

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  
 SEP 11 2009  
 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 09-0441  
 Date: \_\_\_\_\_  
 Zoning District: A-1  
 Amount Paid: 350  
 9/11/09 / 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 HOUSE

Use Tax Statement for Legal Description

Legal Description: NE 1/4 of NE 1/4 of Section 26 Township 5N North, Range 4 West, Town of BAC  
 Gov't Lot \_\_\_\_\_ of \_\_\_\_\_ Block \_\_\_\_\_ of \_\_\_\_\_ Deeds \_\_\_\_\_ Parcel I.D. 09-046-2-51-09-26-1 01-000-50000 CSM # \_\_\_\_\_ Acreage 1.72

Property Owner: TOWN OF ROSEL  
 Address of Property: 35900 S413  
BAYFIELD WI 54814  
 Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Contractor: SEK (Phone) \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Authorized Agent: \_\_\_\_\_ (Phone) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  **if yes.**  
 Structure: New  Addition  Existing   
 Fair Market Value 2,000 Square Footage 630  
 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. \_\_\_\_\_  
 \* 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) \_\_\_\_\_  
 Commercial Principal Building \_\_\_\_\_  
 Commercial Principal Building Addition (explain) roof extension  
 Commercial Accessory Building (explain) \_\_\_\_\_  
 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Commercial Other (explain) \_\_\_\_\_  
 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] Town Chair Date 9-9-09

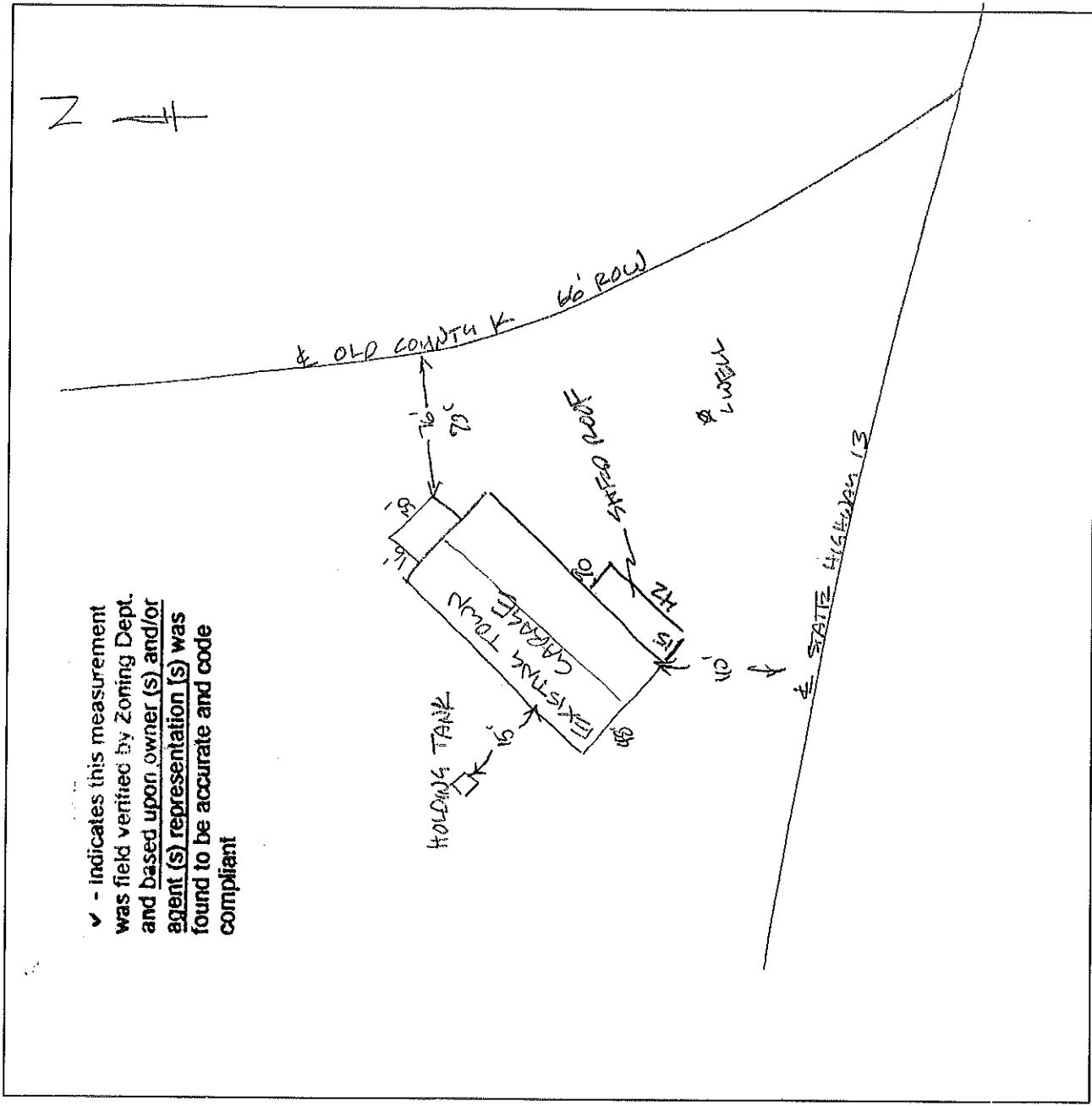
Address to send permit 39500 STATE HWY 13, BAYFIELD WI 54814 ATTACH

\* See Notice on Back (If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 9/24/09 Permit Number 09-0441 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: SEWERAL SANITARY CONDITIONS AS FOSTERATED BY TOWN MEETS ODE REQUIREMENTS  
\* PERMIT MAY BE ISSUED By DC Date of Inspection 9-21-09  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_

ATTENTION: ALREADY EXISTS  
 A-T-E  
 Signed [Signature] Inspector  
 Date of Approval 9-21-09  
 Rec'd for Issuance

Lot Line



✓ - Indicates this measurement was field verified by Zoning Dept. and based upon owner (s) and/or agent (s) representation [s] was found to be accurate and code compliant

Lot Line

Lot Line

← 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 and size of the building.
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 COMPLETELY.

\*NOTICE: 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.