

1635

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
 MAY 14 2009
 Bayfield Co. Zoning Dept.

Application No: 09-0187
 Date: _____
 Zoning District: R-1, Class B
 Amount Paid: \$75 5/15/09
\$50 6/3/09 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 19 1/4 of Section 45N Township 09W North, Range 09W West, Town of BARNES
 Gov't Lot 9-12 Block _____ Subdivision POTAWATOMI # _____ Acreage 4.53
 Volume 774 Page 1025 of Deeds Parcel I.D. 04-004-2-45-09-19-1 00-244-03000

Property Owner Walter Larson Contractor self (Phone) _____
 Address of Property 1635 Broken Arrow Trail Plumber _____

Barnes, WI 54873 Authorized Agent _____ (Phone) _____
 Telephone 715-398-5444 (Home) 715-394-0381 (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 \$2000 Square Footage 672 sq. ft. Sanitary: New Existing Privy City _____
 USE: * Residence w/ Principal Structure (# of bedrooms) 576 +1/2 deck Type of Septic/Sanitary System None
 * Residence w/ Deck-porch (# of bedrooms) 672 sq. ft. 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) garage and a deck
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) Walter Larson Date 4-27-09
 Address to send permit 532 E Karen Rd South Range WI 54874

* See Notice on Back ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

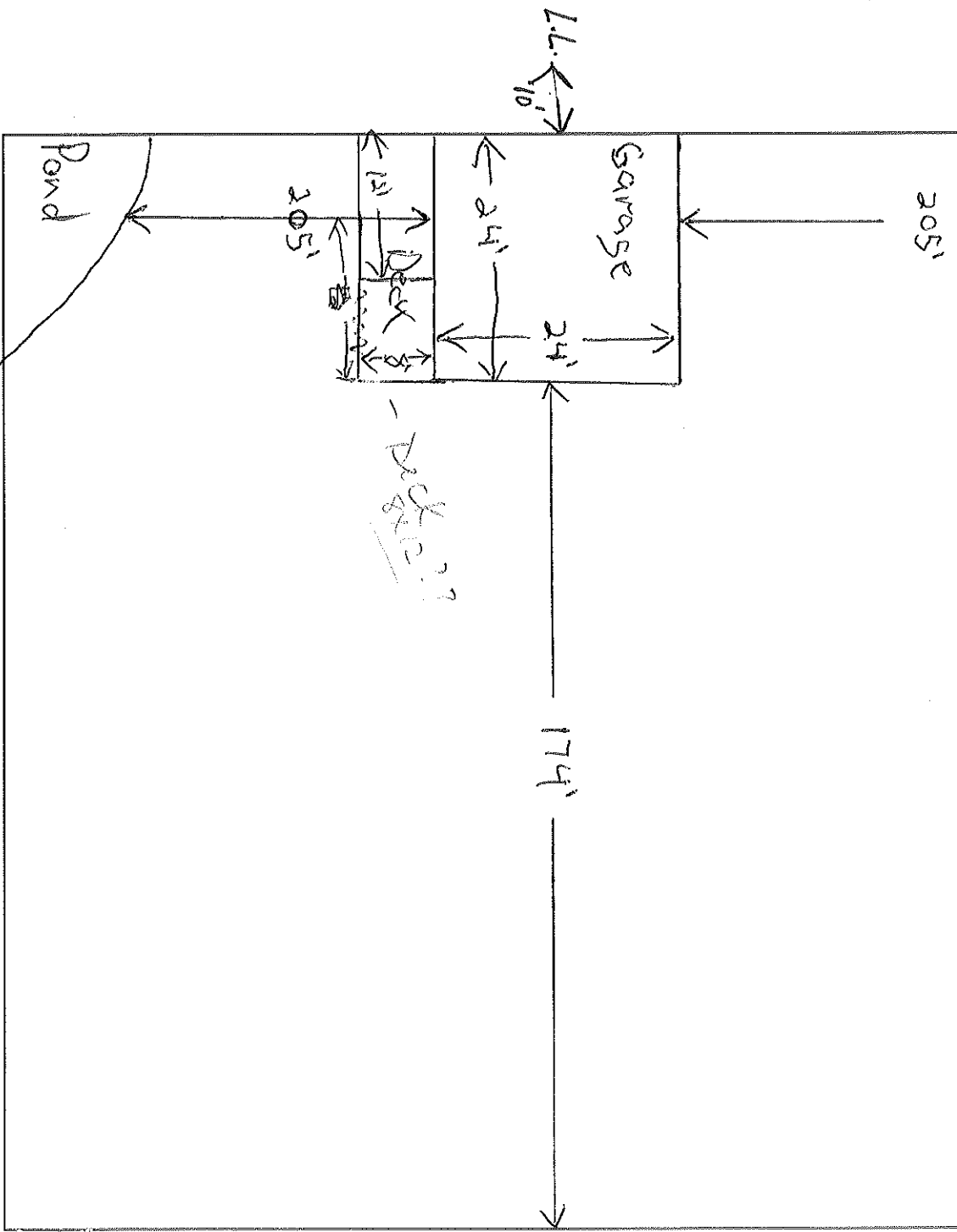
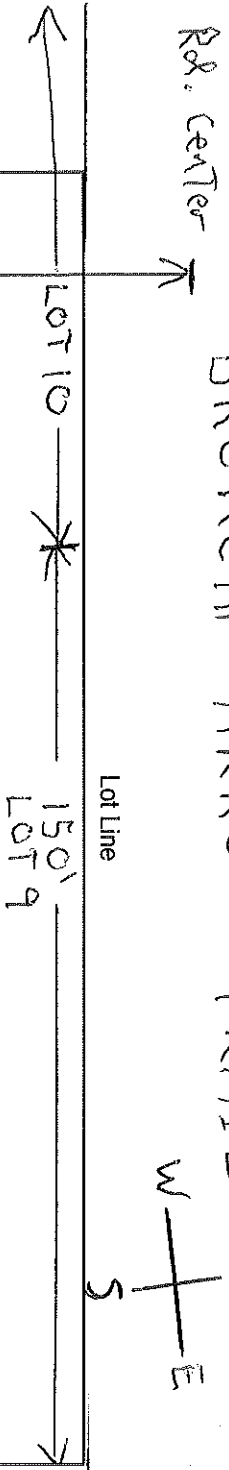
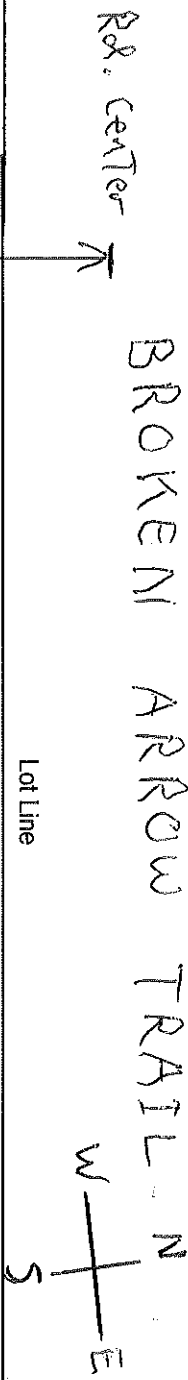
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number _____ Date _____
 Date 6-4-09 Permit Number 09-0187 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Well staked. Meets all setbacks. Property line's previous representations. By MM Furtak Date of Inspection 5-27-09
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____
 Signed Michael Furtak Inspector Date of Approval 5-28-09
 Rec'd for Issuance

Patt. Ddy? Nose

JUN 3 2009

Secretarial Staff



Name of Frontage Road Broken Arrow Trail

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. NA
5. Show the location of any lake, river, stream or pond if applicable. ✓
6. Show the location of other existing structures. NA
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:

<ul style="list-style-type: none"> * 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 	<ul style="list-style-type: none"> 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
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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.

Sean Anderson
1645