SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Lad

Lefter

Der Mit

50 8

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

NAR 08 2017

ENTERED

Permit #: Date:

7-0089

Amount Paid:

Refund:

5-8-17 75-3-817

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: OLD ZORING DOP

☐ Shoreland ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? f yescontinue		Section, Township	2//	5:3 1/4, 5E 1/4 SUBJECT TO GASE 232	LOCATION	PROJECT Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))	SEL -	Contractor:	6520 BYARD LINE RD	Address of Property:	JAMOS KOIT + LOSI BURICK	Owners Name:	AIT REQUESTED—► □ LAND USE	- A maketoniamintonamin
ake, Pond or Flowage If yescontinue →▶	/er, Stream (incl. Intermittent) If yes—continue —	5	 }	Town of:	s) CSM Vol & Page		Tax ID# (4-5 digits)		Agent Phone:	Today was a state of the state	Contractor Phone:	1 FOOD POINTS	City/State/Zip:	UNE RO	うくらら のチェアコウ Mailing Address:	□ SANITARY □ PRIVY □	
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Lot(s) No. Block(s) No.	the state of the s			Agent Mailing Address (include City/State/Zip):		Plumber:	IRDN KINGE, WI. SYBY7		IRON RIVER, WILSHAM	City/State/zip:	NDITIONAL USE	
``	*			Lot Size	Subdivision:	Document * 5 x)	Recorded Deed (i.e. #		/State/Zip):	The state of the s				E, WI. SUSHI		SPECIAL USE B.O	
□ Yes □ Yes	Is Property in Are Wetlands Floodplain Zone? Present?		<u>-</u>	Acreage		Y- 17	ed (i.e. # assigned by Register of Deeds) איל (ביי)	□ Yes □ No	Written Authorization Attached		Plumber Phone:	# department of the control of the c	Cell Phone:	372-5630	Telephone:	B.O.A. OTHER	

	. 1	ı								
Proposed Construction:	Existing Structure						12.000	٠		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)			Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	XAddition/Alteration □ 1-Story + Loft □ 1-	☐ New Construction	Project
	or is relevant to it)			☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length: 32	Length: U							💢 Year Round	Seasonal	Use
-	一個 32/				□ None	X 4		2	11	# of bedrooms
Width: 20' Height: S	Width: 3 44' Height: 16'		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: Howwa		☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
				•	2			X Well	□ City	Water

X Non-Shoreland

Proposed Use	`	Proposed Structure	Dimensions	Square Footage
A CONTRACTOR OF THE PARTY OF TH		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(×)	
		with Loft	(x)	
风 Residential Use		with a Porch	(x	
		with (2 ^{rig}) Porch	(x)	
·····		with a Deck	×	
		with (2 nd) Deck	(x	
Commercial Use		with Attached Garage	(×)	
·····		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(20' x 32')	940
	Æ.	Addition/Alteration (specify) HASTER BEDROOM + LIVING RM	(x)	
☐ Municipal Use		Accessory Building (specify)	(x)	
WHITE THE PARTY OF		Accessory Building Addition/Alteration (specify)	(x)	
Her'd for Issuran	د.			
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(x)	
		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) and (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.

Authorized Agent:

Address to send permit

Owner(s): (If there are Multiple Owners

listed on the

Deed All Owr

ers must sign \underline{or} letter(s) of authorization must accompany this application)

Date

0

MAR

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach
Copy of Tax Statement
recently purchased the property send your Recorded Deed

Hold For Sanitary:	An WISTERATER SAMUE TANK SHAN BE SERVICE Signature of Inspector:	Was Proposed Building Site Delineated Yes No Was Proposed Building Site Delineated Yes No Inspection Record: 8 The Total Tot	e Only) (Deed of Record) (Fused/Contiguo)	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from The local Town, Village, City, State or I	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	lete (1) (7) above (prior to 5 Setbacks: (measured to 1	(2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Fr (4) Show: All Existing Structures or (5) Show: (*) Well (W); (*) Septic (6) Show any (*): (*) Lake; (*) River; (*) S (7) Show any (*): (*) Wetlands; or (*) Slo
Hold For Affidavit: Hold For Fees;	inten The Howing Thank Its	Were Property Lines Represented by Owner Yes Was Property Surveyed Yes Was Property Surveyed Yes TEAU VEO ABH TE WEST Zoning Lakes Cletted by Was Ino - (If No they reed it) be attached.)	VNumber: 298252 # of bedrooms: Saffice S-8-17 Date: S-8-17 No Mitigation Required Previously Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Case #:	Feet Setback to Well Feet Setback to Well Faet Setback to Well Faet Setback, the boundary line from which the setback must be measured must be visil setback, the boundary line from which the setb triment by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote by use of a corrected compass from a known corner within 500 feet of the promote from the boundary line from the setback, the boundary line from the setback within 500 feet of the promote from the promot	Measurement Description 30.5 Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland Feet Setback from Wetland Feet Setback from Floodplain	Changes in plans must be approve	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
	150 JENETER TON	District (1) assification (1) Re-Inspection:	98 D Yes	Je from one previously surveyed corner to the ack must be measured must be visible from opposed site of the structure, or must be T), Privy (P), and Well (W), Degun. Owelling Code.	Measurement Feet Feet Feet No Feet Feet	ed by the Planning & Zoning Dept.	

below: Draw or Sketch your Property (regardless of what you are applying for)

May Also Be Required

After-the-Fact

ND USE - X SANITARY - 298256

SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

James & Lori Butrick 17-0089 Issued To: No. Oulu SE 13 Range 9 Location: **SW** ½ of Section Township 48 W. Town of CSM# Subdivision Lot Block Gov't Lot

For: Residential Addition / Alteration: [1- Story; Master Bedroom / Livingroom (20' x 32') = 640 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): All wastewater shall enter the holding tank. Holding tank shall be serviced when full by certified septage operator.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 2, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR BAYFIELD COUNTY, W

HOR

#150.00

Salf (Green)

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

	TO:		ELD COUNTY, WISCONSIN	LICATION FOR PERMIT
Z e		An	Da Da	Pe
Refund:	ATT	nount Paid:	ite:	Permit #:
	18,000	75.	5-2-17	17-0090
	-	***		

☐ Shoreland — ☐ Is Property/Land	☐ Is Property/Land within 300 feet of I Creek or Landward side of Floodplain?	Section 13, Township 48	SW 1/4, SE 1/4 SWBJECT TO CHSC 232	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	6530 BAYFIRD LINE RD	Address of Property:	JAMES KEITH + WILL BUTBLICK	Owner's Name:	TYPE OF PERMIT REQUESTED—▶ □	necks are made payable to: Bayrield County Loning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPELDIMENT CO. ZOTHING Dept.
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	within 300 feet of Rive side of Floodplain?	N, Range	Gov't Lot lot(s)	(Use Tax Statement)	a behalf of Owner(s))				umpick		☐ LAND USE ☐ SANITARY	TS HAVE BEEN ISSUED TO
te, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yescontinue —	W Town of:	CSM Vol & Page	Tax ID# (4-5 digits)	Agent Phone:	Contractor Phone:	IRON RIVER, WI. SHRYT	City/State/Zip:	COSTO OTHER ASS	Mailing Address:	□ PRIVY	APARIONANT Co. Zonin
		Owlu	e Lot(s) No.		Agent Mailing Address (include City/State/Zip):	Plumber:	, w, s				☐ CONDITIONAL USE	S S S
structure	tructure				Address (1,484		ROW R	City/State/Zip:	NAL USE	(
Distance Structure is from Shoreline :	Distance Structure is from Shoreline:		Block(s) No.		nclude City/s		7		IRON RIVER, WIL SUSUT	Zip:	☐ SPECIAL USE	
eline : feet	eline : feet	Lot Size	Subdivision:	Recorded De	tate/Zip):				N1. 54			
□ Yes XNo	Is Property in Floodplain Zone?			red (i.e. # as		_		_			□ в.о.а.	
0 ½	rty in . Zone?	Acreage		signed by F	Written Author Attached	Plumber Phone:		Cell Phone:	372-	elephone	. OTHER	
⊒ Yes ≽ No	Are Wetlands Present?	4		Recorded Deed (i.e. # assigned by Register of Deeds) Document V. 147 R. 14	Written Authorization Attached □ Yes □ No	hone:			372-5230	1.	THER	

		100	if yescommue —		l ecc		3
XNon-Shoreland							
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Type of tary System property?	Water
	New Construction	X 1-Story	☐ Seasonal	□ 1	☐ Municipal/City		☐ City
ጉ	☐ Addition/Alteration	☐ 1-Story + Loft	瓦 Year Round	□ 2	□ (New) Sanitary Specify Type:	fy Type:	X WeⅡ
	☐ Conversion	☐ 2-Story		□ 3	風 Sanitary (Exists) Specify Type: 中のいがら	ify Type: Hのいら	
	Relocate (existing bldg)	□ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	lted (min 200 gallon)	
•	□ Run a Business on	□ No Basement		ズ None	☐ Portable (w/service contract)	ntract)	
	Property	☐ Foundation			☐ Compost Toilet		
	***************************************	- Address - Addr			None		***************************************
Existing Structur	Existing Structure: (If permit being applied for is relevant to it)	r is relevant to it)	Length:		Width:	Height:	
Proposed Construction:	uction:		Length: 36	}	Width: 24'	Height: 12	

Proposed Use	•	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(X)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	×	
X Residential Use		with a Porch	(x)	:
		with (2 nd) Porch	(x)	
		with a Deck	(x)	
		with (2 nd) Deck	(x)	
Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(X)	
		Wobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	(X)	
Municipal Use	×	Accessory Building (specify) SALASE	(24 × 36)	864
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	(X)	
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(×)	
Secretarial Staff		Other: (explain)	(x)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

if (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) providing and that it will be relied upon by Bayfield Country in determining whether to issue a permit. I (we) further accept liability which into a providing on this information, (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable trip for the purpose of inspection.

	Owner(s): / / / Owner(s)
=	Š
E .	酉
6	<u>S</u>
a,	
13	Ν
₫/	I١
퓽	Ν
<u>e</u>	1
š	ــا
9	(
S.	4
35	
e	\
9	k\
3	לו
(D)	۱,
ě	17
Ď.	(
Ξ.	7
Õ	ľ
ž	lì
SLB	}
3	ľ
S	L
S	l
9	l
9	l
ō	l
퓨	l
ŝ	l
0	l
au au	l
들	l
ğ	l
52	
<u>ā</u> .	1
ž	1
3	l
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompar	l
<u>a</u> C	
S	1
귥	
ត	i

ny this application) Date 100 MAR

	\mathbf{r}
	Ξ.
	=
	0
	Ξ.
	ē
	•
	\triangleright
	20
	10.
	7
=	
ō:	
=	
n n	100
(D)	
N.	
ā	100
₹	
ത്	1
0	
23	
ğ	l
3	į .
Ω	ĺ
h	l
읔	l
***	l
9	l
ñ	l
š	l
3	l
<u>a</u>	l
3	l
	l
D)	l
Φ	l
급	l
100	l
0	1
	1
20	1
4	1
õ	l
Ξ.	l
23	l
mt.	l
2	l
	l
≓	
S	
-	1
5	1
g	
ă	l
끍	l
ă	ł
3	
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this	ł
Ξ.	I
22.	

Address to send permit

Date

application)

Hold F	Signat	Condit	Date o	Was	Grante Yes	ls Pan	Permit #:	Issua Permit		Prior to the plac other previously Prior to the plac one previously s marked by a lice	Setbac	Setbac	Setbac	Setbac	Setbac	Setback		<u>0</u> 00000000000000000000000000000000000	
Hold For Sanitary:	Signature of Inspector:	Condition(s): Town,	where the section record: The section record: The section record:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	# 12-0	Issuance Information (County Use Only) Permit Denied (Date):	(9)	use mem	13.15	k to Septic	Setback from the Setback from the I	Setback from the South Lot Line	k from the	k from the		comple (8)	(2) (2) (3) (4) (5) (6) (7)
	tor:	ı, čommittee S/~	3 SK	Parcel Legali ilding Site D	:e (В.О.А.)	-Standard L on Ownersh n-Conformir	7-0090	nation (Co	Stake or N N For The Co	construction of construction of construction of construction of the oty	ortable, Co	or or	West Lot Line East Lot Line	North Lot L	Established	Centerline	Description	te (1) – (7) Setbacks:	Show / Indicate: Show Location of (*): Show: Show: Show any (*): Show any (*): Show any (*):
Hold F		١ ٨	rites Litare	y Created elineated	Case #:	ot	- 1:5	ounty Use	lark Propo OTICE: All Li	a structure with ed by a licenser a structure more her previously sure ner's expense.	omposting)	Holding Tank	ne e	ine	Right-of-W	from the Centerline of Platted Road	ă	above (pri (measured	ion of (*):
Hold For TBA.\	$N \setminus N$	Board Conditions A		□ Yes □ N		(Deed of Rec (Fused/Conti		Only)	sed Location and Use Pernormand Use Pernormand Thew One The local	in ten (10) feet d surveyor at the re than ten (10) i urveyed corner,					lay	load		complete (1) - (7) above (prior to continuing)(8) Setbacks: (measured to the closest point)	(*) Driv All Exist (*) Well (*) Lake (*) Wet
		Attached? []	to . A	No	l.v	(Deed of Record)(Fused/Contiguous Lot(s))	Permit Date:	Sanitary Reason	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	ent or construction of a structure within ten (10) feet of the minimum required setbs riveyed corner or marked by a licensed surveyor at the owner's expense. ent or construction of a structure more than ten (10) feet but less than thirty (30) fee eyed corner to the other previously surveyed corner, or verifiable by the Departmen ds surveyor at the owner's expense.		811	1084	85		432	Meası	oint)	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% CARASS CARASS
Hold For Affidavit:		Yes _ No-	8 75 12	1 I I		O O O	Ņ	Sanitary Number: Reason for Denial:	w Construct The (1) Year Y Dwelling: Le, City, State	required setbac e. 1 thirty (30) feet he Department l	Feet	Feet		7 Feet	Feet	`	Measurement	BAIREL	or (*) Slopes ove
∿ffidavit: 🗌		JIE Mo they need	となる	1 2 2	Previo		2-17		ion, Septic from the Da ALL Municip or Federal	k, the boundary from the minim yy use of a corre		: Set						D CINIE	Road (Nam Property STT); (*) Drai C'creek; or (* er 20%
		to be	3-5-8	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No	Mitigation Required Mitigation Attached			Tank (ST), D te of Issuanc allities Are R agencies ma	boundary line from which the setback must be the minimum required setback, the boundary li of a corrected compass from a known corner w		back to Well	20% Slope Area on pro Elevation of Floodplain	Setback from Wetland	Setback from the River, Stream, Creek Setback from the Bank or Bluff	back from th		B	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% Sited Graphin (B) Graphin
Hold For Fees:		gttached.) 1	= \$ \	ines Represi Was Pro	by Variance	d Pes	_	# of bedrooms:	rain field (E re if Constru equired To t y also requii	the setback mu back, the bound om a known cor			a on prope odplain	Vetland	ne River, St	ne Lake (ord	Description	hanges in p	Road)
Fees:		7) ()	enda l	ented by Ow operty Surve		□ No		ooms:	OF), Holding ction or Use inforce The repermits.	st be measured i ary line from wh ner within 500 fi			rty		ream, Creel Bluff	dinary high-	ption	Changes in plans must be approvi	(T) B Tank (HT)
		ahi	Zonii Lake Date	/ner □ Yes yed □ Yes	Case #:	Affidav Affidav		Sanit	Tank (HT), has not beg Uniform Dw	ired must be visible f n which the setback 500 feet of the propo					 	high-water mark)		e approved	and/or (*)
	Date of Approval-	tata	Zoning District Lakes Classification (Date of Re-Inspection:	8 8		Affidavit Required Affidavit Attached		nitary Date:	HT), <u>Privy (P)</u> , ar begun. Dwelling Code.	from one previously surveyed corner to the must be measured must be visible from osed site of the structure, or must be								ed by the Planning & Zoning Dept.	Privy (P)
`	Cyleho.	tion	on (XZ	•		□ Yes			nd <u>Well</u> (W	usly surveyed co ed must be visib tructure, or mus	- [73	Yes			***************************************	Measurement	iing & Zonir	
!				O O		□ □ No No).	orner to the ble from st be		Feet	No Feet	Feet	Feet	Feet	ent	ng Dept.	

own, City, Village, State or Federal Permits May Also Be Required After-the-Fact

LAND USE - X
SANITARY - 298256
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

May 2, 2017

Date

James & Lori Butrick 17-0090 Issued To: No. SW ¼ of SE 13 48 Oulu Location: Section Township N. Range 9 W. Town of CSM# Lot Block Subdivision Gov't Lot For: Residential Accessory Structure: [1-Story; Garage (24' x 36') = 864 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting. Condition(s): Shall not be used for human habitation. **Jennifer Murphy** This permit expires one year from date of issuance if the authorized construction NOTE: **Authorized Issuing Official** work or land use has not begun. Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found

completed or if any prohibitory conditions are violated.

to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not