

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
NOV 09 2009

Application No.: 09-0552
Date: _____
Zoning District: F-1, Class 3
Amount Paid: 75 11/10/09 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 SW 1/4 of SW 1/4 of Section 24 Township 44 North, Range 9 West, Town of BARZES

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume 936 Page 900 of Deeds Parcel I.D. 04-004-2-44-09-24-3 03-000-10000

Property Owner STEVEN + NICOLE D'ELLE Contractor John Stalson (Phone) 715-558-1936

Address of Property 5885 WARDNER RD. Plumber _____

BARZES WI 54873 Authorized Agent _____ (Phone) _____

Telephone 715-309-2324 (Home) 715-781-4546 (Work)

Is your structure in a Shoreland Zone? Yes No **if yes.**

Structure: New _____ Addition Existing _____

Fair Market Value 9000 Square Footage 384

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

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) LARV ADDITION

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) [Signature] Date 11-5-09

Address to send permit 2511 EAGLE RISE DR MEBMONIE WI 54751 ATTACH _____

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 11/20/09 Permit Number 09-0552 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks Property lines per owners' representations. Will be signed by MM Funtak Date of Inspection 11-17-09

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

Condition: No water under pressure may enter structure.

Signed Michael Funtak Inspector _____

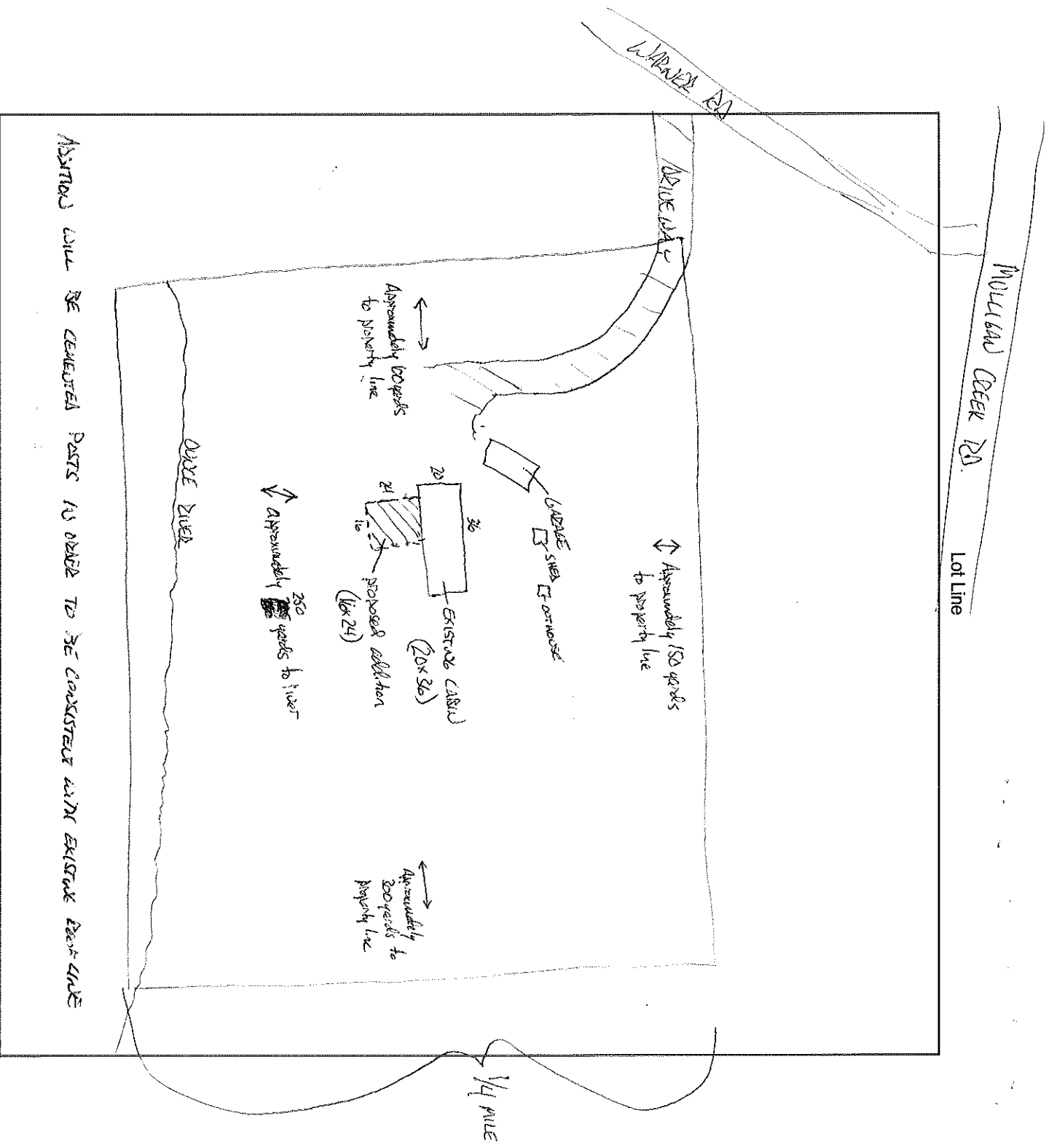
Date of Approval 11-18-09

Rec'd for Issuance

NOV 19, 2009

Secretarial Staff

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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.