

**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**  
 AUG 04 2008  
 Bayfield Co. Zoning Dept

**ENTERED**

Application No: 08-0396  
 Date: \_\_\_\_\_  
 Zoning District: F-40(3)  
 Amount Paid: \$125.00 EPS  
8/4/08

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 \_\_\_\_\_

Use Tax Statement for Legal Description \_\_\_\_\_

Legal Description \_\_\_\_\_ 1/4 of Section 22 Township SD North, Range 4 West, Town of BAYFIED

Gov't Lot \_\_\_\_\_ Lot 3 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 705 Acreage 2.4

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds \_\_\_\_\_ Parcel I.D. 006-1048-08-003

Property Owner DEWIS AT CHARLENE MOWLEY Contractor SELF (Phone) \_\_\_\_\_

Address of Property BYRON, IL 61010 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 815.234.5781 (Home) 847.933.8528 (Work)

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

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_

Fair Market Value \$6,000 Square Footage 480

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

Residence sq. ft. \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_

Residential Accessory Building (explain) REAR BLDG. STORAGE

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) Kenneth J. Willey Date 08/04/08

Address to send permit 5868 Bradley Rd. Byron, IL 61010

\* 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 8-7-08 Permit Number 08-0396 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: STRUCTURAL SERVICES/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & PERMIT MAY BE ISSUED BY DCR

BY CONDITIONS BOARD Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition: STRUCTURE MAY NOT BE USED FOR THINGS ABANDONED OR UNUSABLE UNLESS ALL ZONING, SANITARY, & UTILITY REQUIREMENTS ARE MET

Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 8-6-08

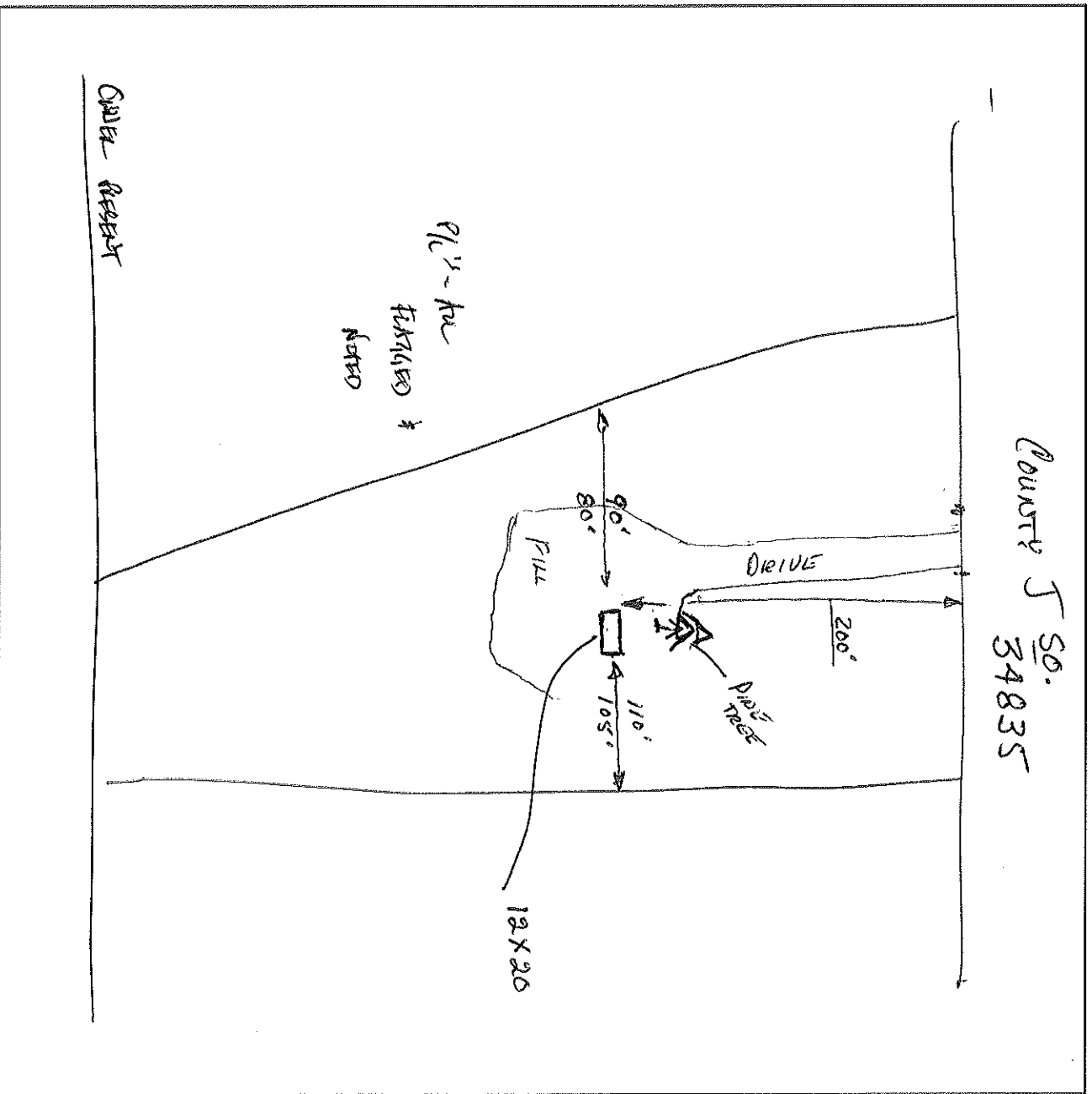
Rec'd for Issuance \_\_\_\_\_

OWNER PRESENT

AUG 07 2008

Secretary

Lot Line



Name of Frontage Road (County J \_\_\_\_\_)

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.

ENTERED

75.00

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

FILED ORIGINAL  
TAX STATEMENT  
Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

RECEIVED  
JUL 23 2008  
Bayfield Co. Zoning Dept.

Application No: 08-0403  
Date: \_\_\_\_\_  
Zoning District: A-V-  
Amount Paid: \$75.00 RDS  
7123108

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 N1W 1/4 of Section 29 Township S1 North, Range S West, Town of BAYFIELD

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 20

Volume 767 Page 735 of Deeds Parcel I.D. # 006 113 01991 Use Tax Statement for Legal Description

Property Owner Doug & Paula Cannon Contractor APCO OWNER (Phone) \_\_\_\_\_

Address of Property 89320 Happy House Rd Plumber N/A

Bayfield, WI 54801 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 612 961 5718 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
715 682 2251

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 \_\_\_\_\_

Estimated Cost of Construction \$2500.00 Square Footage 320 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

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

Residence sq. ft. \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

\* 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) COAT + CHICKEN BARN

Residential Accessory Building Addition (explain) \_\_\_\_\_

Residential Other (explain) \_\_\_\_\_

Owner or Authorized Agent (Signature) Doug Cannon Date 7-22-08

Address to send permit 212 WILLYS AVE ASHLAND WI 54806 ATTACH Copy of Tax Statement

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

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 8-7-08 Permit Number 08-0403 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: STRUCTURAL SERVICES/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE OK. COMMENTS

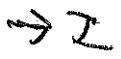
A Permit may be issued By EDC Date of Inspection 8-6-08

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

Condition: \_\_\_\_\_

Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 8-6-08

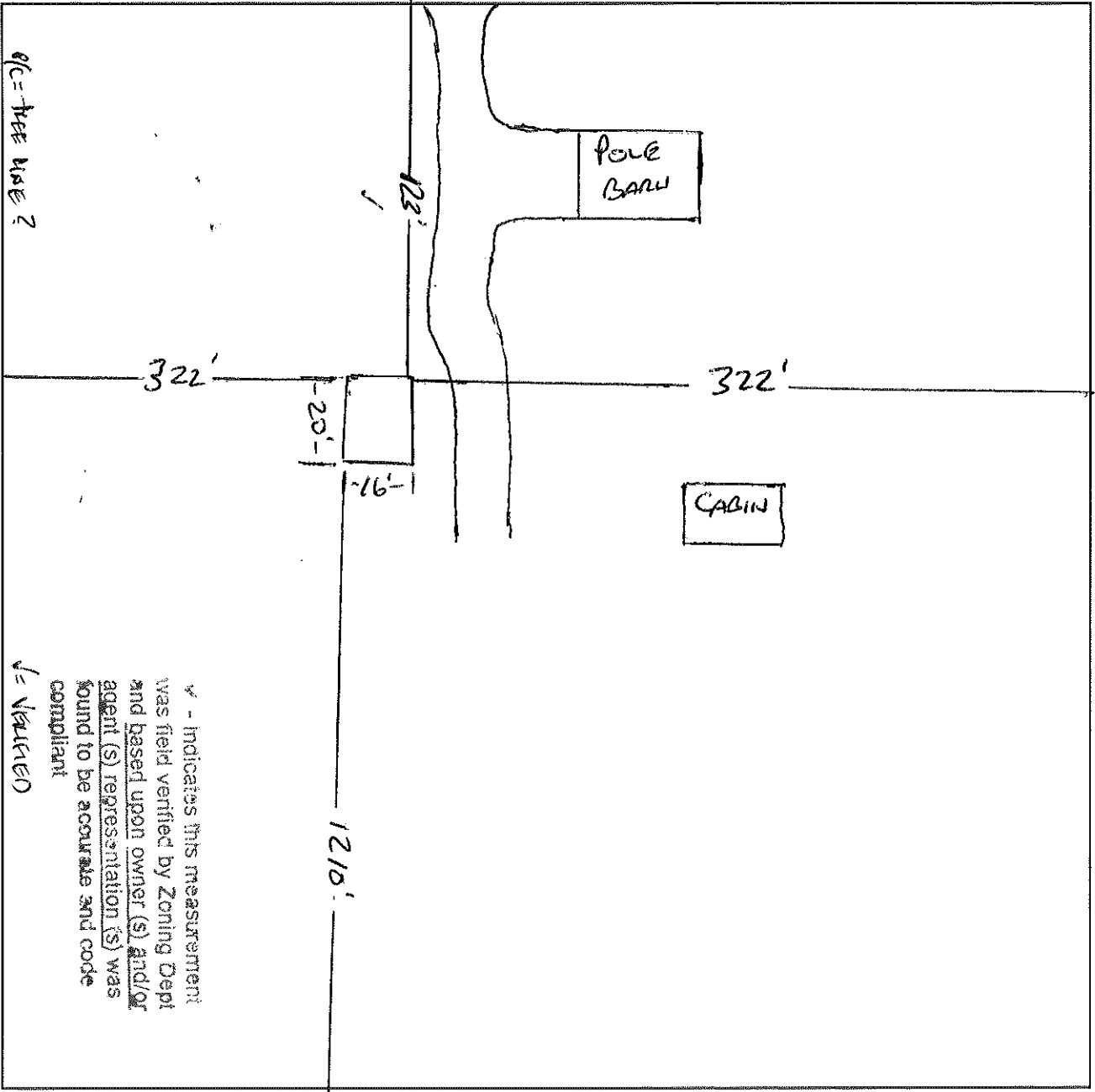
Rec'd for Issuance \_\_\_\_\_



Lot Line

QC = STATE

660' HAPPY HOLLOW RD



NAME OF OTHER ROAD: HAPPY HOLLOW

NAME OF FRONTAGE ROAD: HAPPY HOLLOW

ADJ. SITE USE STAKES

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.

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**  
 JUN 04 2008  
 Bayfield Co. Zoning Dept.

ENTERED

Application No. 08-0404  
 Date: \_\_\_\_\_  
 Zoning District F-10/1  
 Amount Paid: \$175.00 PDS  
6/4/08

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 12 Township 30N North, Range 7 West, Town of BAYFIELD  
 Gov't Lot 1 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1211 Acreage 3.15  
 Volume \_\_\_\_\_ Page \_\_\_\_\_ Parcel I.D. # 006-1028-04-001 Use Tax Statement for Legal Description \_\_\_\_\_  
 Property Owner RICHARD VOGEL Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 37030 CONNIES LANE Plumber \_\_\_\_\_  
 Telephone 715-7942622 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Authorized Agent BARBARA BEST (Phone) 715-7942622  
 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 2  
 Estimated Cost of Construction \_\_\_\_\_ Square Footage \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 Deck sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

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) Short-Term Rent.  
 External Improvements to Principal Building (explain) \_\_\_\_\_  
 External Improvements to Accessory Building (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) Barbara Best Date 5/3/08  
 Address to send permit 23255 MISSIONARY POINT DRIVE ATTACH \_\_\_\_\_  
COBBLE HILL DRIVE Copy of Tax Statement \_\_\_\_\_  
 \* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number 5661 Date 10-11-00  
 Date 8-7-08 Permit Number 08-0404 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: EXISTING RESURFACE + PAVTS OBSERVED WELL MAINTAINED NATURAL DUFF  
PAVTS APPEAR TO BE FRESHLY  
W/S ISSUES By DUC Date of Inspection 8-12-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: PER CONDITIONS OF T.W.D.  
FOR PREVIOUS PERMITS DATE > 75'  
NO AIRTEST SPECIFIED WATER INSPECTOR Signed [Signature] Date of Approval 6-12-08  
2) PAVTS (MOOSE)  
3) NO SITE PLAN Rec'd for issuance

1. Using the frontage road as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank, and drain field.

4. Show the location of any lake, river or stream if applicable.

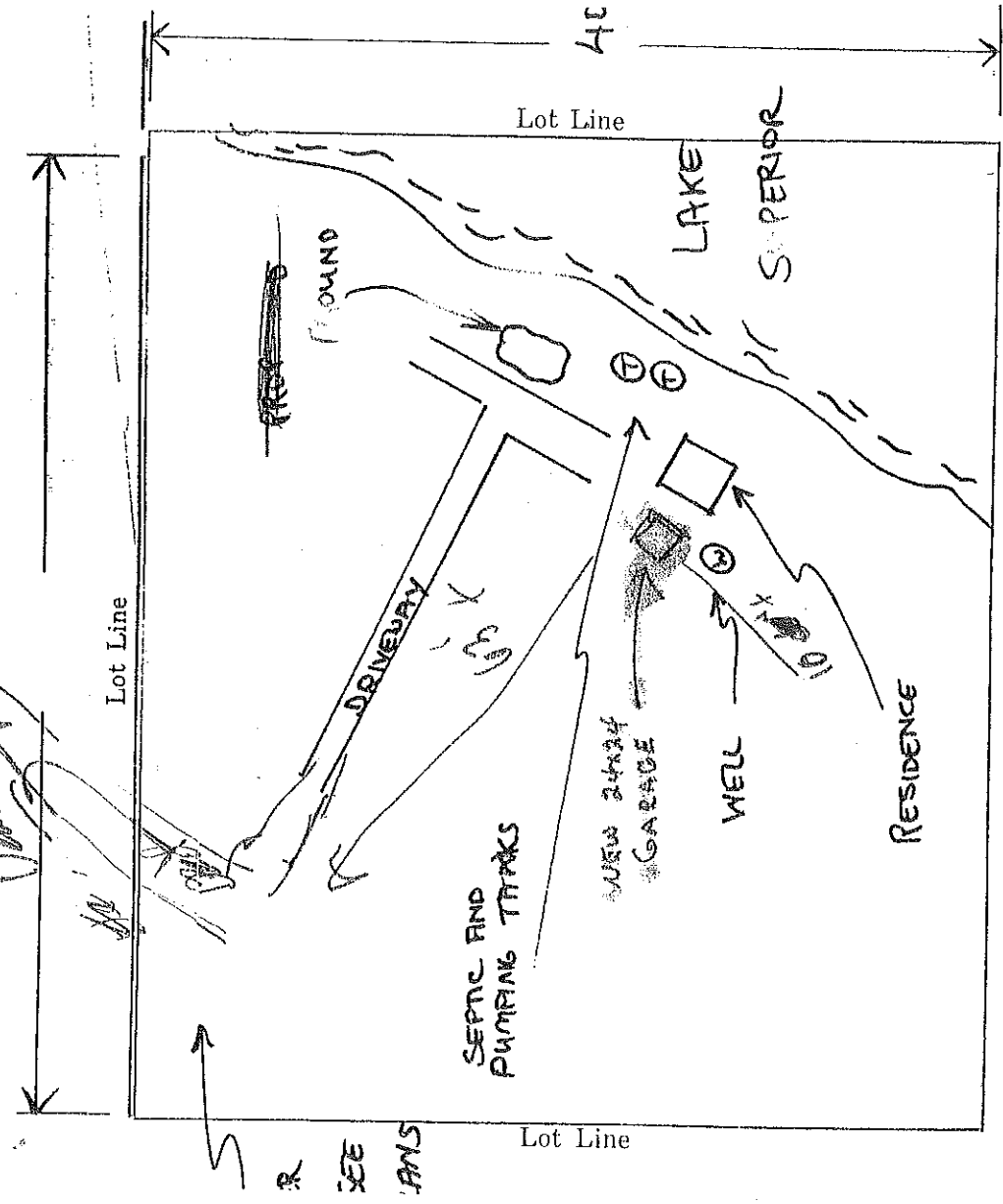
5. Show dimensions in feet on the following:

- building to all lot lines
- building to centerline of road
- building to lake, river, or stream
- septic tank to closest lot line
- septic tank to building
- septic tank to well
- septic tank to lake, river, or stream
- drain field to closest lot line
- drain field to building
- drain field to well
- drain field to lake, river, or stream
- well to building

*A. J. H. B. A. S. K. S.*

*See map of road*

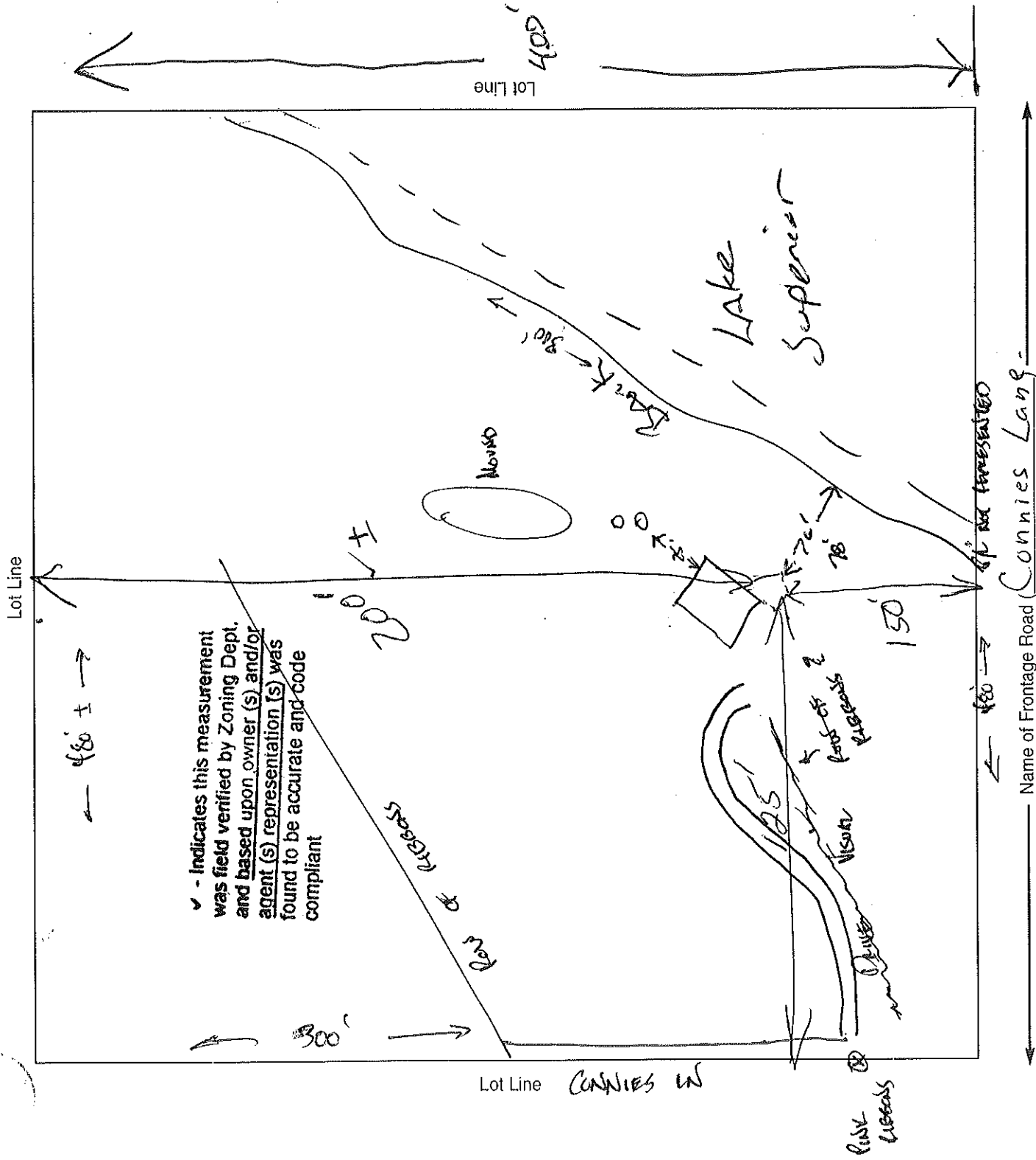
*See map of road*



\_\_\_\_\_ Frontage Road

Indicate whether or not the following locations are staked:

Structure . . . . .	Yes -----	No -----	Drain Field . . . . .	Yes -----	No -----
Septic Tank . . . . .	Yes -----	No -----	Well . . . . .	Yes -----	No -----



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
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.
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  - 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
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  - n. Drain field to lake, river, stream or pond.
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