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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
 SEP 28 2010

Application No: 10-0406
 Date: _____
 Zoning District: R-4
 Amount Paid: \$125
9/29/10 *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 _____

Use Tax Statement for Legal Description

Legal Description NW 1/4 of SW 1/4 of Section 16 Township 48 North, Range 5 West, Town of Washburn

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10 acres

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04-050-2-48-05-16-302-000-1300

Property Owner Jesse Paquin Contractor _____ (Phone) _____

Address of Property S. Breiak Road Plumber _____ (Phone) _____

Telephone 715-292-0126 (Home) _____ (Work) _____

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

Structure: New Addition Existing Square Footage 720

Fair Market Value 16,500 Square Footage 720

USE: * Residence or Principal Structure (# of bedrooms) Garage

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. _____ Porch sq. ft. _____

Deck 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) _____

Owner or Authorized Agent (Signature) Jesse Paquin Date _____

Address to send permit P.O. Box 58, Iron River, WI 54891 ATTACH _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 10/8/10 Permit Number 10-0406 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure correct/adequate AS REPRESENTED BY CLIENT. APPEALS TO BE ONE

COMMENT TO BE MADE ONLY BE BASED ON CONDITIONS BY DR Date of Inspection 10-5-10

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

Condition: THE STRUCTURE MAY NOT BE USED FOR ABOUT 48 HOURS OR AS BEING SOME OTHER

ALL APPLICABLE W/2 ZONING & SANITARY CODES ARE BEING MET

Signed [Signature] Inspector _____ Date of Approval 10-5-10

Rec'd for Issuance

W/ ON-SITE USED AS APPRO. DURING

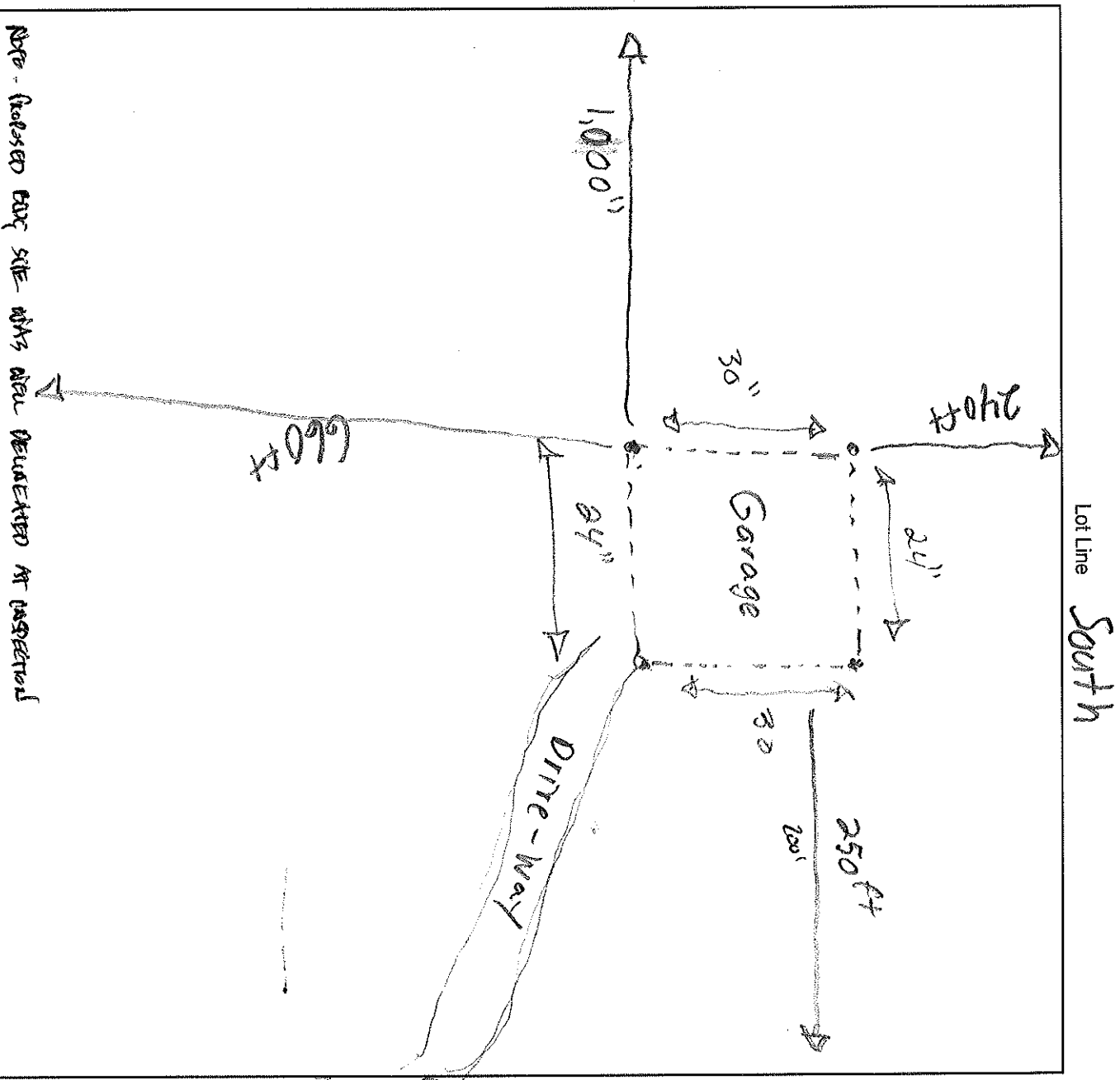
SEP 28 2010

Secretarial Staff

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, the information is true and correct. 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 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.

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1102 8 130



North

Name of Frontage Road (Brouck Rd, N)

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.
 - 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
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:

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.