

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 14 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0286
Date: _____
Zoning District F-8
Amount Paid: \$125
7/16/09 / mg

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 NE 1/4 of SW 1/4 of Section 28 Township 50 North, Range 8 West, Town of BET WING

Gov't Lot _____ of _____ Block _____ of Deeds _____ Subdivision _____ CSM # _____ Acreage 0.50

Volume _____ Page _____ Parcel I.D. 04-042-2-50-08-28-3 01-000-11000

Property Owner LAWRENCE COBABOWSKI Contractor SELF (Phone) 760 522 2710

Address of Property 9285 SCHOOL RD Plumber _____

PORT WING WI 54865 Authorized Agent _____ (Phone) _____

Telephone 760-522-2710 (Home) _____ (Work) _____

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

Structure: New Addition _____ Existing _____

Fair Market Value \$140,000 Square Footage 120 sqft

USE: _____

* Residence or Principal Structure (# of bedrooms) _____

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 2

Residence sq. ft. 1200 Porch sq. ft. _____

Deck sq. ft. 24 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) _____

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) _____

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) Therese J. Babrowski Date 7-12-09

Address to send permit PO Box 171 Bet Wing, Wis. 54865 ATTACH

* See Notice on Back
APPLICANT - PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 7-16-09 Permit Number 09-0286 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL STRENGTH/CONDITIONS AS REPRESENTED BY OWNER APPEAL TO BE
CODE COMPLIANT & NO PERMIT WAS BE/ISSUED BY CHAIRMAN.

By DPL Date of Inspection 7-16-09

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

Condition: A UNIFORM QUALITY CODE (UQC) PERMIT MUST BE OBTAINED PRIOR TO THE START OF
CONSTRUCTION FROM THE LOCALITY CONTRACTED UQC INSPECTION AGENCY.

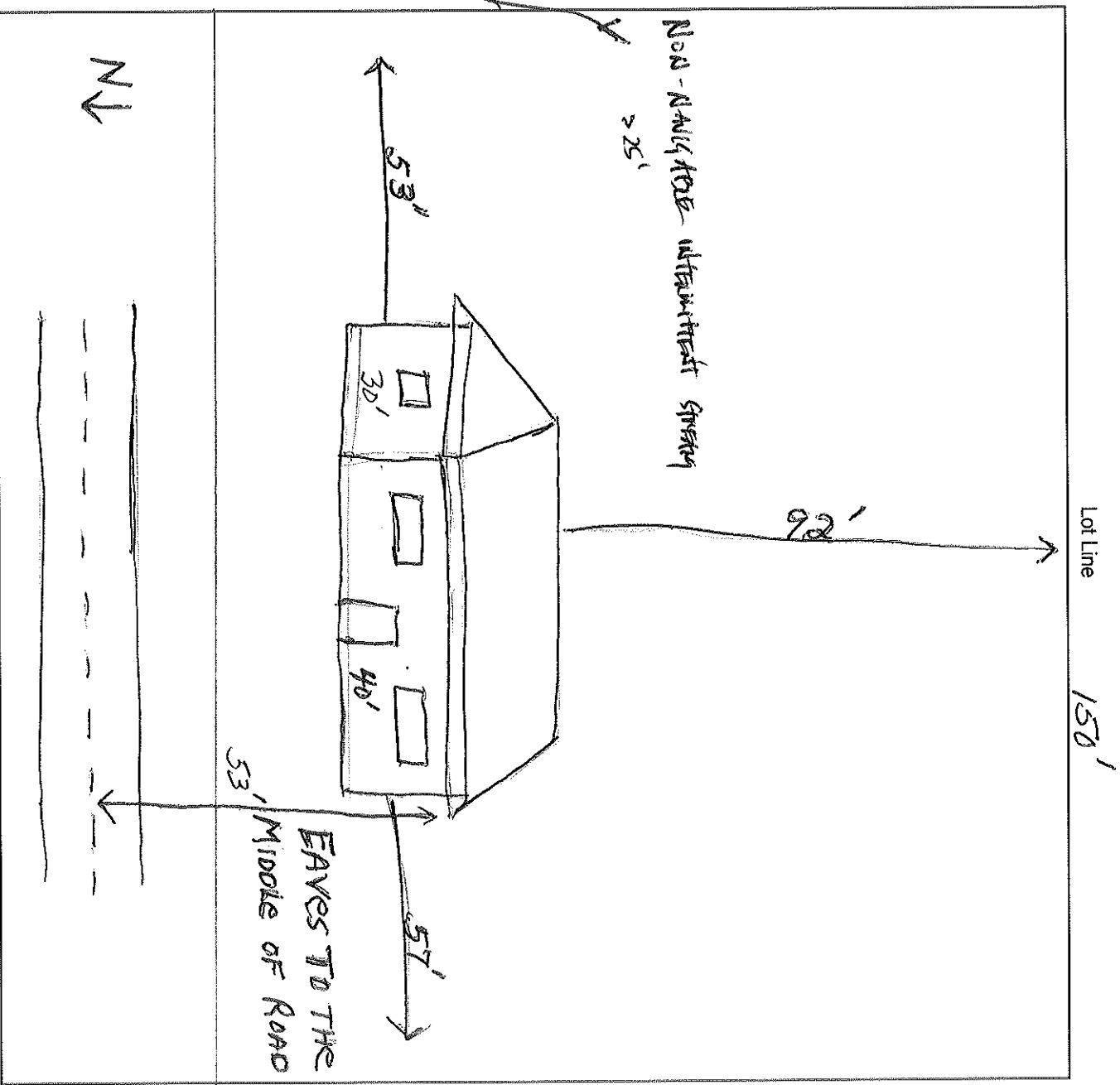
Note - this parcel is in a Overlay District

Signed [Signature] Date of Approval 7-16-09

Inspector _____ Rec'd for Issuance

JUL 16, 2009

Secretarial Staff



NOTE OWNER - RESIDENT
 AND SITE WKS DONE. Name of Frontage Road (SCHOOL 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.