

ENTERED

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
R E C E I V E D
AUG 06 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0429
Date: _____
Zoning District A-1/-
Amount Paid: \$75.00 EOS
8/7/08

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 SE 1/4 of Section 29 Township 51 North, Range 5 West, Town of BAYFIELD
Gov't Lot _____ of _____ Block _____ Subdivision _____ CSM # _____ Acreage 20
Volume _____ Page _____ of Deeds Parcel I.D. # 006-1113-01-971 Use Tax Statement for Legal Description _____

Property Owner Doug & Paula Cannon Contractor SMF (Phone) _____
Address of Property 89320 HAPPY Hollow RD Plumber _____
BAYFIELD, WI 54814 Authorized Agent _____ (Phone) _____

Telephone _____ (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 X Existing _____ Basement: Yes _____ No X Number of Stories 1
Estimated Cost of Construction 5,000. Square Footage 520 Sanitary: New _____ Existing _____ Privy X City _____

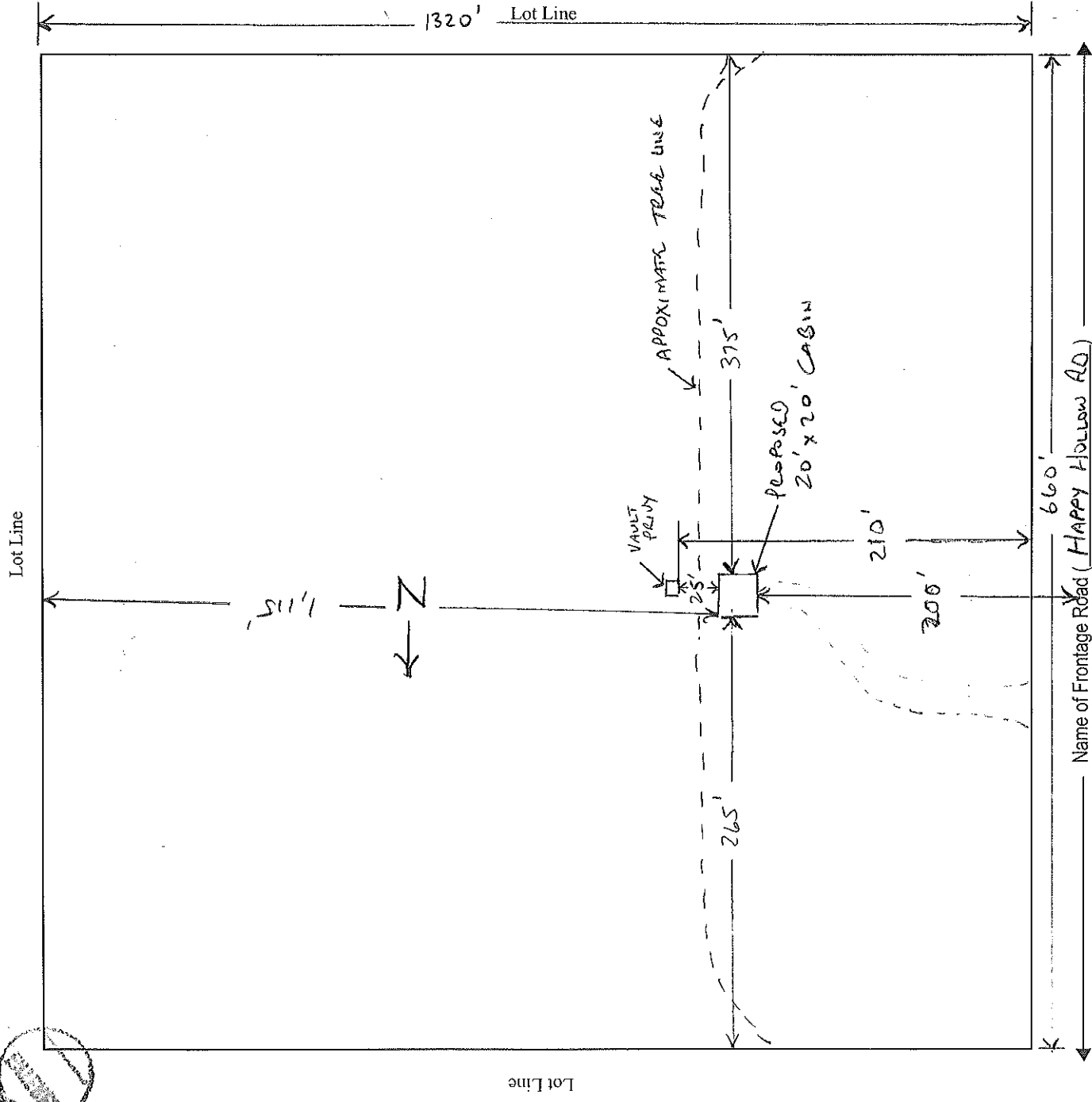
USE:
 * Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____ (Mobile Home (manufactured date) _____)
 * Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____
Deck sq. ft. _____ Deck(2) sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____
 Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) BUNKHOUSE
 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) Douglas K Cannon Date 8-6-08
Address to send permit 212 WILLIS AVE ASHLAND WI 54806 ATACH _____
Copy of Tax Statement _____
If you previously purchased the property Attach a Copy of Recorded Deed _____

* See Notice on Back
APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____
Date 8/6/08 Permit Number 08-0429 Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: CONVERSION OF EXISTING RESIDENCE TO BUNKHOUSE, EXISTING STRUCTURE REMAINED UNCHANGED
UNDER 00-0708 By DC Date of Inspection 8-6-08
STRUCTURE SATISFIES ALL CODES TO ISSUE W/ ADDRESS
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: TO BE CLASSIFIED AS A BUNKHOUSE, SAID STRUCTURE MAY ONLY HAVE TWO (2) OF THE FOLLOWING THREE (3) CONVENIENCES: (1) FRIDGE OR FOOD PREPARATION APPLIANCES
(2) A FULL KITCHEN OR SANITARY FACILITIES SIGNED BY DC
(3) SLEEPING QUARTERS OR A BATHROOM
Inspector _____ Date of Approval 8-6-08
Rec'd for Issuance _____

195 D
gton Ave
5370



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.
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 COMPLETELY.

*NOTICE: 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.