

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
JUL 26 2011

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.

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 3 Township Cable North, Range 7 West, Town of Cable

Gov't Lot 2 Lot 1 Block _____ Subdivision _____ CSM # 1673 Acreage 1.7

Volume 10 Page 29 of Deeds Parcel I.D. 04-012-2-43-07-03-1 05-002-6000

Property Owner Deborah S Anderson Contractor Scott BIRD (Phone) 715-798-2364

Address of Property 43645 Tabula RK Rd Plumber N/A

Cable WI 54821 Authorized Agent Scott BIRD (Phone) 715-798-2364

Telephone _____ (Home) 507-244-0102 (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 Number of Stories 1

Fair Market Value 163,000 Square Footage 1507 Sanitary: New Existing Privy City

USE: Residential or Principal Structure (# of bedrooms) 10x15' Type of Septic/Sanitary System Cdnv - dry well

Residence or Principal Structure (# of bedrooms) Mobile Home (manufactured date) _____

Residence sq. ft. _____ Commercial Principal Building _____

* Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

* Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) _____

Residential Addition / Alteration (explain) Screen back Special/Conditional Use (explain) _____

Residential Accessory Building (explain) _____ 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) Deborah S Anderson Date 7-21-11

Address to send permit 19120 Pioneer Rd Cable WI 54821 Date 7-21-11 ATTACH

* See Notice on Back Copy of Tax Statement or Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 9/23/11 Permit Number 11-03340 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Non-conforming structure 50' from OHM By M Furtak Date of Inspection 8-5-11

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

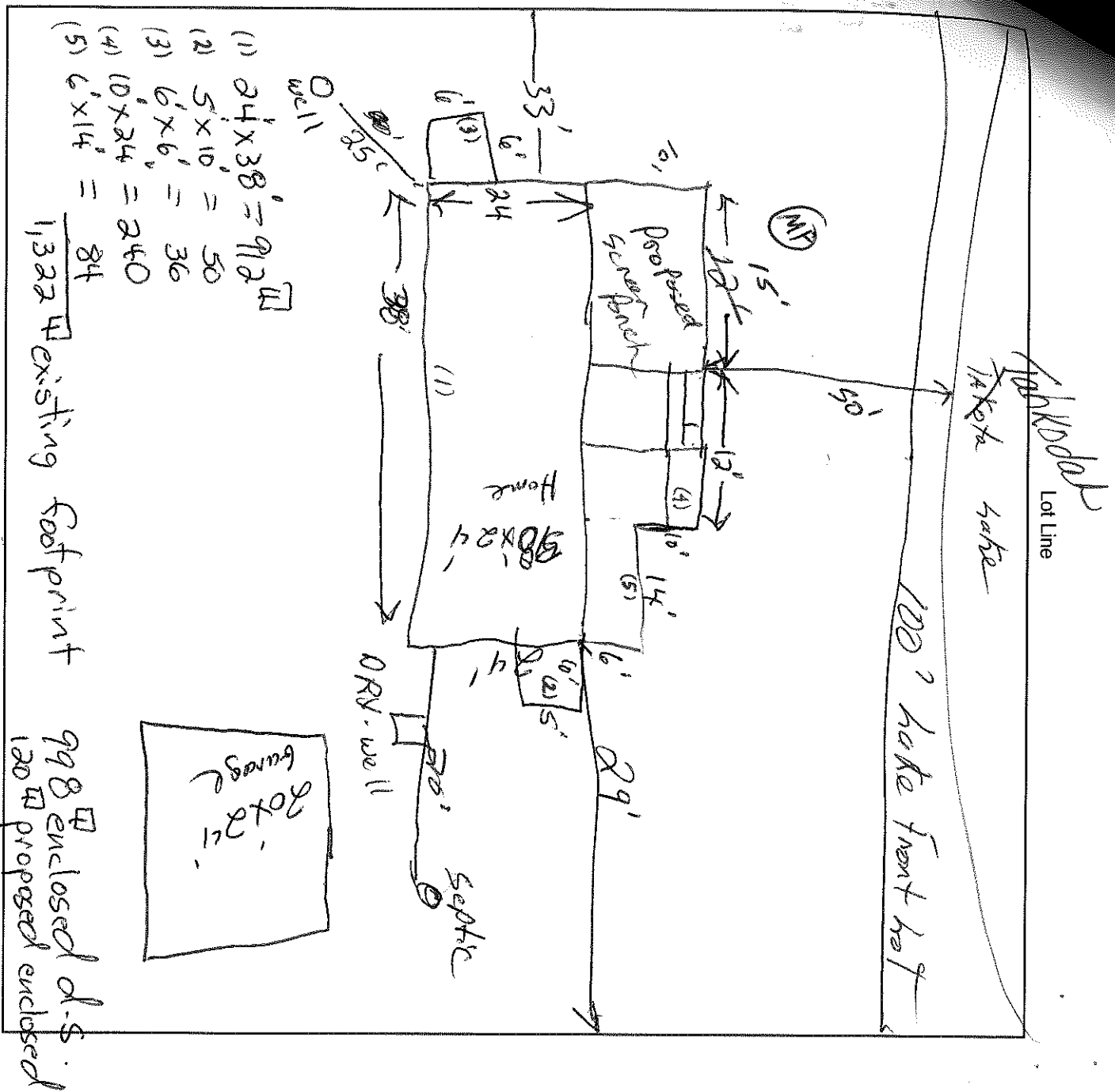
Condition: No expansion of structure's footprint.

see Mitigation affidavit Signed Michael Furtak Date of Approval 8-8-11

Additions to be built from existing deck. Rec'd for Issuance SEP 23 2011

Application No.: 11-03340 ENTERED
Date: 9/23/11
Zoning District: ARB, Class 2
Amount Paid: \$75 8/8/11 Not Entered
Reprinted

Secretarial Staff



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.