

**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**

OCT 19 2010

\$765

Application No: 10-0466  
 Date: 11/18/10  
 Zoning District: R-1, R-3, Class 1  
 Amount Paid: \$765.00  
Mg

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

Legal Description part of 3 Lot 3 Block NE 1/4 of Section 11 Township 44 North, Range 9 West, Town of Barnes

Volume 1046 Page 156 of Deeds Parcel I.D. 04-004-2-44-09-11-1 05-003-20000 CSM # 4.701

Property Owner Willis Gill - Gills Cabins LLC (Contractor)  
 Address of Property 5780 Lyndale Dr. Barnes (Phone) same

Telephone 503-665-6144 (Home) (Work) Authorized Agent Willis Gill (Phone) same  
 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 2  
 Fair Market Value \$255,000 Square Footage 1512 Main City Portland  
 USE: 1512 Basement type of Septic/Sanitary System Drain Field

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) 3
- Residence sq. ft. 1512 + 1512 Porch sq. ft. 320
- Deck sq. ft. 512
- \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_
- Residence sq. ft. \_\_\_\_\_
- Residential Addition / Alteration (explain) \_\_\_\_\_
- Residential Accessory Building (explain) \_\_\_\_\_
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (explain) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
- Commercial Accessory Building (explain) \_\_\_\_\_
- Commercial Accessory Building Addition (explain) \_\_\_\_\_
- Commercial Other (explain) \_\_\_\_\_
- Special/Conditional Use (explain) \_\_\_\_\_
- External Improvements to Principal Building (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) Willis Gill Date 10/20/10  
 Address to send permit 4170 SW Dogwood Lane  
Portland OR 97225

\* See Notice on Back ATTACH Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 10-1315 Date 11/10/10  
 Date 11/12/10 Permit Number 10-0466 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 Inspection Record: Well staked. Meets all setbacks. Property line per owner's representations. By M. Futek Date of Inspection 10-26-10

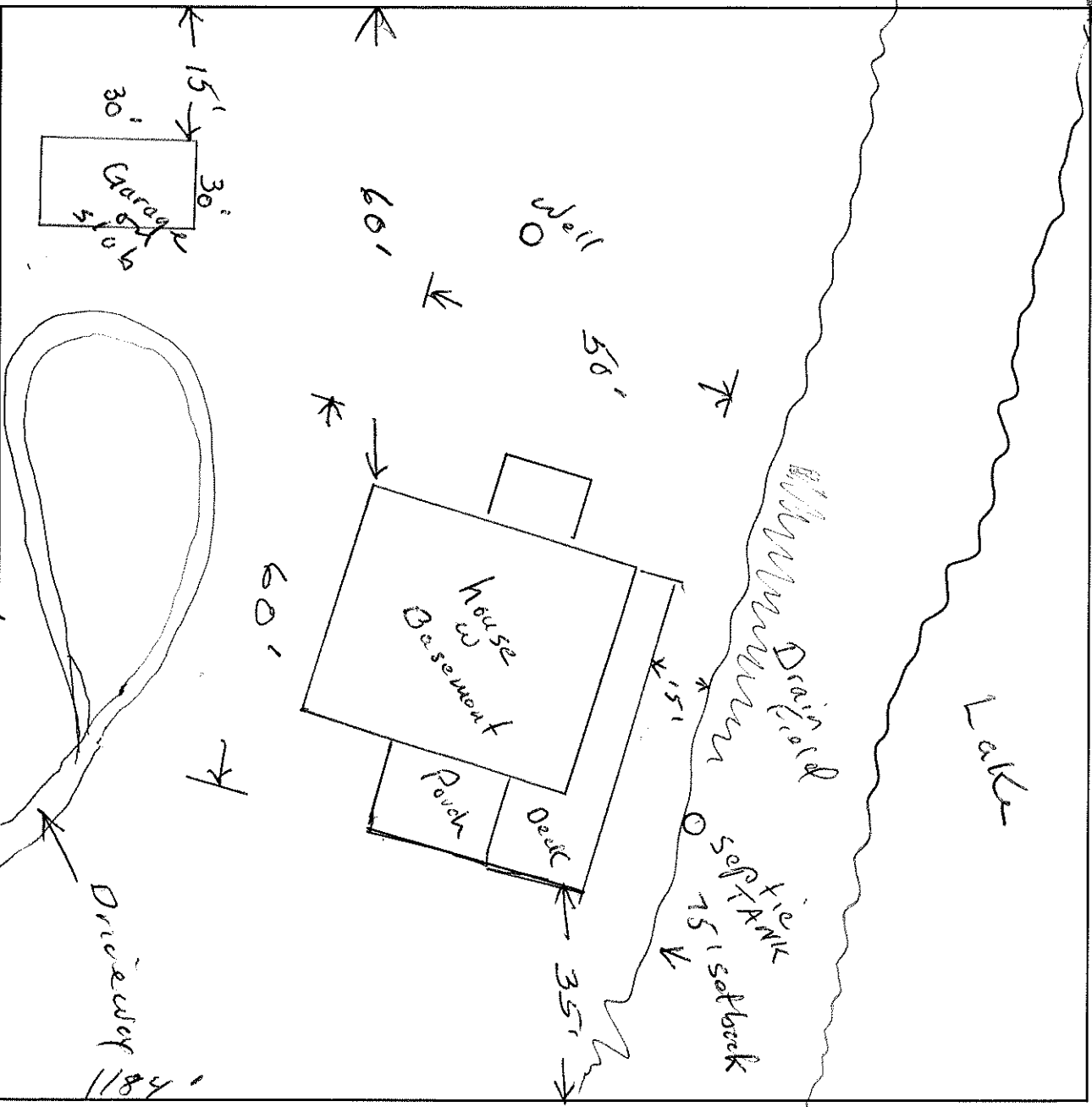
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: No additional cutting in Shoreland Vegetation Protection Area.

Signed Michael Futek 10-27-10  
 Inspector Date of Approval

Rec'd for Issuance



Lot Line



Name of Frontage Road Lyndale Bay 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.