

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

OCT 27 2011

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.

Application No.: 11-0132  
Date: 5-26-11  
Zoning District: R-1  
Amount Paid: \$256.00 EOS  
10/27/10

\$250

LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description NE 1/4 of NW 1/4 of Section 16 Township 43 North, Range 7 West, Town of Cable

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision 1-255 V.9, P.205, CSM # 1562 Acreage 14.335

Volume 827 Page 340 of Deeds Parcel I.D. 04-012-2-43-07-06-2 61-000-20000

Contractor SELF (Phone) \_\_\_\_\_

P plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Written Authorization Attached: Yes  No

Distance from Shoreline: greater than 75'  75 to 40'  less than 40'

Basement: Yes  No  Partial Number of Stories 1

Sanitary: New  Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

Type of Septic/Sanitary System CONV

Mobile Home (manufactured date) \_\_\_\_\_

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) \_\_\_\_\_

Is your structure in a Shoreland Zone? Yes  No  If Yes:

Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_

Fair Market Value \$60,000 Square Footage 1,864

USE: 24x46=1104

Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ 120

Residence  w/ deck porch (# of bedrooms) 2

Residence sq. ft. 100

Deck sq. ft. 20' x 30' = 600 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) \_\_\_\_\_

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 10-21-10

Address to send permit 3304 E 25th St, Minneapolis, MN 55406

\* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

ATTACH  
Copy of Tax Statement or  
(if you recently purchased the property  
Attach a Copy of Recorded Deed)

Permit issued: \_\_\_\_\_ State Sanitary Number 10-1255 Date 10-28-10

Date 5-26-11 Permit Number 11-0132 Permit Denied (Date) \_\_\_\_\_

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

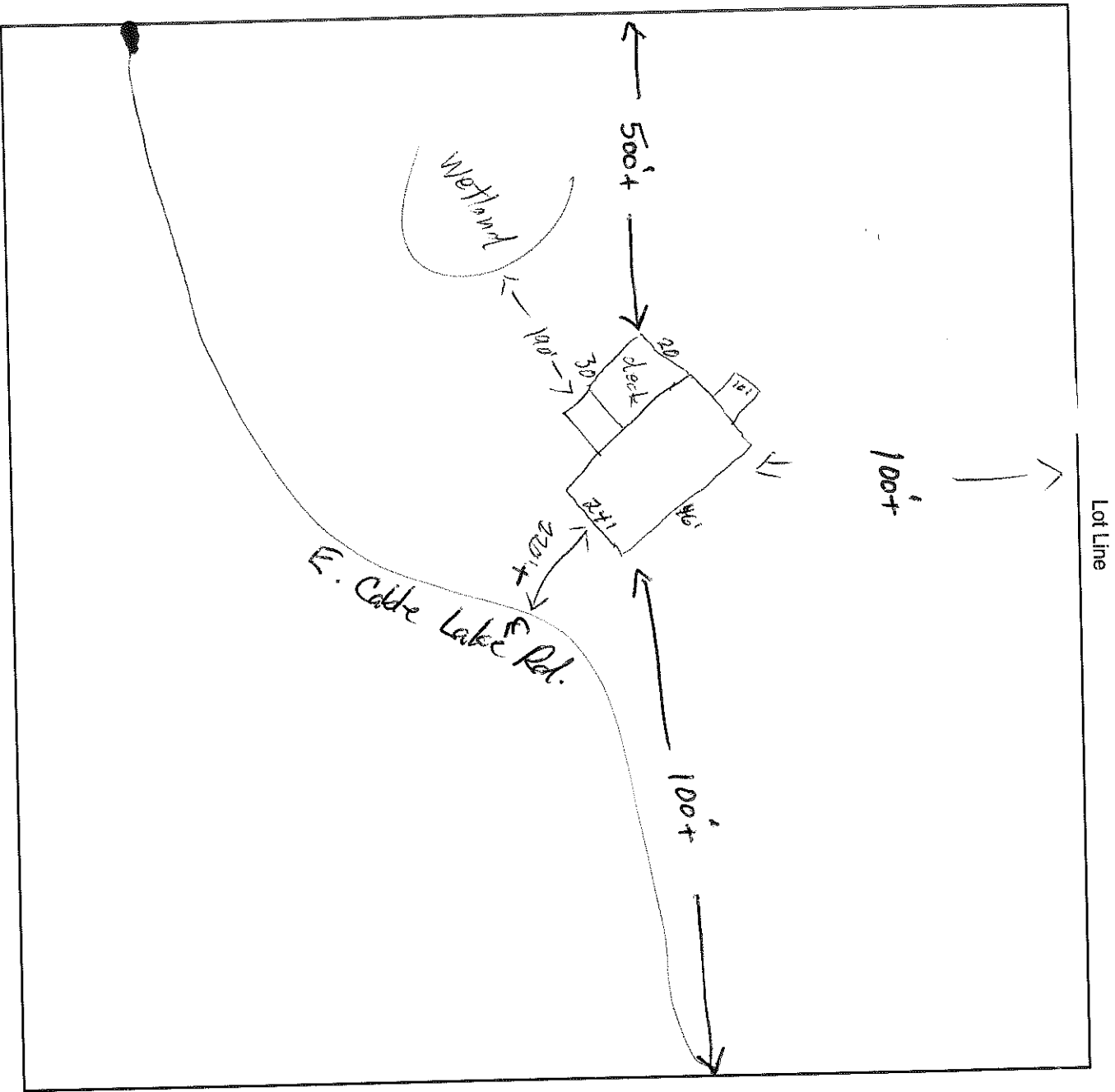
Inspection Record: Well Staked. Meet at Well site under Property Lines per owners

representations. By M. Furdak Date of inspection 5-20-11

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

Condition: \_\_\_\_\_

Signed Michael Furdak Date of Approval 5-23-11  
Inspector \_\_\_\_\_



Name of Frontage Road East Cable Lake 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.