

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 2012

\$75



Application No.: 12-0161
Date: 5-30-12
Zoning District: R-1, Class 3
Amount Paid: \$75.00 BODS
5/17/12

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
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 _____ 1/4 of _____ 1/4 of Section 19 Township 45 North, Range 9 West, Town of Barnes
Gov't Lot _____ Lot 52 Block _____ Subdivision Lawrence Field csm # To follow from Estate Acreage 1.076
Volume 685 Page 360 of Deeds Parcel I.D. 04-004-3-45-08-19-1 00-344-20000

Property Owner: Bob Miller
Address of Property: 1470 Broken Arrow Trail
BARNES WI, 54873
Contractor: Maintenance Const/Phone 715-785-2220

Telephone: (612) 963-6514 (Home) 651-766-8080 (Work)
Authorized Agent: Jeremy Driscoll (phone) (715) 795-2220

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 _____ Number of Stories _____
Fair Market Value 13,000 Square Footage 264 Sanitary: New _____ Existing Privy _____ City _____
Type of Septic/Sanitary System Drain Field - Conv.
USE: * Residence or Principal Structure (# of bedrooms) 12' x 22'
 Mobile Home (manufactured date) _____

- * Residence sq. ft. _____
- * Residence wideck-porch (# of bedrooms) _____
- Residence sq. ft. _____ Porch sq. ft. _____
- Deck sq. ft. _____ Deck(2) sq. ft. _____
- * Residence w/attached garage (# of bedrooms) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) 3 Season Porch
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- Commercial Principal Building _____
- Commercial Principal Building Addition (explain) _____
- Commercial Accessory Building (explain) _____
- Commercial Accessory Building Addition (explain) _____
- Commercial Other (explain) _____
- Special/Conditional Use (explain) _____
- External Improvements to Principal Building (explain) _____
- External Improvements to Accessory Building (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.

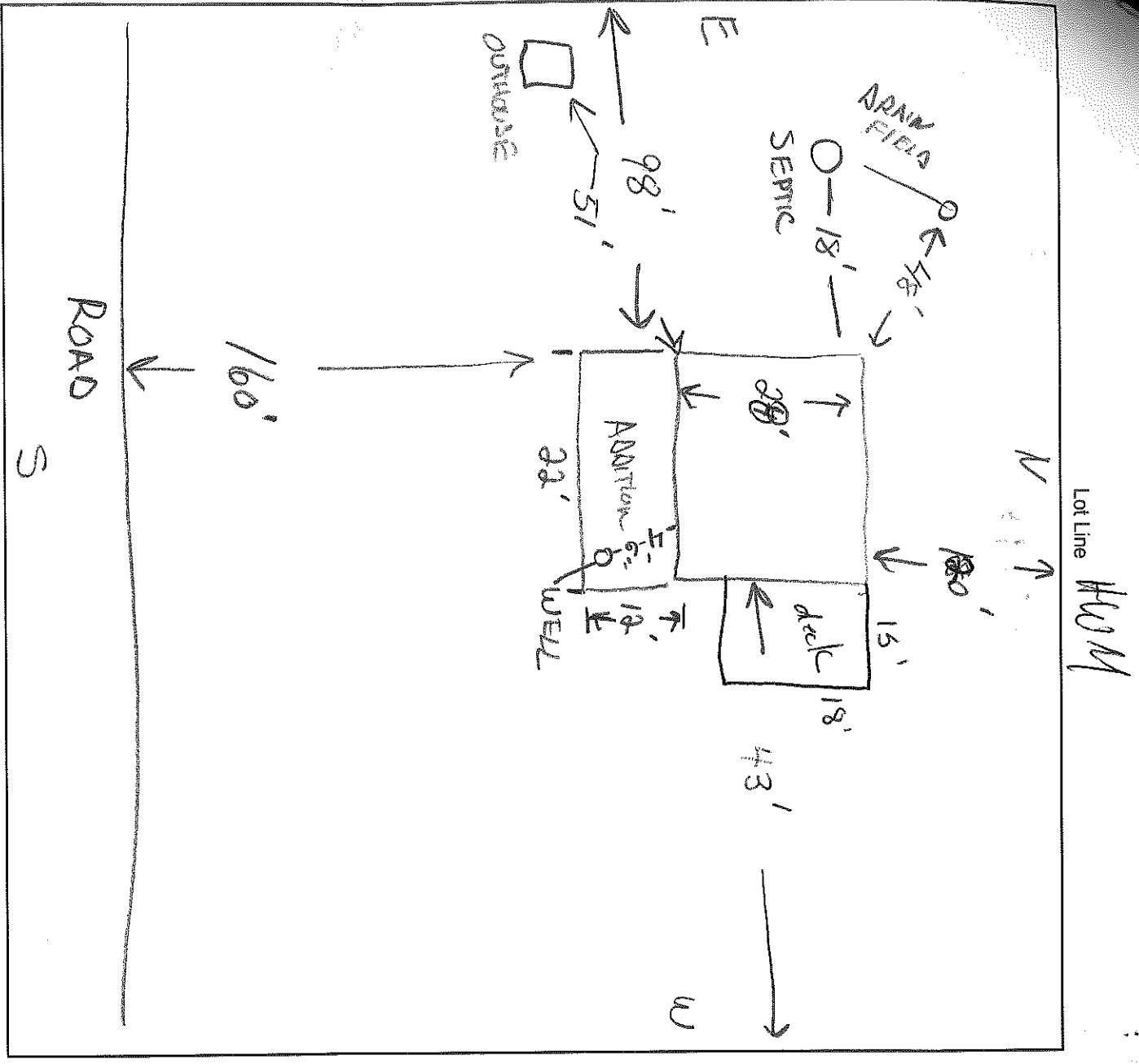
Owner or Authorized Agent (Signature) [Signature] Date 5/14/12
Address to send permit 52230 Moor Rd Barnes WI 54873
ATTACH _____
* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE
State Sanitary Number 282798 Date 5/30/1997
Permit Issued: Date 5-30-12 Permit Number 12-0161 Permit Denied (Date) _____

Reason for Denial: _____
Inspection Record: Reporty lines per agents representative.
By M. Furtak Date of Inspection 5-29-12

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

Rec'd for Issuance MAV 30 2012
Signed [Signature] Inspector Michael Furtak Date of Approval 5-30-12
Secretarial Staff Authorization



Name of Frontage Road BROKEN ARROW TRAIL # 1476

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-8 (a-o) COMPLETELY.

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.
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:
 - 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

*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.