

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
JUL 08 2008
Bayfield Co. Zoning Dept.

\$75 **ENTERED**
Application No.: 08-0328
Date: _____
Zoning District: R-1 Class 2
Amount Paid: \$75.00 PMS
7/10/08

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 1/4 of Section 17 Township 45 North, Range 9 West, Town of Barnes
Gov't Lot 2 Lot 1 Block _____ Subdivision V-7, P407 1262 Acreage 3.45
Volume 978 Page 718 of Deeds Parcel I.D. # 004-1336-06 Use Tax Statement for Legal Description _____

Property Owner Wade Juntunen Contractor self (Phone) _____
Address of Property ~~004~~ 55776 E. Island Dr. Plumber
Barnes, WI 54873 Authorized Agent _____ (Phone) _____
Telephone 795-2065 (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 \$500 Square Footage 120 Sanitary: New Existing Privy City _____
USE: * Residence or Principal Structure (# of bedrooms) _____

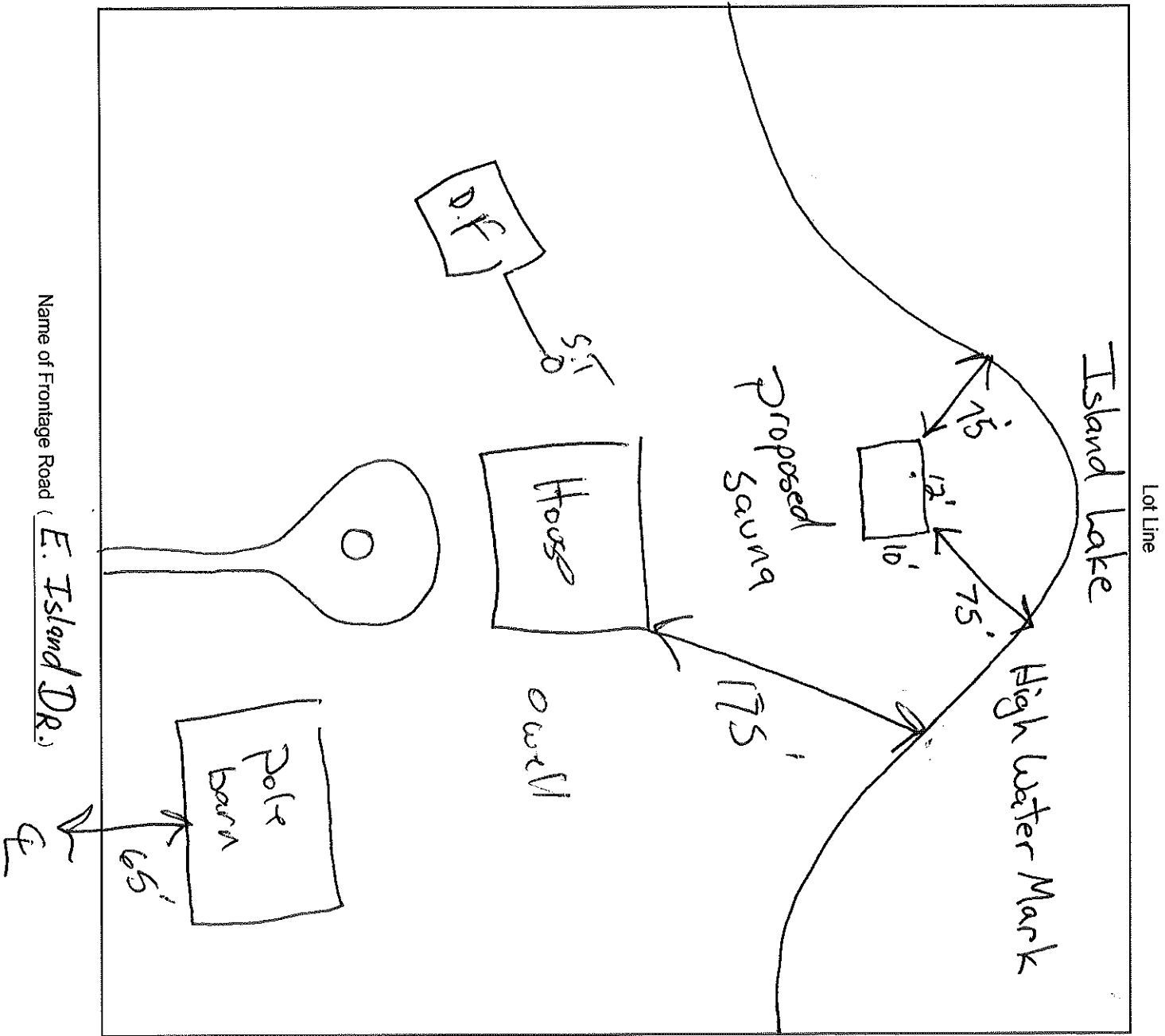
Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
 Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) sauna 10' x 12'
 Residential Accessory Building Addition (explain) _____
 Residential Other (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) Wade Juntunen Date 7-8-08
Address to send permit Same as above ATTACH Copy of Tax Statement
* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE
Permit Issued: _____ State Sanitary Number _____ Date _____
Date 7-15-08 Permit Number 08-0328 Permit Denied (Date) _____
Reason for Denial: _____

Inspection Record: Well staked Meets all setbacks. Property lines per owner's representations By M. Fustak Date of Inspection 7-8-08
Mitigation Plan Required: Yes No Variance (B.O.A.)# _____
Condition: _____ Rec'd for Issuance _____

Signed Michael Fustak Inspector
Date of Approval 7-11-08
Rec'd for Issuance _____
JUL 11 2008
Permitted - MF Per. 25
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)
3. Show the location of the well, septic tank and drain field.
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:
 - 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
 - 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
 - i. Privy to building
 - j. Privy to lake, 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 lake, river, stream or pond.
 - o. Well to building

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.

125
\$250



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(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 25 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0371
Date: _____
Zoning District: R-1, Class 2
Amount Paid: \$175.00 ROS
7/3/08

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: _____ 1/4 of Section 26 Township 45 North, Range 9 West, Town of Barnes
Gov't Lot A Lot 4 Block _____ Subdivision _____ CSM # 106 Acreage 3.45
Volume 948 Page 605 of Deeds Parcel I.D. # 004-1193-07 Use Tax Statement for Legal Description _____
Property Owner David & Ellen Gordon Contractor self (Phone) _____
Address of Property XXX Kelly Lake Rd Plumber _____
Barnes, WI 54873 Authorized Agent _____ (Phone) _____
Telephone 912-727-5117 (Home) _____ (Work) _____
Written Authorization Attached: Yes No Number of Stories

Is your structure in a Shoreland Zone? Yes No If Yes, _____
Structure: New Addition _____ Existing _____
Estimated Cost of Construction \$8,000 Square Footage 576 sq ft
USE: * Residence or Principal Structure (# of bedrooms) garage / w shower
 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) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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Owner or Authorized Agent (Signature) David Gordon Date 6-24-08
Address to send permit Deliver to Barnes Town Hall ATACH _____
(give to Mike) Copy of Tax Statement
* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 08-975 Date 7-17-08
Date 7-18-08 Permit Number 08-0371 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: Well staked. Meets all setbacks. Property line proceeds representations. By M. Fustak Date of Inspection 7-1-08
Mitigation Plan Required: Yes No Variance (B.O.A.#) for Issuance _____
Condition: _____ JUL 13 2008
Signed Michael Fustak Secretarial Staff
Inspector Rec'd for Issuance Date of Approval 7-2-08

\$250



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**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED
 JUL 07 2008
 Bayfield Co. Zoning Dept.

Application No.: 08-0382
 Date: _____
 Zoning District R-1, Class 2
 Amount Paid: \$250.00 RDS
7/9/08

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 SW 1/4 of SE 1/4 of Section 44 Township 9 North, Range 9 West, Town of Barnes
 Gov't Lot 3 Lot 1 Block _____ Subdivision V.2, P.44 CSM# 52 Acreage _____
 Volume _____ Page _____ of Deeds Part of 004-1054-08 790 Use Tax Statement for Legal Description _____
 Property Owner Franco Pagnucci Contractor Jim Johnson (Phone) 795-2161
 Address of Property XXX Robinson Lake Rd. Plumber Rasmussen 816-4009
Barnes, WI 54873 Authorized Agent _____ (Phone) _____
 Telephone 795-2308 (Home) _____ (Work) _____
 Is your structure in a Shoreland Zone? Yes No if yes. _____
 Structure: New Addition _____ Existing _____
 Estimated Cost of Construction \$90,000 Square Footage 1024 Sanitary: New _____ Existing _____ Privy _____ City _____
 USE: * Residence or Principal Structure (# of bedrooms) _____
 * Residence w/deck-porch (# of bedrooms) 2
 Residence sq. ft. 1024 Deck sq. ft. 6'x8' = 48'
 Deck sq. ft. 3527 Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) 8'x32' = 256' + 8'x13' = 96'
 * Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Written Authorization Attached: Yes No
 Distance from Shoreline: greater than 75' 75' to 40' less than 40'
 Basement: Yes No Number of Stories 1
 Mobile Home (manufactured date) _____
 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) _____

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Owner or Authorized Agent (Signature) Franco Pagnucci Date 7-1-08
 Address to send permit 3720 Schiess Rd, Barnes, WI 54873 ATTACH Copy of Tax Statement
 Attach a Copy of Recorded Deed

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 08-905 Date 7-17-08
 Date 7-18-08 Permit Number 08-0372 Permit Denied (Date) _____
 Reason for Denial: _____
 Inspection Record: Wall staked. Meets all setbacks. Property lines per owners representations By M. Fustak Date of Inspection 7-8-08
 Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
 Condition: _____

Signed Michael Fustak 7-9-08
 Inspector Date of Approval

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION (Please Print All Information)		Soil Test No. <u>97-08</u>	County Permit No. <u>08-0331</u>
Property Owner's Name <u>Daniel B. GUNDERSON</u>		JUL 11 2008 County	Bayfield
Address of Property <u>6985 Mulligan Creek Road</u>		Property Location: <u>NE 1/4 SE 1/4 S 24 T 44 N, R 9 E (or) (X)</u>	
Property Owner's Mailing Address <u>18894 W Peninsula Rd.</u>		Township <u>BARNES</u>	Gov. Lot #: _____
City, State <u>HAYWARD, WI</u>	Zip Code <u>54843</u>	Lot # <u>6342321</u>	Block #: _____
II. TYPE OF BUILDING: (Check One)			
<input type="checkbox"/> State Owned			
<input type="checkbox"/> Public (Explain the use/purpose _____)			
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____			
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)			
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor			
1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____			
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____			
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above			
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)			
<input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet			
V. ABSORPTION SYSTEM INFORMATION:			
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)
			5. Perc. Rate (Min. Inch)
			6. System Elev. (Feet)
			7. Final Grade Elev. (Feet)
VI. TANK INFORMATION:		Capacity In Gallons	Exper. App.
Septic Tank or Holding Tank		New Tanks	Fiber-glass
Lift Pump Tank / Siphon Chamber		Existing Tanks	Steel
VII. RESPONSIBILITY STATEMENT:			
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.			
Plumber's / Owner's Name: (Print) <u>Daniel B. GUNDERSON</u>		Plumber's / Owner's Signature: (No Stamps) <u>[Signature]</u> MP/MPRSW No: _____	
Plumber's Address: (Street, City State, Zip Code)		Home Phone: _____	Business Phone: _____
VIII. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>RDS 7/11/08</u> <u>\$150.00</u>	Date Issued: <u>7-16-08</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination			Issuing Agent's Signature / Date: <u>M. Funtak 7-16-08</u>
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:			
Rec'd for Issuance			
JUL 16 2008			
Secretarial Staff			