

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 55
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

215112
FEE 10000

Private 150.00
Class A 175.00

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.

Application No.: 12-0004
Date: 3/15/12
Zoning District: F-1
Amount Paid: \$185.00 of 1000.00
\$150.00 Private
\$175.00 Class A

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Legal Description SW 1/4 of SW 1/4 of Section 18 Township 51 North, Range 4 West, Town of Russel 11

Gov't Lot _____ Lot _____ Block _____ Subdivision 28-046-2-51-06-18-3 SSM # 03-000-10000 Acreage 39

Volume 219 Page 322 of Deeds Parcel ID # 046-1035-06 Use Tax Statement for Legal Description

Property Owner Scott + Anne Jaspersen Contractor Self (Phone) _____

Address of Property SW 1/4 of SW 1/4, Section 18, T51N, R4W Plumber NO INDOOR PLUMBING

Telephone 218-834-0787 (Home) 218-213-3342 (Work) Authorized Agent N/A (Phone) N/A

Is your structure in a Shoreland Zone? Yes No If Yes: _____

Structure: New Addition _____ Existing _____

Basement: Yes No Number of Stories 1 1/2 Loft

Estimated Cost of Construction 435,000 Square Footage 600 Sanitary: New Existing _____ Privy City _____

USE: Residence or Principal Structure (# of bedrooms) 1 Mobile Home (manufactured date) _____

Residence sq. ft. 1000 Commercial Principal Building _____

Residence w/deck-porch (# of bedrooms) 360 (12x30) porch sq. ft. 240 (8x25) Deck(2) sq. ft. Commercial Principal Building Addition (explain) _____

Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Accessory Building Addition (explain) _____

Residential Accessory Building (explain) _____ Special Conditional Use (explain) _____

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

Residential Other (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) Scott Jaspersen Date 1-31-2012

Address to send permit Box 182, Knife River, MN 55609 ATTACH 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 Issued: _____ State Sanitary Number _____ Date _____

Date 3/15/12 Permit Number 12-0004 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure Satisfactory/Conditions as represented by owner. Approval to issue ordinance code requirements + permit may be given w/ conditions By DDC Date of Inspection 2-13-12

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

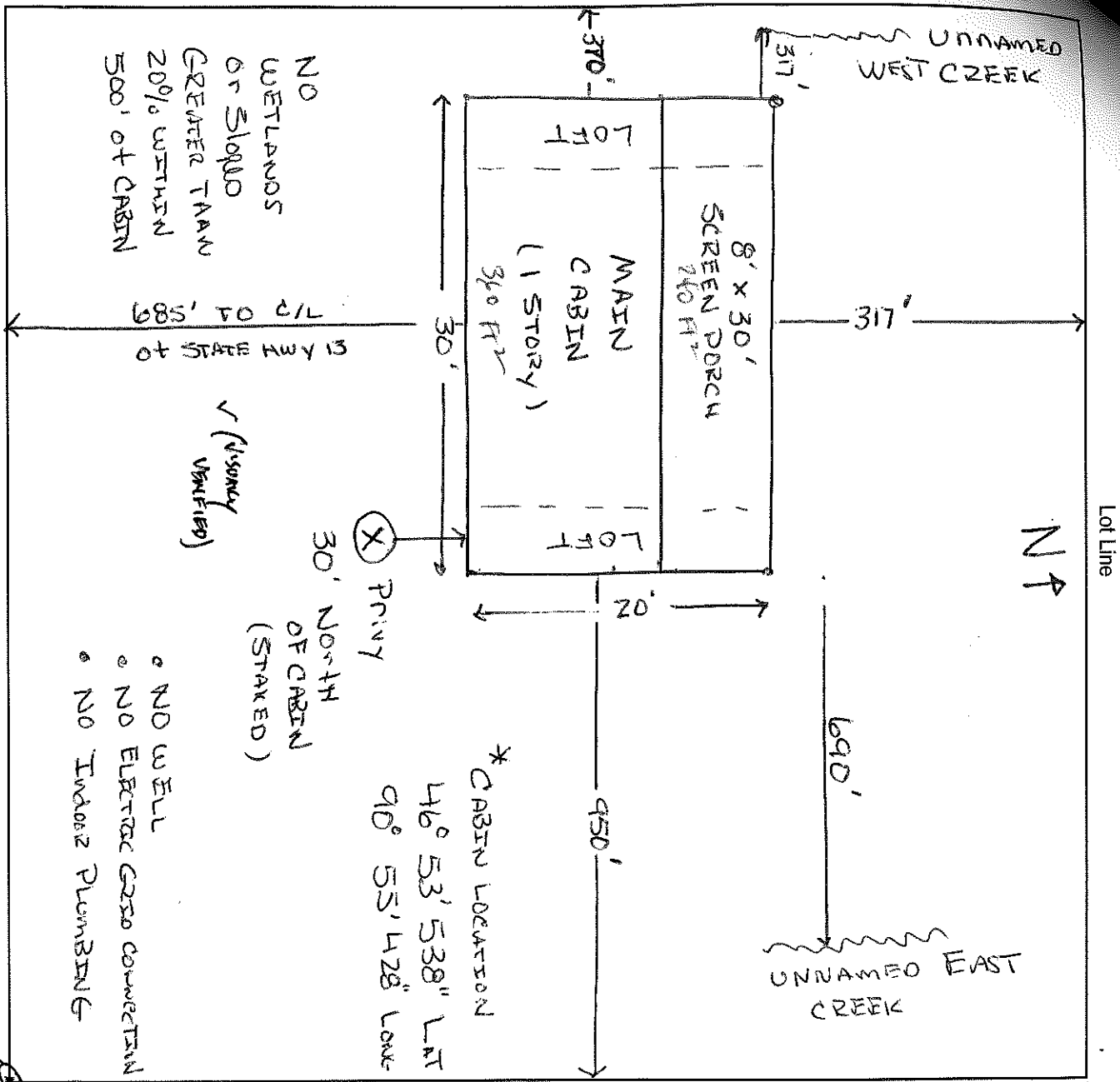
Condition: No existing water that discovered when demolition sign and structure orders is secured by a suitable & approved on site waste disposal system.

Proposed Ordinance written and delivered signed by owner Date of Approval 2-13-12

2) A written Building Code (CBC) permit from the County contracted VDC inspection Agency must be obtained prior to the start of construction. OK KKK

3/13/12





Rec-hol-10
to south

Name of Frontage Road (STATE Hwy 13)

Survey Area under
1/2, 1/4

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 - (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.

* CALL FOR DIRECTIONS TO STAKED OUT LOCATION IF NOT ABLE TO FIND
218-834-0737 or 218-213-2342 (cell)