

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

Bayfield County Zoning Dept
 201202011

Application No.: 12-0105
 Date: 5-16-12
 Zoning District: Forestway - 1
 Amount Paid: _____

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 Parcel 22 NW 1/4 of Section 22 Township 51 North, Range 4 West Town of RUSSELL

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 125 acres

Volume 971 Page 722 of Deeds Parcel I.D. 04-046-2-SI-04-22-1-04-000-20000

Property Owner WAYNE NELSON Contractor NICHOLE FERRELL WUES/INC. (Phone) 715-209-0993

Address of Property PETERSON HILL Road Plumber George Larvey

Authorized Agent _____ (Phone) _____

Telephone 715-779-5031 (Home) 715-209-0993 (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 N/A Addition _____ Existing _____

Basement: Yes N/A No _____ Number of Stories N/A

Fair Market Value _____ Square Footage N/A Sanitary: New _____ Existing _____ Privy _____ City _____

USE: _____ Type of Septic/Sanitary System _____

* Residence or Principal Structure (# of bedrooms) _____

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. _____ Commercial Accessory Building Addition (explain) _____

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

Residence sq. ft. _____ Garage sq. ft. _____ Special/Conditional Use (explain) SAUB PIT / HOT MIX and/or concrete plant

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) _____

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 ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) _____ Date 12/8/2011

Address to send permit P.O. Box 1282, BAYFIELD, WI 54814 ATTACH _____

* See Notice on Back 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 _____

Date 5-16-12 Permit Number 12-0105 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Inspection of basins by Conditioner use County # 08-242

DID NOT CARRY OUT THE INSPECTION By RE Date of Inspection 1-11-12

Due to the fact I could not get access via J. Wilsons

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

Condition: See Conditions of Sanitary with 2012 Manual, & Sanitary Committee Mtg

Proceed for Issuance _____

MAV 16 2012 Signed _____ Inspector _____ Date of Approval 5-16-12

Given access to site Secretarial Staff _____



Bayfield County, WI

Gravel Pit



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Name of Frontage Road (Peterson Hill Rd.)

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. *N/A*
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage. *N/A*
4. Show the location of the well, holding tank, septic tank and drain field. *N/A*
5. Show the location of any lake, river, stream or pond if applicable. *N/A*
6. Show the location of other existing structures. *N/A*
7. Show the location of any wetlands or slopes over 20 percent. *N/A*
8. Show dimensions in feet on the following:

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
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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 Co
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.

