

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 23 2011

Application No: 11-0188
 Date: 6-28-11
 Zoning District: F-1
 Amount Paid: 5/24/2011 \$125.00
RDS
\$175.00 205 6/1/11

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 SW 1/4 of SW 1/4 of Section 34 Township 45 North, Range 9 West, Town of Barnes

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 28.0

Volume 1004 Page 980 of Deeds Parcel I.D. 04-004-a-45-09-34-3 03-000-10000

Property Owner John Traynor Contractor self (Phone) _____

Address of Property 4080 E. Robinson Lake Rd. Pumber _____ (Phone) _____

BARNES, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 715-821-8588 (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 _____ Basement: Yes _____ No Number of Stories 1

Fair Market Value \$ 7000 Square Footage 1268 Sanitary: New _____ Existing Privy _____ City _____

USE: Type of Septic/Sanitary System _____ Septic

* Residence or Principal Structure (# of bedrooms) 3 Mobile Home (manufactured date) 1989

Residence sq. ft. 14470 = 980 Commercial Principal Building _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Deck sq. ft. 144 Commercial Accessory Building (explain) _____

Residence sq. ft. _____ Deck(2) sq. ft. 144 Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____

Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____

Residential Other (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 5/20/11 ATTACH Copy of Tax Statement or Address to send permit 1315 Orange St Bay Falls, WI 54822 Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 10-675 Date 7/7/2010

Date 6-28-11 Permit Number 11-0188 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Will attend Meet all perhanks. Property lines previous

representations. BY M. Furtak Date of inspection 5-31-11

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

Condition: _____

Rec'd for Issuance Signed Michael Furtak Date of Approval 6-1-11

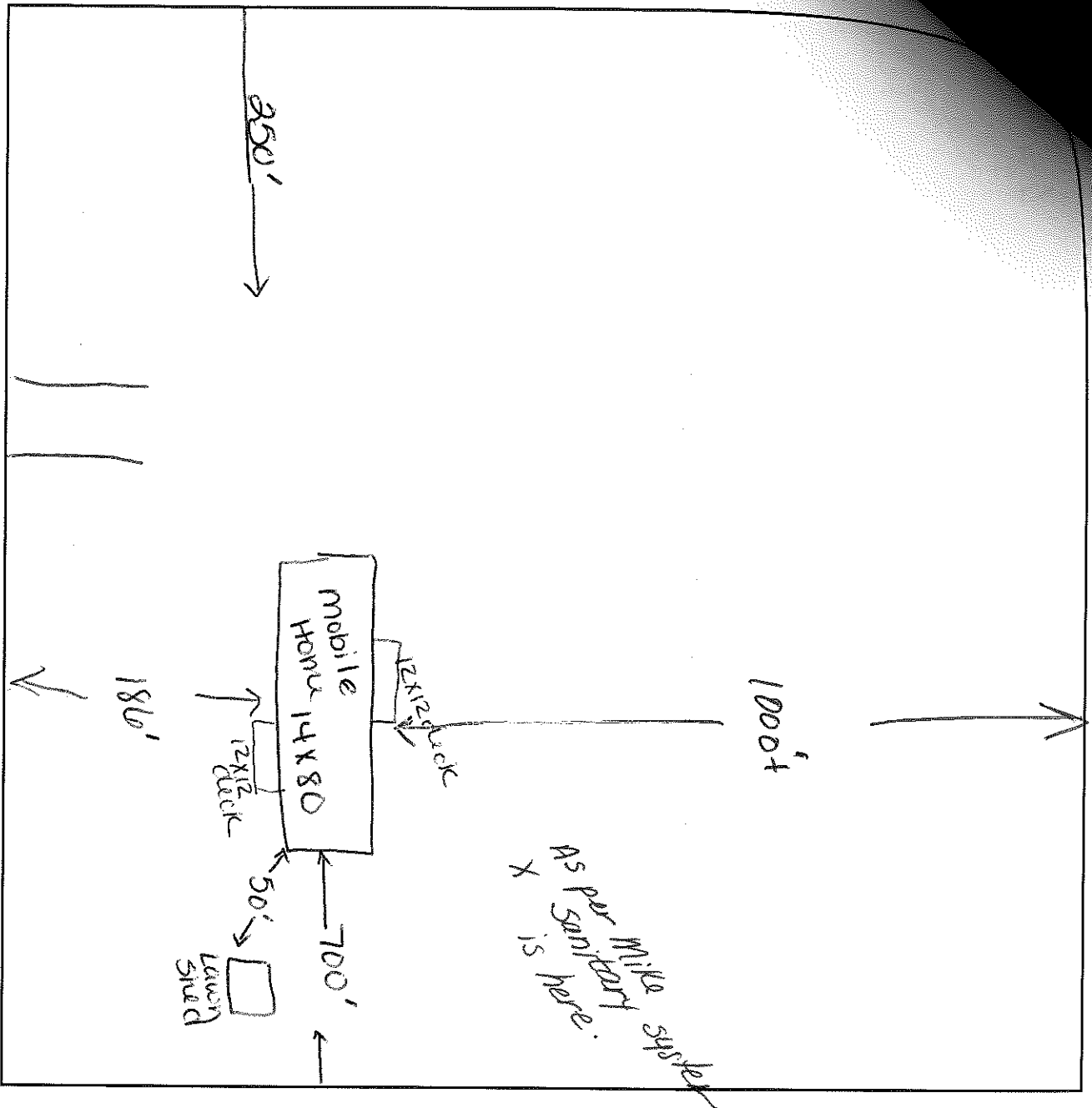
JUN 28 2011 Inspector _____

Secretarial Staff [Signature] Setback verified

NO Sanitary with on plot plan?

ENTERED

Lot Line



Name of Frontage Road *(E. Robinson Lane Rd)*

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.