

**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

R E C E I V E D
FEB 04 2009
Bayfield Co. Zoning Dept.

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 _____ 1/4 of Section 7 Township SO North, Range 3 West, Town of Bayfield

Gov't Lot 2 Lot 2 Block _____ of Deeds _____ Subdivision _____ CSM # 1394 Acreage _____

Volume _____ Page _____ Parcel I.D. OK-006-2-50-03-07-2-05-001-50000

Property Owner CAROL DUNN Contractor _____ (Phone) _____

Address of Property 36880 ISLAND VIEW LN Plumber _____

Bayfield, WI 54801 Authorized Agent _____ (Phone) _____

Telephone 715-775-229 (Home) SHANE (Work) _____

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

Structure: New _____ Addition _____ Existing _____

Fair Market Value _____ Square Footage _____

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) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Special/Conditional Use (explain) Short term festival accommodations

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) Carol Dunn Date 2-3-09

Address to send permit 36880 ISLAND VIEW LN, BAYFIELD WI 54814 ATTACH _____

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

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 2/13/09 Permit Number 09-0038 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: NEED-Substantiated on party / on site visit, otherwise

Passing tests at 298003 (197) By DC Date of Inspection 2-6-07

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

Condition: See town board decision

Sanitary Permit # 298003 197 Signed [Signature] Date of Approval 2-6-07

Inspector [Signature] **Rec'd for Issuance**

FEB 13 2009

Secretarial Staff

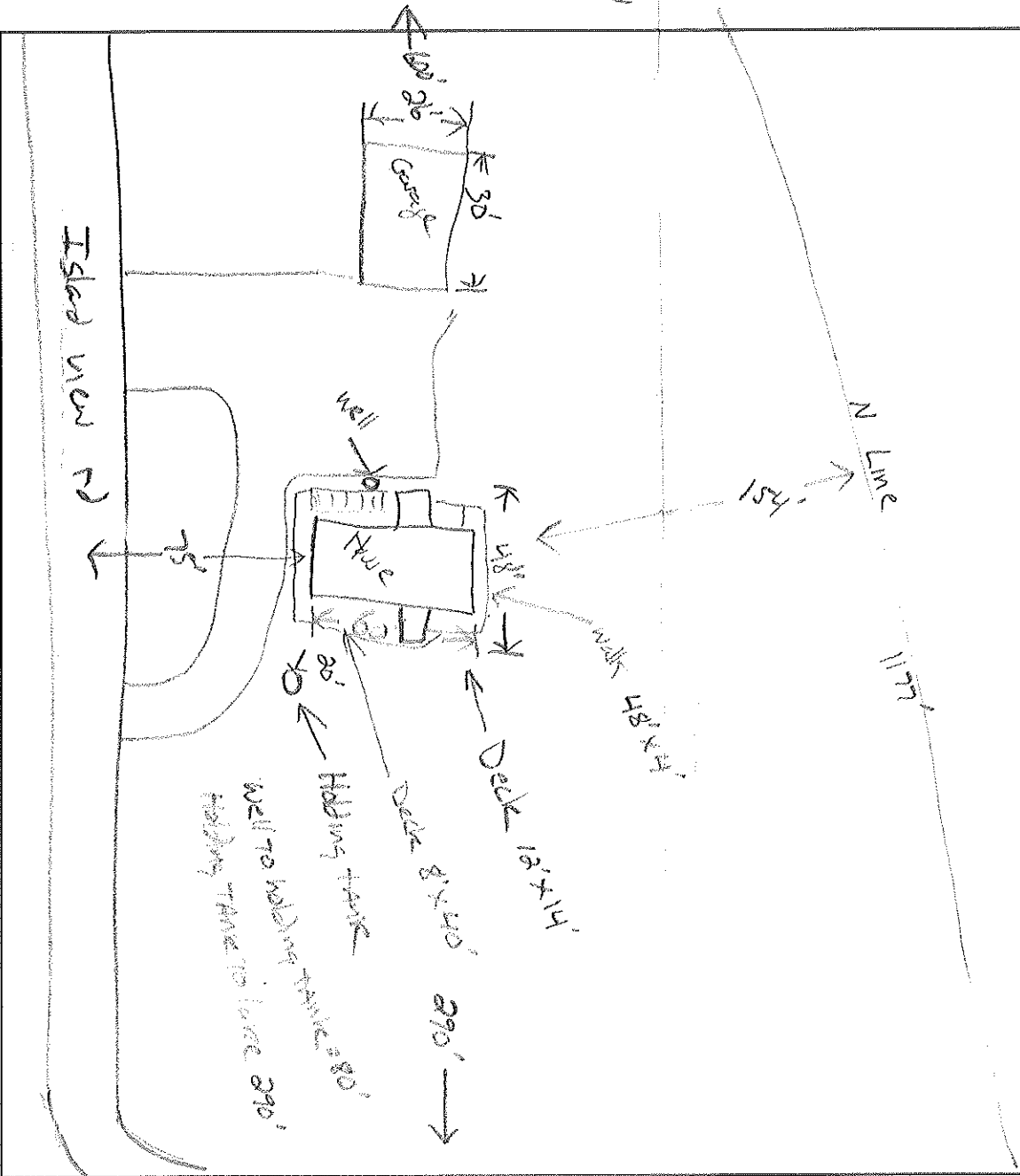
3

ENTERED

N

Lot Line

EXISTING BUILDING HEIGHTS ARE REQUIRED SETBACKS



Name of Frontage Road (Island view rd)

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.