

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
APR 07, 2010
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.

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

Use Tax Statement for Legal Description

part of Legal Description SW 1/4 of SW 1/4 of Section 30 Township 45 North, Range 9 West. Town of Barnes

Gov't Lot 1025 Lot 15 Block 04-004-2-45-09-30-3 Subdivision 03-000-01000 CSM # 6.871 Acreage

Volume 1025 Page 15 of Deeds Parcel I.D. 04-004-2-45-09-30-3

Property Owner Jeffrey Johnson Contractor SELF (Phone)

Address of Property 53060 State Hwy 27 Plumber

Barnes, WI 54873 Authorized Agent (Phone)

Telephone 795-2346 (Home) 612-803-0175 (Work)

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 \$10,000 Square Footage 280 sq ft Sanitary: New Existing Privy City

USE: * Residence or Principal Structure (# of bedrooms) 10' x 21' Type of Septic/Sanitary System

* Residence sq. ft. _____ Mobile Home (manufactured date)

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

Residence sq. ft. _____ Commercial Principal Building Addition (explain) _____

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

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

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) bathroom / laundry room 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 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 4-6-10

Address to send permit 49675 East Shore Rd, Barnes, WI 54873 ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 5/3/10 Permit Number 10-0108 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: MM sets all setbacks. Property lines per owners representations By MM, Furtak Date of Inspection 4-20-10

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

Condition: No water under pressure may enter structure. No plumbing fixtures in building unless a sanitary system (POWSS) is installed to treat and dispense waste water.

Signed Michael Furtak Inspector Date of Approval _____

Rec'd for Issuance

APR 29 2010

Secretarial Staff

For San. info / conch

ENTERED

\$75

Application No: 10-0108

Date: _____

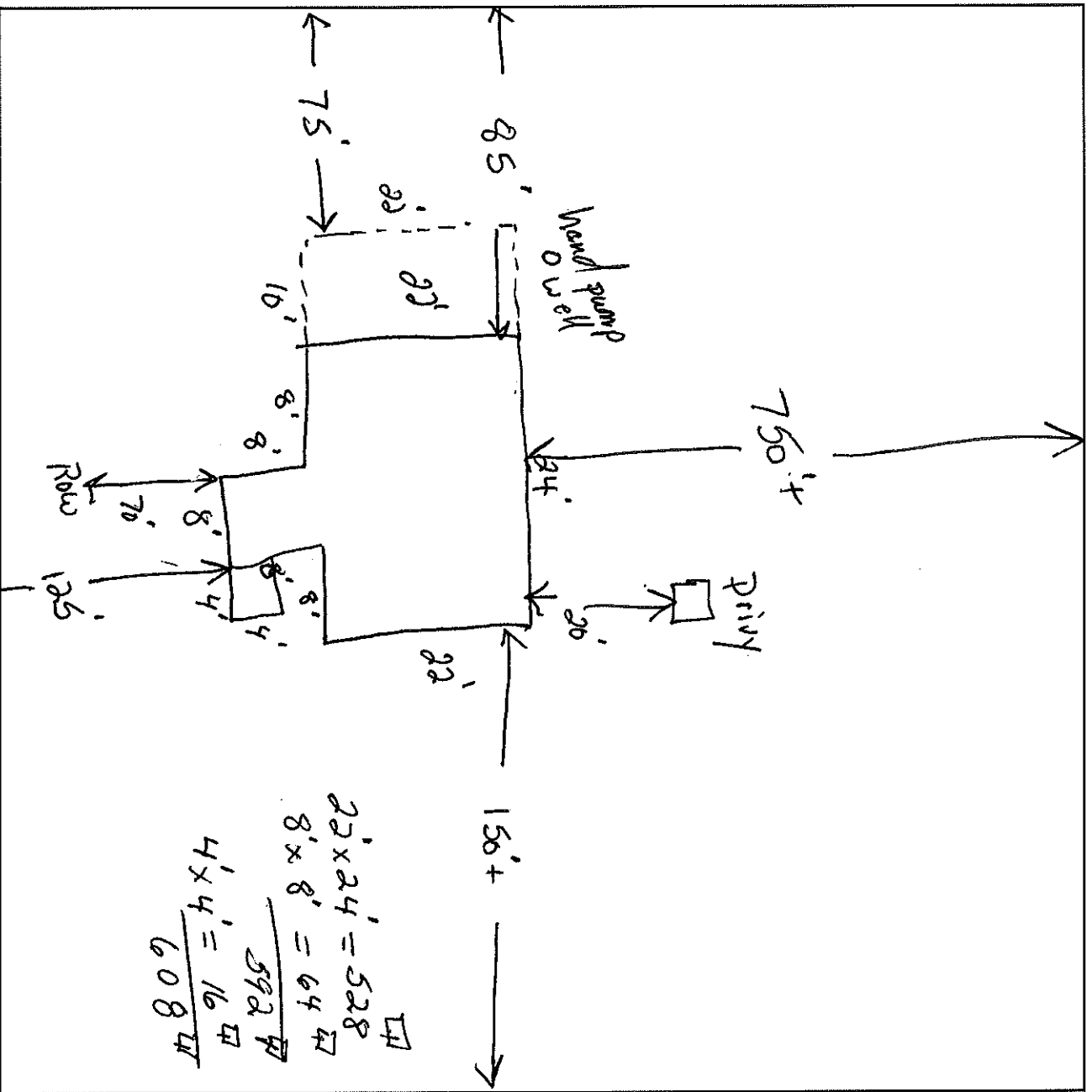
Zoning District: R-2

Amount Paid: \$75.00 ROS

4/16/10

BACK to mt

Lot Line



Name of Frontage Road (St. Hwy 27)

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.