

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 573-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 17 2011

Bayfield Co. Zoning Dept.

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.

Application No: 11-0146
Date: 6-2-11
Zoning District: R-1/R3, Class 1
Amount Paid: \$600.00 EDS
5/20/11

\$600 

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 9 Township 44 North, Range 9 West, Town of Barnes
Gov't Lot 2 Lot 2 Block _____ Subdivision _____ U.G.P. 1388 CSM # 1050 Acreage 4.52

Volume 816 Page 354 of Deeds Parcel I.D. 04-004-2-44-09-09-2.05-002-60000

Property Owner RICK & SARA MARKHAM Contractor GREG PETERSON (Phone) 715-558-1808

Address of Property Barnes WI, 54873 Plumber Petes Plumbing

Authorized Agent _____ (Phone) _____

Telephone 763-677-1817 (Home) _____ (Work) _____ Written Authorization Attached: Yes No

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 4577 10ft wellcut Number of Stories 1

Fair Market Value \$300,000 Square Footage 1000 Sanitary: New Existing _____ Privy _____ City _____

USE: _____ Type of Septic/Sanitary System conventional

* Residence or Principal Structure (# of bedrooms) _____ Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) 3 Commercial Principal Building Addition (explain) _____

Residence sq. ft. 1000 Deck(2) sq. ft. 8' x 8' = 64 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 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 ~~ordinance to have access to the above described property at any reasonable time for the purpose of inspection.~~

Owner or Authorized Agent (Signature) Mig Pederson Date 5-2-11

Address to send permit 11397N Co Lead Hayward WI 54843 ATACH 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 11-305 Date 6-1-11

Date 6-2-11 Permit Number 11-0146 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: well staked. Meets all setbacks. Property lines per contractor's representations. By M. Furtak Date of Inspection 5-17-11

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

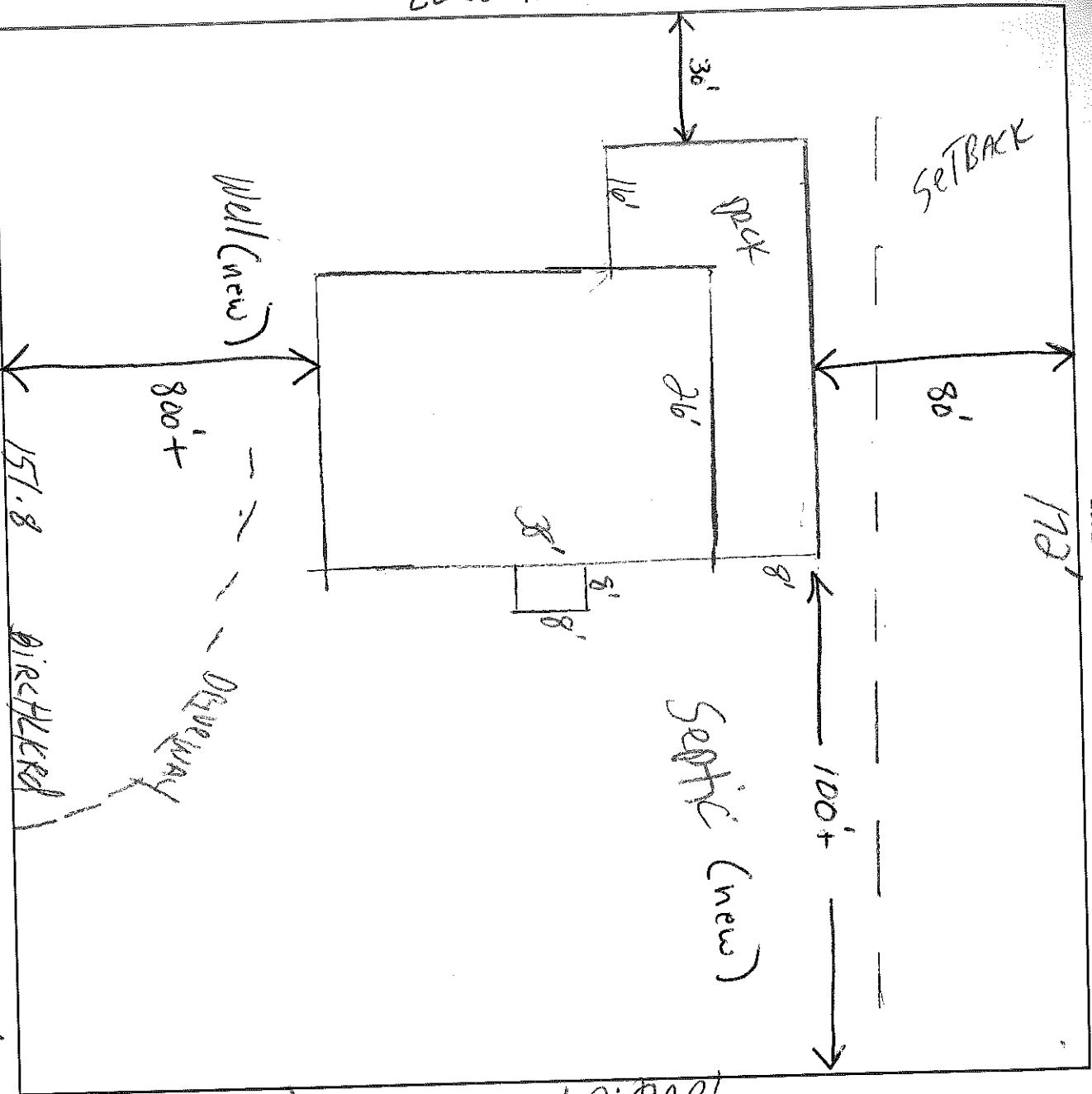
Condition: _____

Signed Michael Furtak Date of Approval 5-19-11

Inspector _____

BONY LAKE
OH 44131

Lot Line



1288.77

Name of Frontage Road (50825 BIRCH LAKE Road)

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

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.