

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
MAR 30 2009
Bayfield Co. Zoning Dept.

ENTERED

Application No. 09-0023
Date: _____
Zoning District A6-1
Amount Paid: \$480.-
\$175-70A
4-1-09 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 CLASS A

Use Tax Statement for Legal Description

Legal Description NW 1/4 of NW 1/4 of Section 21 Township 49 N, North, Range 5 West, Town of Washburn

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10 ac. +/-

Volume 1013 Page 183 of Deeds Parcel I.D. 04-050-2-49-05-21-2-02-000-12000

Property Owner Glenn Peavey Contractor Mike Stock & Glenn Peavey (Phone) 715-682-5759

Address of Property Applied for City Hwy C Washburn, WI 54891 Plumber Dennis Bechard

Telephone 715-209-5403 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____ Written Authorization Attached: Yes No

Structure: New Addition _____ Existing _____ Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 180000 Square Footage 1632 SF Sanitary: New Existing _____ Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) 2 Type of Septic/Sanitary System Conventional Drain Field

Residence sq. ft. 1632 SF Mobile Home (manufactured date) _____

* 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) _____ 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 OF 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] Date 4/7/09 ATTACH _____

Address to send permit 111 Pentice Heights, Ashland, WI 54806 Copy of Tax Statement or _____ (If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 09-168 Date 4/15/2009

Date 4/20/09 Permit Number 09-0023 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets code requirements per owners representation. Proposed residence was well staked and property lines well identified by survey. By Trans Tubowitzky Date of inspection 4/07/2009

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

Condition: _____

Signed Trans Tubowitzky Inspector Date of Approval 4/16/2009

Rec'd for Issuance

APR 16, 2009

Secretarial Staff

(Surveyed)

Flagged North Prop. Line - 660'

Flagged West Prop. Line - 660'

East Prop Line - 660'

South Prop Line - 660'

10 acres

to:
20ft
120ft
= 44ft
= 130ft

Measured by Survey

Garage
36' X 70'

Garage
32' X 51'

Home

Replace
Drain Pipe
(Flagged)

County Trunk "C"

S
L

Driveway

257'
to C/L

SITE PLAN for: GLENN PEAVEY and DENA ARNISON

NE 1/4 of NW 1/4, NW 1/4, SECT. 21, T. 49N. R. 5W.

TOWN of WASHBURN

SCALE 1" = 100'