

ENTERED

MIKE McDevitt 70 The Site + 16660 17.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

RECEIVED
SEP 21 2011

Application No.: 11-0351
Date: 9/28/2011
Zoning District: R-1, Class 1
Amount Paid: \$750.00 POS
9/22/11

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 _____ 1/4 of _____ 1/4 of Section 11 Township 44 North, Range 9 West, Town of Bayfield
CSM # _____ Acreage 16.1255066

Gov't Lot 4 Lot _____ Block _____ Subdivision _____ Parcel I.D. 04-004-2-44-09-11-2 05-004-12000

Volume 1065 Page 522 of Deeds _____ Contractor John Resmussen (Phone) 715-631-6039

Property Owner _____ Plumber Bill Barnes (Phoned) Resmussen

Address of Property 5090 Bayfield Hwy Authorized Agent _____ (Phone) _____
Bayfield, WI 54873

Telephone 1-402-274-2698 (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 1/2

Fair Market Value \$250,000 Square Footage _____ Sanitary: New Existing _____ Privy City _____

USE: Type of Septic/Sanitary System Comu

- * Residence or Principal Structure (# of bedrooms) 3
 - Commercial Principal Building _____
 - Commercial Principal Building Addition (explain) _____
 - Commercial Accessory Building (explain) _____
 - Commercial Accessory Building Addition (explain) _____
 - Commercial Other (explain) _____
- * Residence w/attached garage (# of bedrooms) 6 x 20'
 - Special/Conditional Use (explain) _____
 - External Improvements to Principal Building (explain) _____
 - External Improvements to Accessory Building (explain) _____
- Residence sq. ft. _____ Garage sq. ft. _____
- Residential Addition / Alteration (explain) _____
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (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 ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Scott L. Bygum Date 8-10-11

Address to send permit 2518 McConnell Ave ATTACH _____
Ashburn NE 68305 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 11-928 Date 9-14-11

Date 9/28/2011 Permit Number 11-0351 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Must all attached Property lines per contractor

Inspection Report: reputations. By M. Furtak Date of Inspection 9-19-11

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

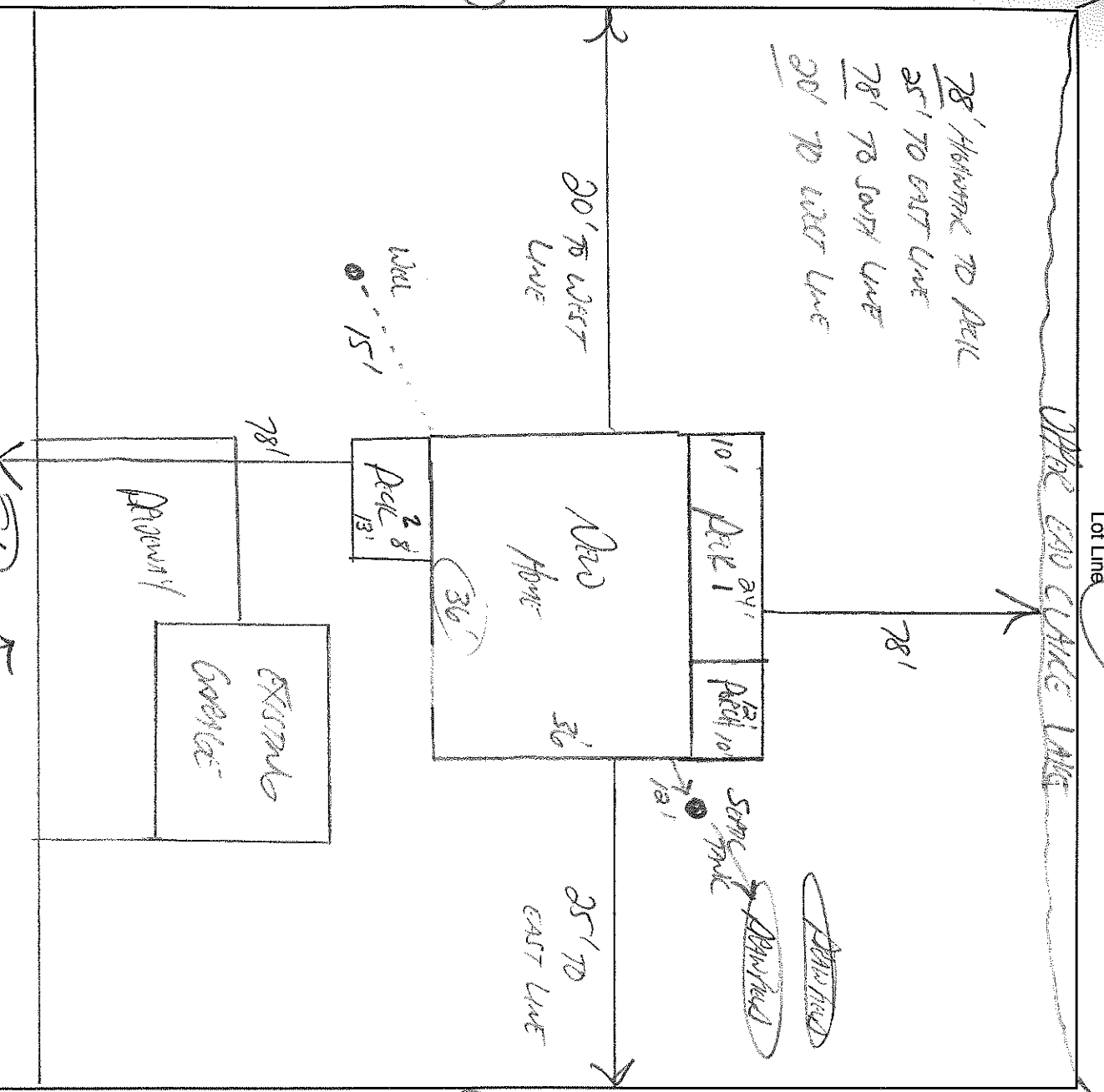
Condition: Deck must be at least 10' from chain field dispersal

Cell: _____ Signed Michael Furtak Date of Approval 9-27-11

Inspector _____ Rate of Approval _____

Sub-Standard lot of record. V.338, P.113 SEP 28 2011

V.168, P.84 Secretarial Staff



Name of Frontage Road (Lynne Dr 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.