

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  
 MAY 16 2008  
 Bayfield Co. Zoning Dept.

ENTERED  
 LU 900 TBA 75

Application No. 08-0209  
 Date: \_\_\_\_\_  
 Zoning District A-1/S  
 Amount Paid: \$900 RD 5/16/08

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  
 Legal Description N 1/4 of NW 1/4 of Section 30 Township 48 North, Range 8 West, Town of Kruff  
 Gov't Lot 2 Block 2 Subdivision 1198 CSM # 1198 Acreage 36 acres  
 Volume 826 Page 349 of Deeds Parcel I.D. # 048-1042-02 Use Tax Statement for Legal Description

Property Owner Roger + Vicki Hammer Contractor Sterling Construction (Phone) 218-343-2283  
 Address of Property 71876 Range Line Rd Plumber Jay Larson - Laramie Plumber  
John Coon, WI. 54847 Authorized Agent [Signature] (Phone) 218-7289965

Telephone 715-399-2229 (Home) (Work) \_\_\_\_\_  
 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 + Loft  
 Estimated Cost of Construction \$300,000 Square Footage \_\_\_\_\_ Sanitary: New  Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  
 \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ (Work) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) 3  
 Residence sq. ft. 1260 Porch sq. ft. 508 (Screened)  
 \* Deck sq. ft. 1008 Garage 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) \_\_\_\_\_

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) Roger A. Hammer Date 4/23/08  
 Address to send permit Sent to Adrs. city stant. ATACH  
 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

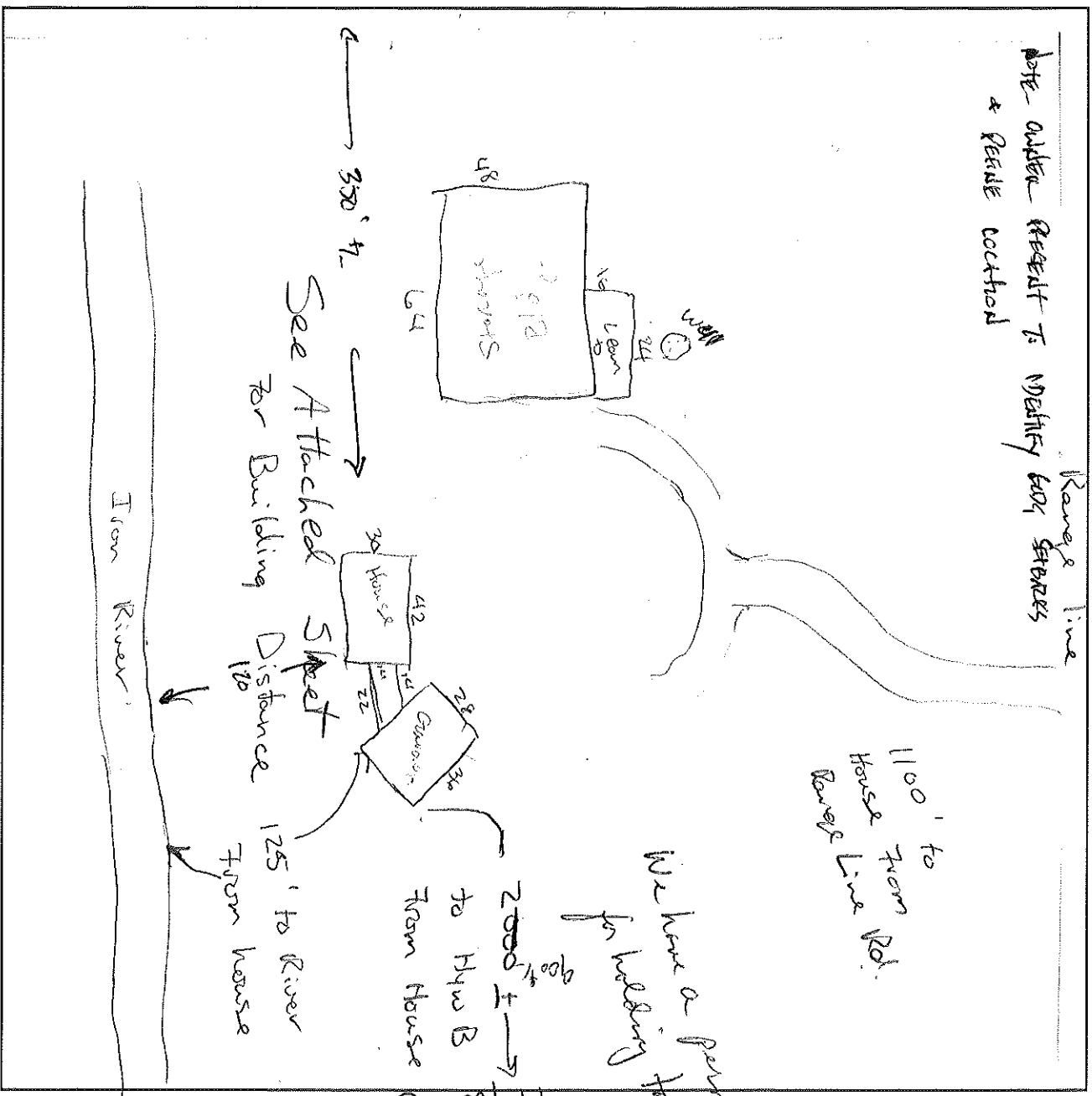
Permit Issued: 05-086 State Sanitary Number 07-0755 Date 9-26-07  
1755  
 Date 6-5-08 Permit Number 08-0209 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEALS TO BE CODE COMPLIANT + LU PERMIT MAY BE ISSUED BY DC Date of Inspection 5.23.08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: A UNIFORM VARIANCE CODE (UC) PERMIT MUST BE OBTAINED FROM THE VARIANCE GRANTED VDC INSPECTION PRIOR TO THE START OF CONSTRUCTION  
 Signed [Signature] Inspector [Signature] Date of Approval MAY 19 2008  
Rec'd for Issuance 5-23-08  
Sec. Clerical Staff  
Permit to DC For TBA  
Spec. Clerical Staff

\* (Processed) STRUCTURE MUST BE AT LEAST 100 FEET FROM THE DRIFT WATER MERE OF THE IRON TRAIL

← 1320' →

Lot Line



Name of Frontage Road (Reynolds 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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field. *See Attached Sheet*
4. Show the location of any lake, river, stream or pond if applicable. *See Attached Sheet*
5. Show the approximate location of other existing structures. *See Attached Sheet*
6. Show the approximate location of any wetlands or slopes over 20 percent. *See Attached Sheet*
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.