

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
JUN 27 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0311
Date: _____
Zoning District: R-1
Amount Paid: \$75.00 PDS
\$50 7/1/08 #50.00 PDS
Princ Bldg

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

Legal Description NE 1/4 of SE 1/4 of Section 7 Township 45 North, Range 9 West, Town of BARNES

Gov't Lot 80 Lot 124T Block _____ Subdivision REDWOOD TWP. CSTA POTAWATOMI Acreage 3.44

Volume 878 Page 514 of Deeds Parcel I.D. # 004-1314-10 Use tax statement for Legal Description

Property Owner LISABETH A. RADKE Contractor NONE (Phone) _____
Plumber _____

Address of Property BARNES, WI. 54873 Authorized Agent _____ (Phone) _____

Telephone _____ (Home) 324-4279 (Work) _____

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

Structure: New _____ Addition _____ Existing _____

Estimated Cost of Construction \$1000.00 Square Footage 192 Sanitary: New _____ Existing _____ Privy City _____

USE: Residential 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) SCREEN HOUSE

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Bladke Date 6/19/08

Address to send permit 8461 GROSPOINT AVE GOTTARE GROVE MN. 55016 ATTACH _____

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Copy of Tax Statement Attach a Copy of Recorded Deed

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-8-08 Permit Number 08-0311 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines per owner's representations. By M. Furtak Date of Inspection 7-2-08

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

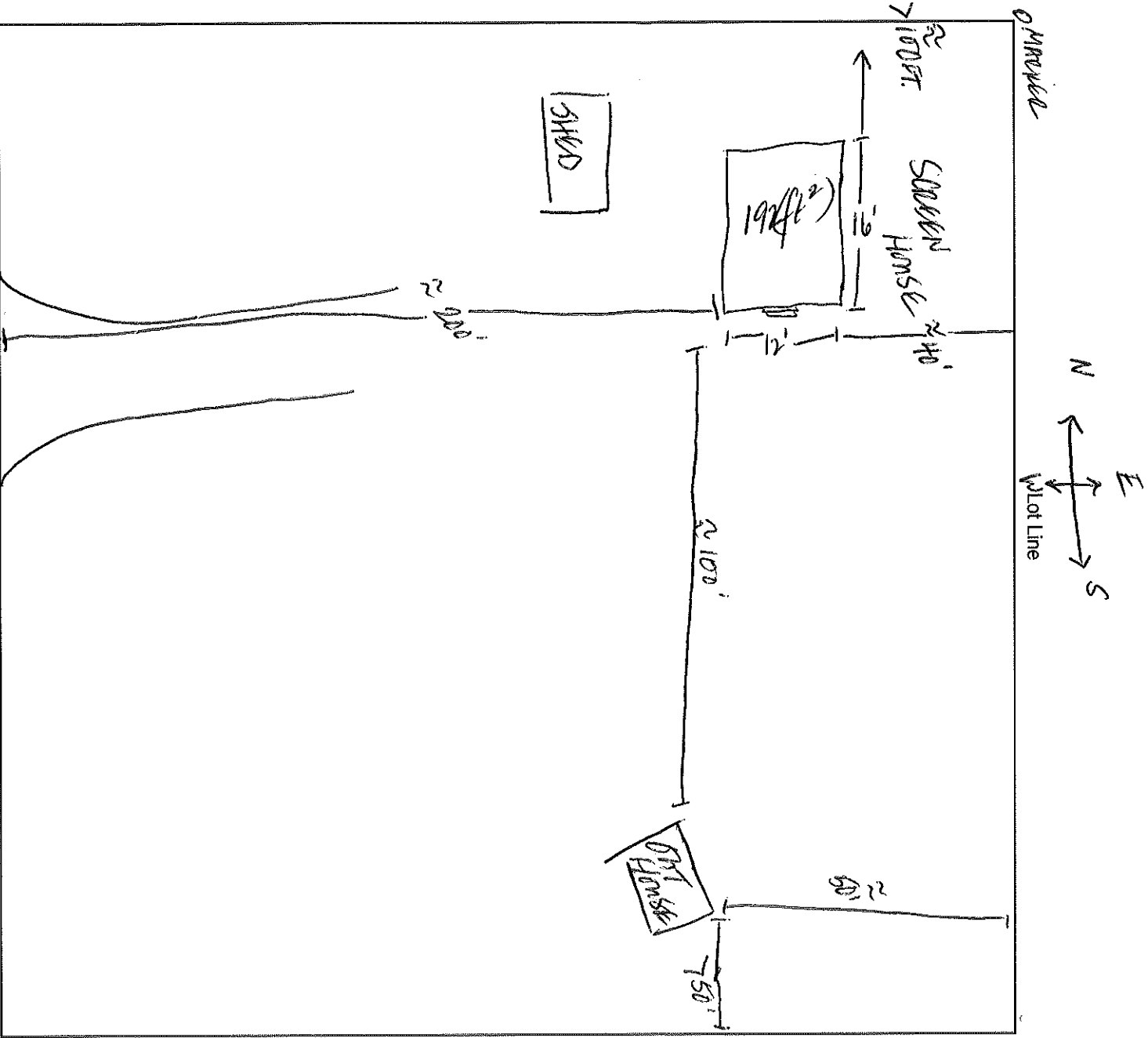
Condition: _____

Signed Michael Furtak Date of Approval 7-2-08

Inspector _____ Rec'd for Issuance _____

JUL 08 2008

Secretarial Staff



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 - (include any deck(s), porch or garage) 12' W X 16' D
3. Show the location of the well, septic tank and drain field. NONE
4. Show the location of any lake, river, stream or pond if applicable. NONE
5. Show the approximate location of other existing structures. (SHED, PRIVY)
6. Show the approximate location of any wetlands or slopes over 20 percent. NONE
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to take river, stream or pond d. Septic tank to closest lot line e. Septic tank to building f. Septic tank to well g. Septic tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to take river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to take river, stream or pond. o. Well to building
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IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

ENTERED

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) 375-6138

RECEIVED
JUL 07 2008

Application No.: 08-0321
Date: _____
Zoning District: R-2, Class 3
Amount Paid: \$125.00 LOS
7/12/08

INSTRUCTIONS: No permits will be issued until all fees are paid here to Zoning Dept.
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
Legal Description: 1/4 of 21 1/4 of Section 45 North, Range 9 West, Town of Barnes
Gov't Lot 1+4 Lot 1 Block _____ Subdivision V-6, P-360 CSM # 1036 Acreage 24.2
Volume 826 Page 2 of Deeds Parcel I.D. # 004-1178-07 Use Tax Statement for Legal Description
Property Owner: John Bundett Contractor self (Phone) _____
Address of Property: XXXX Moore Road Plumber
Barnes, WI 54873 Authorized Agent _____ (Phone) _____
Telephone 920- (Home) _____ (Work) _____
Written Authorization Attached: Yes No

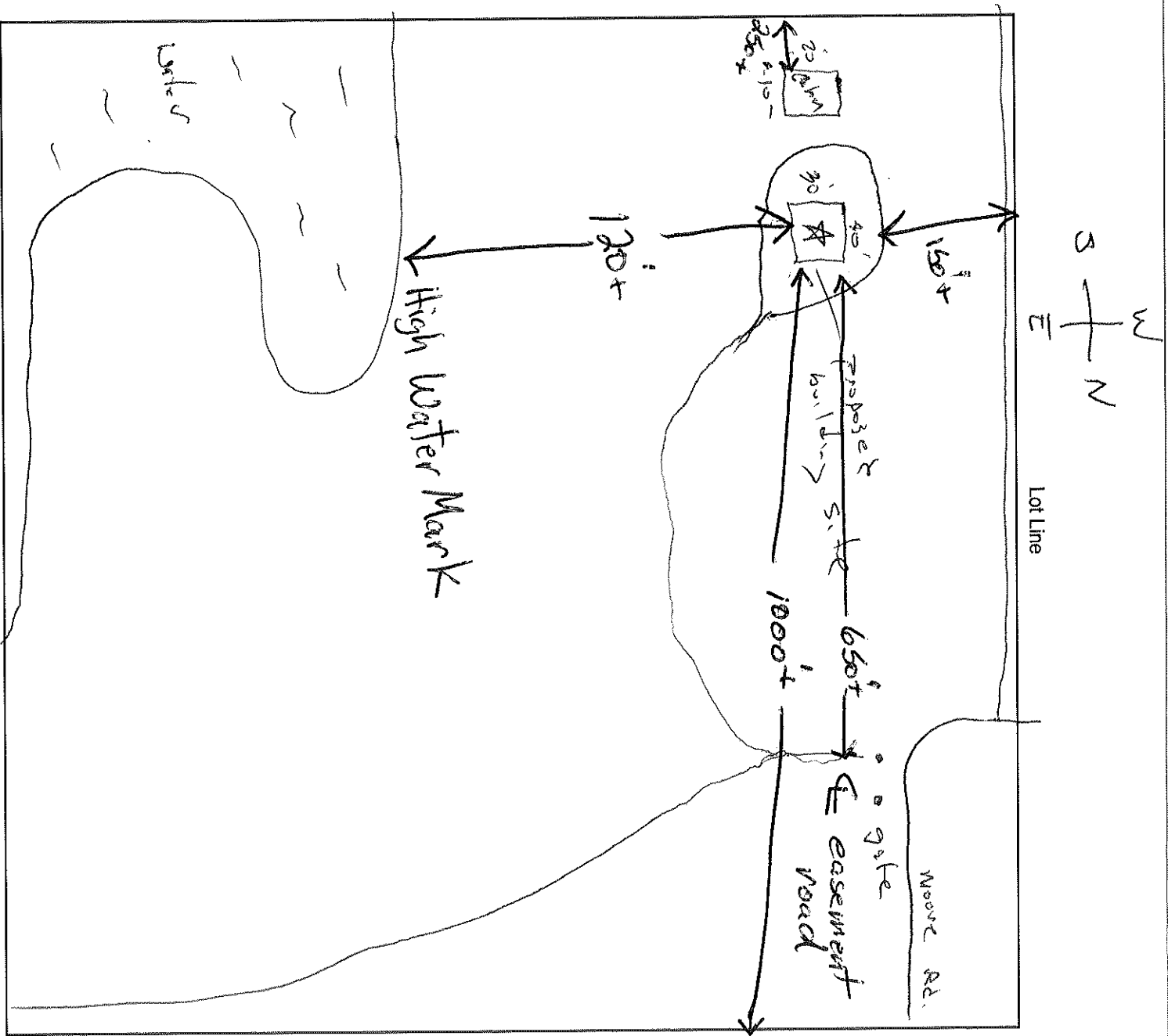
Is your structure in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'
Structure: New Addition _____ Existing _____ Basement: Yes _____ No Number of Stories 1
Estimated Cost of Construction \$12,000 Square Footage 1750 Sanitary: New _____ Existing _____ Privy _____ City _____

- 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) _____
 Residential Accessory Building (explain) Pole building
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) _____ Date 6/26/08
Address to send permit 4715 Plumwood Point Road ATTACH
osukosh, wi 54904 Copy of Tax Statement

* See Notice on Back
APPLICANT -- PLEASE COMPLETE REVERSE SIDE
Attach a Copy of Recorded Deed

Permit Issued: State Sanitary Number _____ Date _____
Date 7-11-08 Permit Number 08-0321 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Meets all setbacks. Well staked Property lines per owner's representations by M. Furtak Date of Inspection 7-8-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: Not to be used for human habitation.
Signed Michael Furtak 7-9-08 Date of Approval _____
Inspector _____
Rec'd for issuance



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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field. *None*
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol 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. Septic tank to closest lot line <i>None</i> e. Septic tank to building <i>None</i> f. Septic tank to well <i>None</i> g. Septic tank to lake, river, stream or pond <i>None</i> h. Privy to closest lot line <i>None</i> 	<ol style="list-style-type: none"> i. Privy to building <i>None</i> j. Privy to lake, river, stream or pond <i>None</i> k. Drain field to closest lot line <i>None</i> l. Drain field to building <i>None</i> m. Drain field to well <i>None</i> n. Drain field to lake, river, stream or pond. <i>None</i> o. Well to building <i>None</i>
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