

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 29 2011  
 Bayfield Co. Zoning Dept.

Application No.: 11-0319  
 Date: 9/21/11  
 Zoning District: R-1-  
 Amount Paid: \$125.00 RDS  
8/30/11

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 NW 1/4 of NW 1/4 of Section 20 Township 50 North, Range Five West, Town of Bayfield

Volume 905 Page 7 of Deeds Parcel I.D. 04-006-2-50-05-20-2 02-000-20000

Property Owner Jeffrey & Wenz Contractor Bayfield Builders (Phone) 715-204-1856

Address of Property Star Route, Bayview WI 54806 Pumber \_\_\_\_\_

Telephone 218-344-6937 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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 \_\_\_\_\_

Fair Market Value \$000.00 Square Footage 284 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence of Principal Structure (# of bedrooms) \_\_\_\_\_ Type of Septic/Sanitary System Abse

\* Residence of \_\_\_\_\_ (# of bedrooms) \_\_\_\_\_  Mobile Home (manufactured date) \_\_\_\_\_

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

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  Commercial Accessory Building (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_  Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) \_\_\_\_\_

Residential Accessory Building (explain) Garage Shed (2x12)  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (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) [Signature] Date 8/24/11

Address to send permit 832 W. Bayfield St, Washburn, WI 54891 ATTACH Copy of Tax Statement or

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

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

Date 9/21/11 Permit Number 11-0319 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: Architecture Services conducted as requested by owner - appears to be one quantity field Review map by RDC By RDC Date of Inspection 9-2-11/9-6-11

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

Condition: Structure map dot for used for - appears structural or using space unless air

Applicable zoning, satisfactory of various existing codes are met.

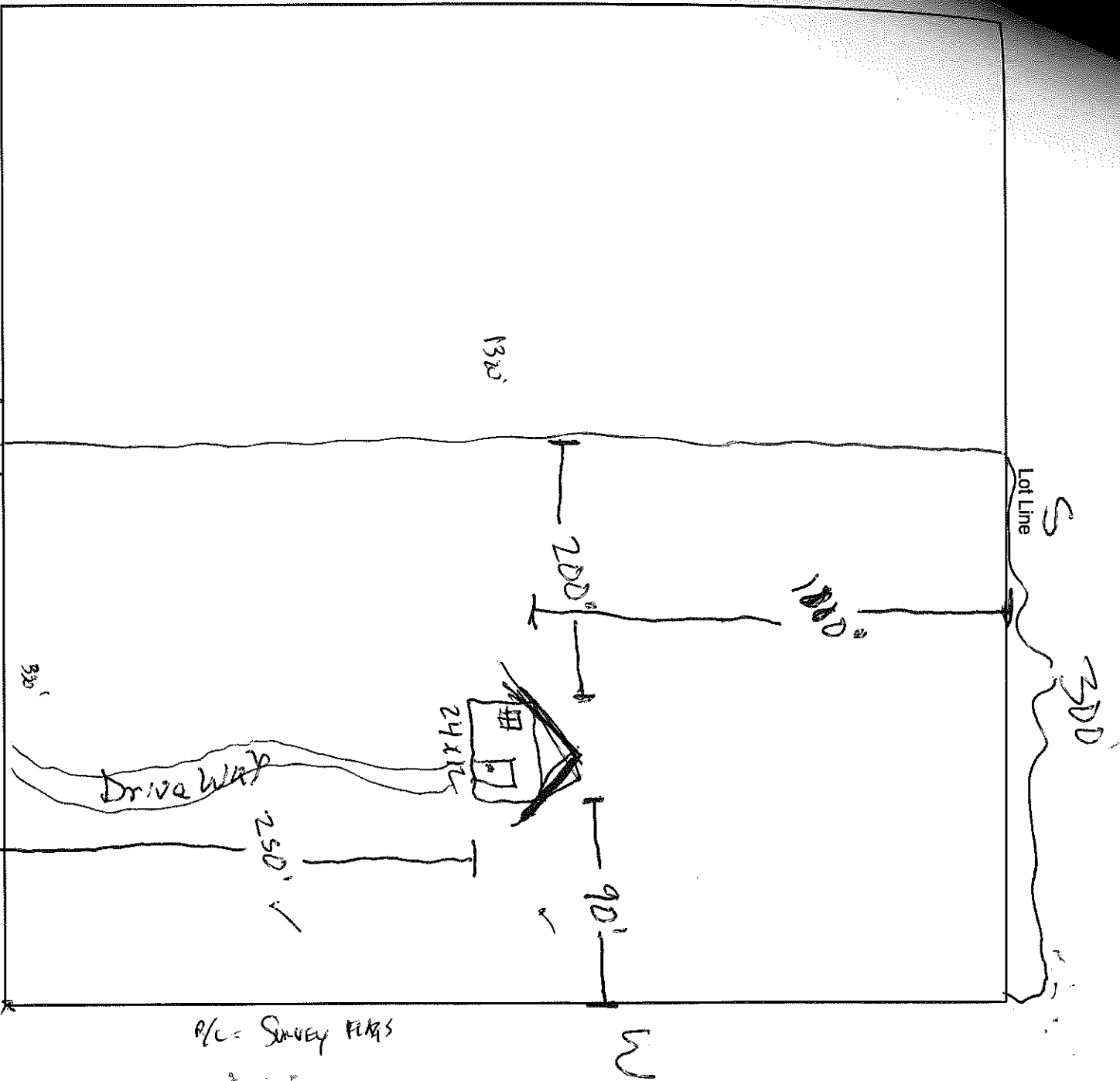
Rec'd for Issuance Signed [Signature] Date of Approval 9-2-11/9-6-11

SEP 6 2011 Inspector \_\_\_\_\_

Secretarial Staff RDC to RDC

NEED LETTER OF AUTHORIZATION.





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

**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.