

Temporary
2nd Residence

\$50

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

Application No.: 09-0002T
Date: _____
Zoning District: F1
Amount Paid: \$50 5/28/09
mg

RECEIVED
MAY 20 2009
Bayfield Co. Zoning Dept.

Not Entered
Accepted

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: SE 1/4 of NW 1/4 of Section 19 Township 45 North, Range 7 West, Town of Barnes
Gov't Lot NE Block SW CSM # _____ Acreage 35.09

Volume 802 Page 410 of Deeds Parcel I.D. 04-004-2-45-09-19-2 04-000-10000

Property Owner Robert K. Chapin Contractor Don Archanbeau (Phone) 795-3026
Address of Property 1440 Gronemus Rd Plumber Oru Botten

Barnes, WI 54873 Authorized Agent _____ (Phone) _____

Telephone 795-3079 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition _____ Existing _____
Fair Market Value \$85,000 Square Footage _____

USE: * Residence or Principal Structure (# of bedrooms) _____
 * 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) _____

Basement: Yes No _____ Number of Stories 1 1/2
Sanitary: New _____ Existing Privy _____ City _____

Type of Septic/Sanitary System Conu
 Mobile Home (manufactured date) _____

Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____

Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____ Deck(2) sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) Temp. 2nd Residence

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 5-18-2009
Address to send permit Don Archanbeau, 54630 S. Loon Lake Rd, ATTACH _____
Barnes, WI 54873 (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 _____ Date _____

Date 5/28/09 Permit Number 09-0002T Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing.
By M. Fuitab Date of Inspection 5-26-09

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

Condition: Must be removed by within 1 year of date of issuance of this permit. (the existing home).

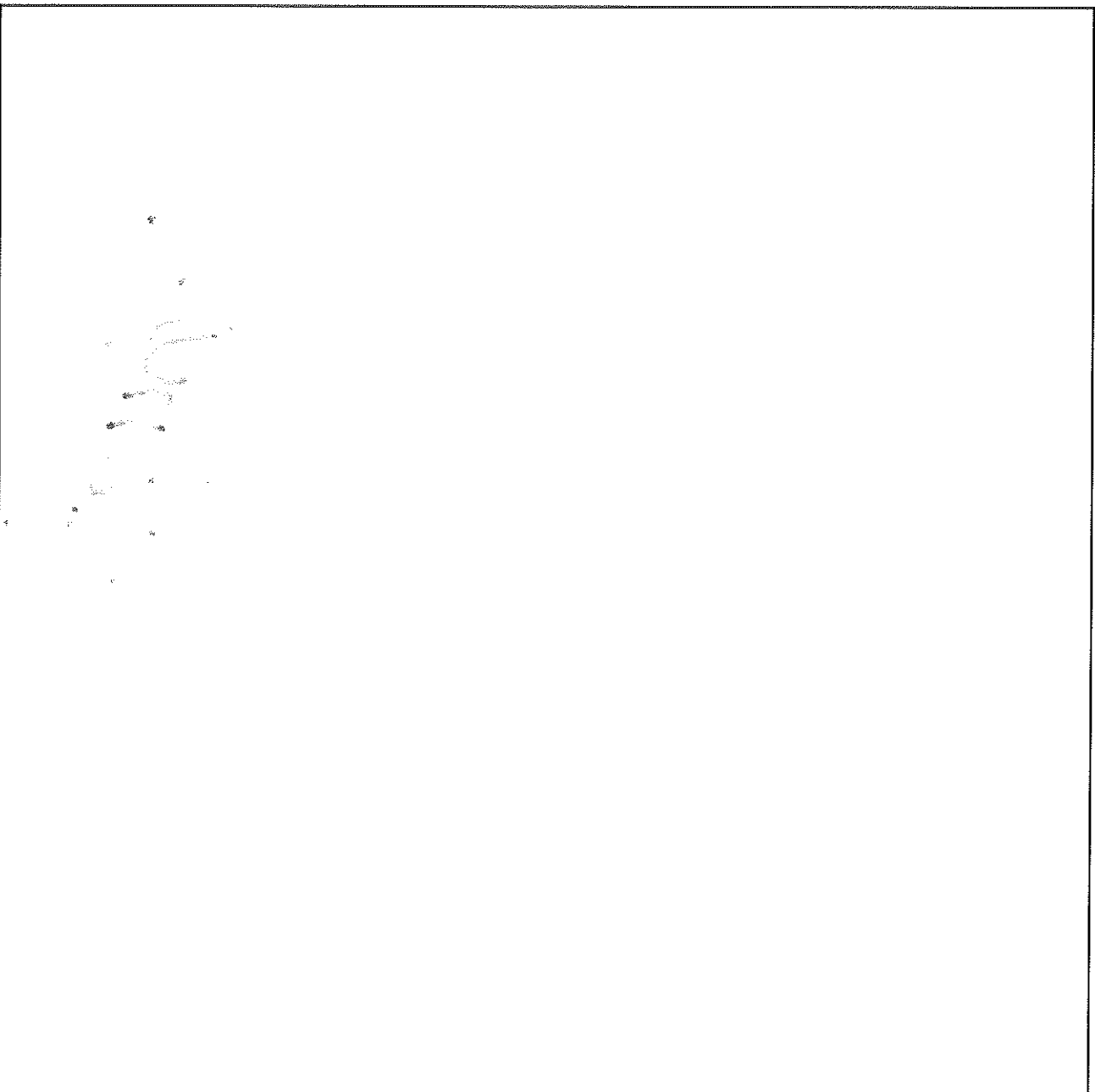
Signed Michael Fuitab Date of Approval 5-27-09
Inspector _____

Rec'd for Issuance

MAY 28 2009

Serial Staff

Lot Line



Name of Frontage Road (_____)

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.