (explain) \_\_\_\_\_
- Residential Accessory Building (explain) \_\_\_\_\_
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (explain) \_\_\_\_\_
- Mobile Home (manufactured date) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
- Commercial Accessory Building (explain) \_\_\_\_\_
- Commercial Accessory Building Addition (explain) \_\_\_\_\_
- Commercial Other (explain) SOLE AT CAMPGROUND
- Special/Conditional Use (explain) \_\_\_\_\_
- External Improvements to Principal Building (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.

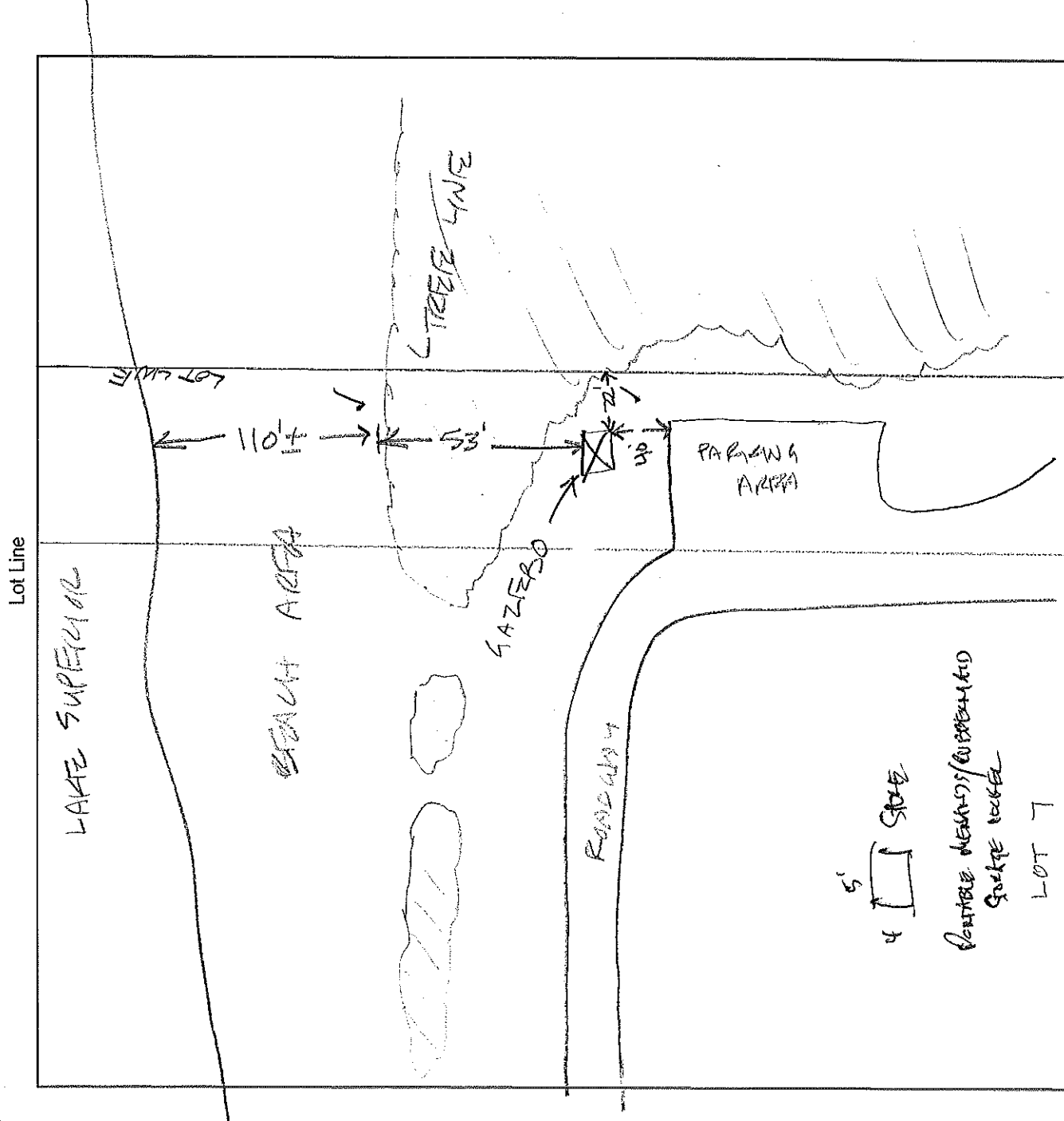
Owner or Authorized Agent (Signature) [Signature] Chairman Date 6-26-08  
 Address to send permit: 35200 Hwy 13, Bayfield, WI 54814 ATACH Copy of Tax Statement

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

Permit # 06-045 C.D.P.

Permit Issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date: 7-15-08 Permit Number: 08-0007 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: LOANED USE CONSISTENT w/ CAMPGROUND  
 Permit may be issued by DOC Date of Inspection 7-11-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: THE OPERATION OF A CAMPGROUND IS ALLOWED UNDER THIS TEMPORARY PERMIT FOR A PERIOD NOT TO EXCEED ONE (1) YEAR FROM THE DATE OF THIS PERMIT.  
CONTROLLED OPERATION BEYOND THIS Signed [Signature] 7-11-08 Date of Approval \_\_\_\_\_  
ONE PERIOD WILL EXCEED ADDITIONAL Inspector \_\_\_\_\_  
TEMPORARY PERMITS OR THE AMENDMENT OF THE STANDING CONDITIONS USE PERMIT FOR THE -  
CAMPGROUND.

Rec'd for Issuance  
 JUL 15 2008  
 Secretariat's Sign



All setbacks met > 10' on all directions  
 Name of Frontage Road ( )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate 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.

\*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.



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 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

ENTERED

Application No.: 08-0337  
 Date: \_\_\_\_\_  
 Zoning District: F-PB1-  
 Amount Paid: \$75.00 P&S  
6/19/08

RECEIVED  
 JUN 19 2008

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are made payable to: Bayfield County Zoning Department, Bayfield Co. Zoning Dept.  
 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 \_\_\_\_\_

Legal Description SE 1/4 of NW 1/4 of Section 33 Township 52 North, Range 4 West, Town of Russell

Gov't Lot - Lot - Block - Subdivision - CSM # - Acreage 9.45

Volume - Page - of Deeds Parcel I.D. # 04-046-2-52-04-33-2 04-000-50000  
 Use Tax Statement for Legal Description

Property Owner Fred Bruney Contractor Self (Phone) \_\_\_\_\_

Address of Property 33480 Little Sand Bay Rd. Plumber - \_\_\_\_\_

Bayfield, WI 54814 Authorized Agent (Phone) \_\_\_\_\_

Telephone 630-724-7612 (Home) 630-942-3061 (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 2

Estimated Cost of Construction 20,000 Square Footage 1140 Sanitary: New Existing Privy City

**USE:**

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
- Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_
- \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_
- Residential Addition / Alteration (explain) \_\_\_\_\_
- Residential Accessory Building (explain) Garage
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (explain) \_\_\_\_\_
- Mobile Home (manufactured date) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
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- Special/Conditional Use (explain) \_\_\_\_\_
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Owner or Authorized Agent (Signature) [Signature] Date 6-16-08

Address to send permit CS Design Engineering, Inc. 803 Lake Shore Dr. W. Ashland, WI 54806 ATTACH Copy of Tax Statement if you previously purchased the property Attach a Copy of Recorded Deed

\* See Notice on Back

**APPLICANT - PLEASE COMPLETE REVERSE SIDE**

Permit issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7-17-08 Permit Number 08-0337 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Structural Services/conditions as represented by owner appears to be consistent w/ code standards  
a permit may be issued. By DC Date of Inspection 7-15-08

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

Condition: \_\_\_\_\_

Signed [Signature] Date of Approval 7-15-08  
 Inspector \_\_\_\_\_

Rec'd for Issuance

JUL 17 2008

Secretarial Staff

