

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
 AUG 12 2011

Bayfield Co. Zoning Dept.

Application No: 11-00887
 Date: 8/22/11
 Zoning District: A-4
 Amount Paid: \$75.00 8/12/11
 EAS

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 SE 1/4 of SE 1/4 of Section 27 Township S1 North, Range 4 West, Town of Russell
 Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 4.86

Volume _____ Page _____ of Deeds Parcel ID. 04-046-2-51-204-22-4 04-000-30000
 Property Owner Scott Wilson
 Contractor Hans Dahl (Phone) 715-779-0918 202-1527

Address of Property Bayfield WI 54814
 Plumber _____
 Telephone 715-779-3228 (Home) 715-865-2919 (Work)
 Authorized Agent Hans Dahl (Phone) 715-779-9912
 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 _____
 Fair Market Value 20000 Square Footage 784
 Sanitary: New _____ Existing Privy _____ City _____
 Type of Septic/Sanitary System Crawl Space
 USE: Residence or Principal Structure (# of bedrooms) _____
 Mobile Home (manufactured date) _____

Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
 Commercial Principal Building _____
 Residence sq. ft. _____ Porch sq. ft. _____
 Commercial Principal Building Addition (explain) _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 Commercial Accessory Building (explain) _____
 * Residence w/attached garage (# of bedrooms) _____
 Commercial Accessory Building Addition (explain) _____
 Residence sq. ft. _____ Garage sq. ft. _____
 Commercial Other (explain) _____
 Residential Addition / Alteration (explain) _____
 Special/Conditional Use (explain) _____
 Residential Accessory Building (explain) Detached Garage
 External Improvements to Principal Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 External Improvements to Accessory Building (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 ordinance to have access to the above described property at any reasonable time for the purpose of inspection.
 Owner or Authorized Agent (Signature) _____ Date 8-11-11

Address to send permit Same as above
 ATTACH
 Copy of Tax Statement or
 (if you recently purchased the property
 Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE
 Permit Issued: _____ State Sanitary Number _____ Date _____
 Permit Number 11-00887 Permit Denied (Date) _____

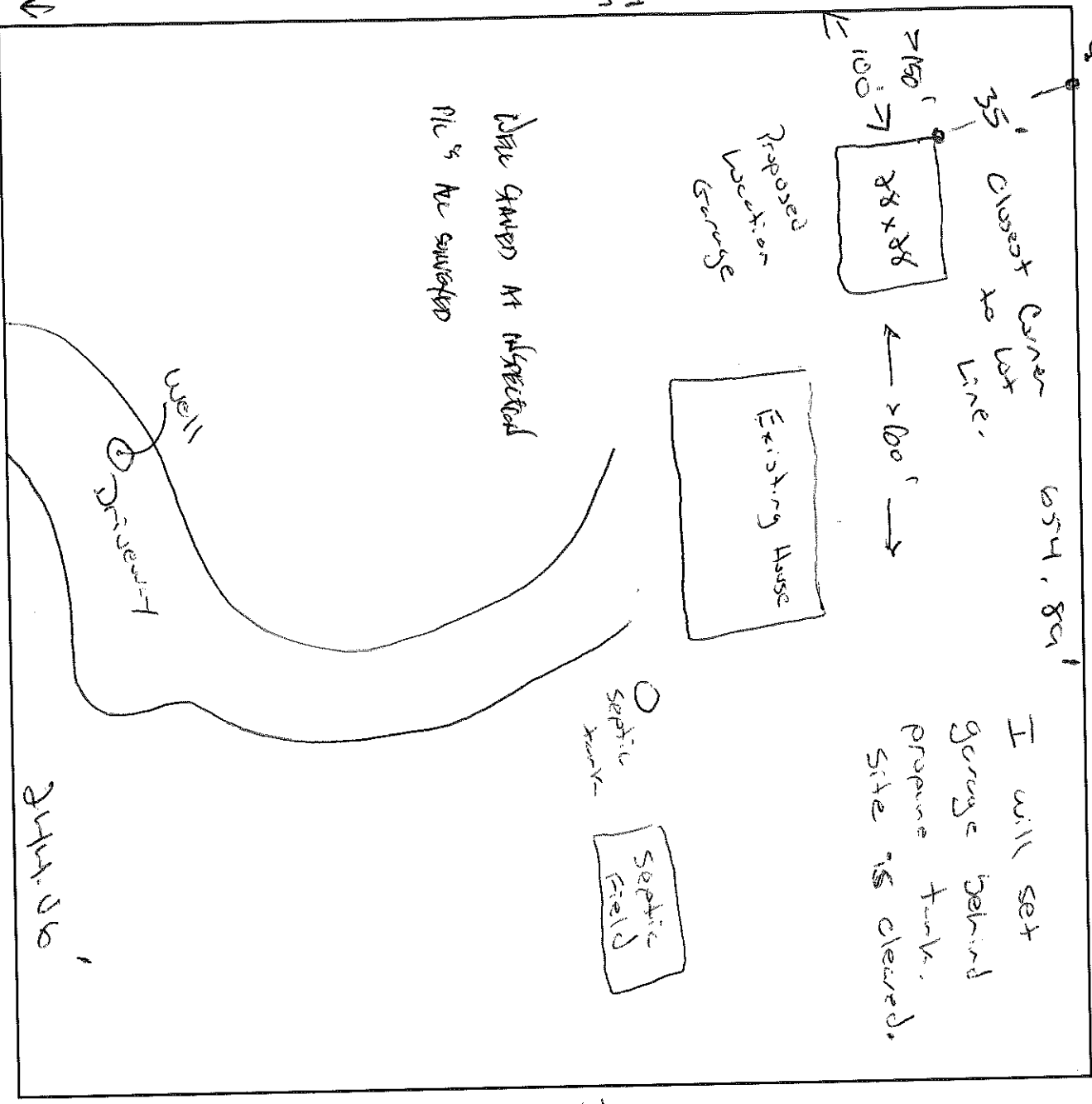
Reason for Denial: _____
 Inspection Record: Structure set back/controls AS required by code/permit to meet the
 applicable standards/code requirements BY DR Date of inspection 8-14-11
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed _____ Date of Approval 8-15-11
 Inspector _____

Property zoned A-4/FAR STRAIGHT

South

Lot Line



Name of Frontage Road (Turn 22)

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.