

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

Application No. 10-0004T
Date: _____
Zoning District A-C
Amount Paid: \$506/21/10
Temp. Mg

RECEIVED
JUN 16 2010

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 Temporary

Use Tax Statement for Legal Description
Legal Description 560 1/4 of SE 1/4 of Section 50 Township 50 North, Range 4 West, Town of Bayfield
Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
Volume _____ Page _____ of Deeds Parcel I.D. 04-006-2-50-04-04-403-000-50000

Property Owner Thomas Galazek Contractor _____ (Phone) _____
Address of Property 86260 Valley Rd Plumber _____
Bayfield, WI 54814 Authorized Agent _____ (Phone) _____
Telephone 715-229-3254 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Fair Market Value 6,000 Square Footage 520

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) Temporary structure
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.

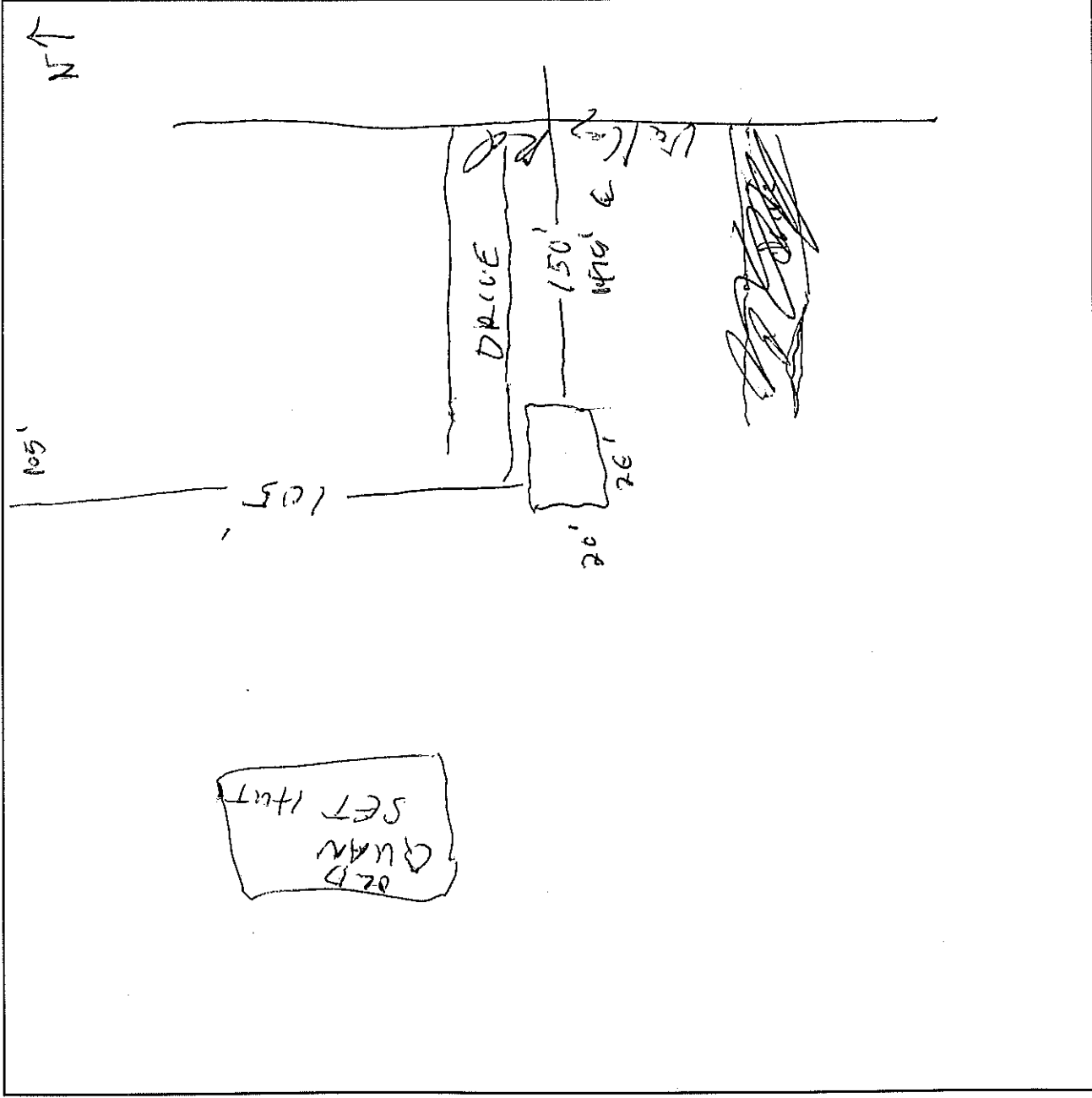
Owner or Authorized Agent (Signature) Thomas Galazek Date 6-16-10
Address to send permit 86260 Valley Rd Bayfield, WI 54814 ATTACH

* 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 6/21/10 Permit Number 10-0004T Permit Denied (Date) _____
Reason for Denial: _____
Inspection Record: STRUCTURE SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & TEMP PERMIT MAY BE ISSUED BY CONDITIONS Date of Inspection 6-17-10
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: STRUCTURE MAY NOT BE USED FOR HUMAN HABITATION OR STORAGE UNTIL SUCH TIME THAT A LAND USE PERMIT IS ACQUIRED FOR THE PERMANENT PLACEMENT OF THE STRUCTURE & ALL APPLICABLE STRUCTURE ZONING, & UDC CODES ARE MET
Signed Thomas Galazek Inspector _____ Date of Approval 6-17-10
STRUCTURE MUST BE REMOVED BY JUNE 21st, 2011 OR A CASD USE PERMIT FOR THE PERMANENT PLACEMENT MUST BE OBTAINED, OR A TEMPORARY PERMIT FOR AN ADDITIONAL TIME PERIOD.

PER TOWN TITLE P/C = FREE CIRCLE

Lot Line



Name of Frontage Road (Valley 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.