

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washington, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUN 27 2011

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.

Application No. 11-0291  
Date: 8-1-11  
Zoning District: R-2  
Amount Paid: \$125.00 EOS  
7/5/11

\$125  
ENTERED

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Use Tax Statement for Legal Description

Legal Description: SKW 1/4 of NW 16 Township 44 North, Range 9 West, Town of Barnes  
Subdivision V.T. P. 430 CSM # 1269 Acreage 4.74

Govt Lot 1 Lot 1 Block 1 Subdivision 04-004-2-44-09-16-2 Parcel I.D. 03-000-30000

Volume 903 Page 565 of Deeds

Property Owner James P. Clements Contractor SELF (Phone) \_\_\_\_\_

Address of Property XXX E. Shaw Rd Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Barnes, WI 54873 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715-772-4524 (Home) 715-495-9876 (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 \$2000 Square Footage 230 Sanitary: New  Existing  Privy  City \_\_\_\_\_

USE:  Residence or Principal Structure (# of bedrooms) 0 Type of Septic/Sanitary System Con

Residence w/ deck/porch (# of bedrooms) Storage Bldg. (10x23)  Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  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) \_\_\_\_\_

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) James P. Clements Date 6-17-11

Address to send permit: 3109 State Hwy 29, Spring Valley, WI 54767 ATtach  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 467857 Date 6-16-05

Date 8-1-11 Permit Number 11-0291 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Meets all setback Property Lines per owner's

representations BY M. Furtak Date of Inspection 6-28-11

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

Condition: May not be used for human habitation. No water under

plumbe in structure. Rsc'd for Issuance Michael Furtak Date of Approval 6-28-11

JUL 15 2011

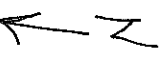
Secretarial Staff

AUG 1 2011

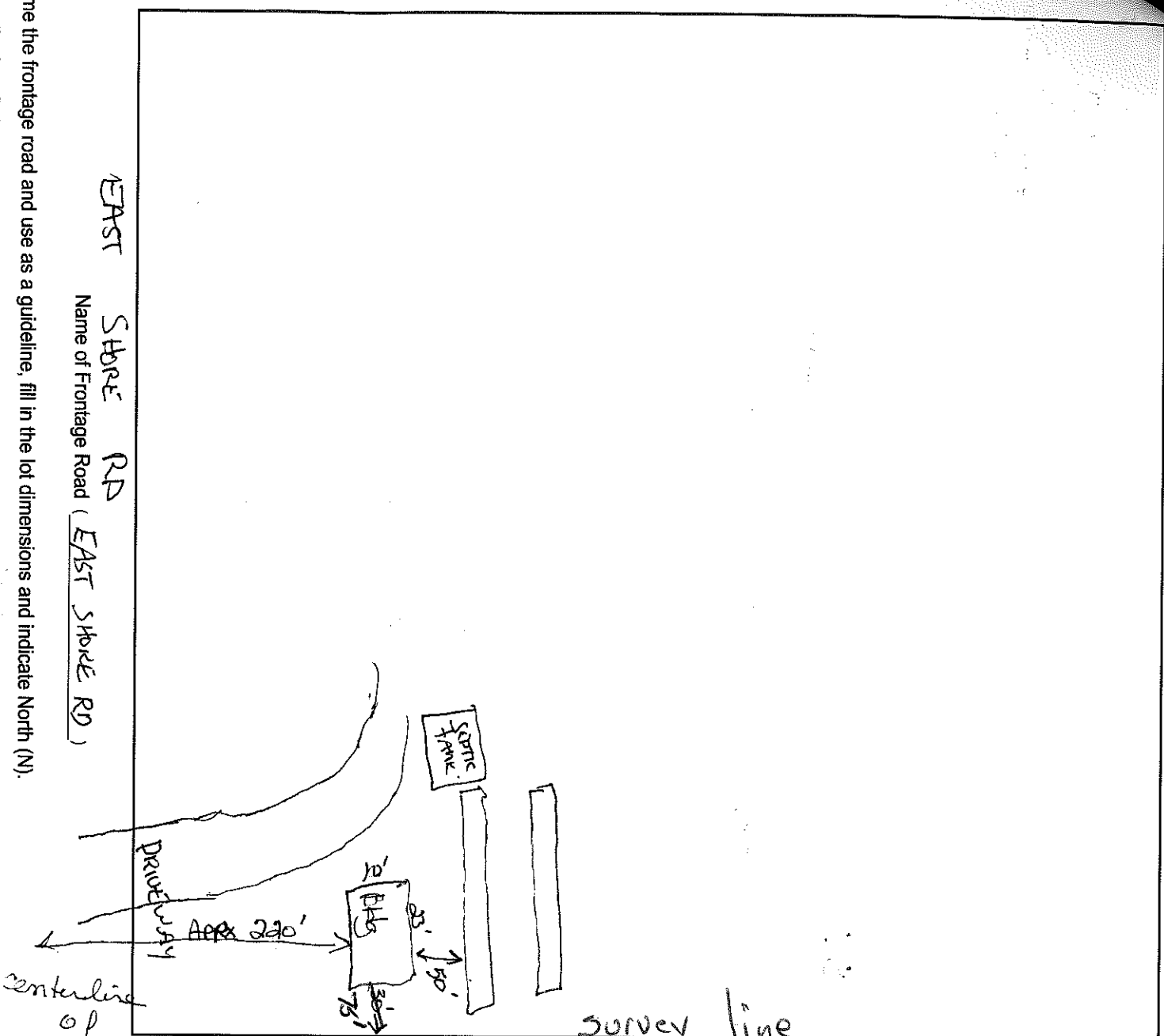
Inspector

~~Not being built~~  
~~Secretary~~  
~~Secretary~~

Lot Line



EAST SHORE RD  
Name of Frontage Road (EAST SHORE RD)



**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.