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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

RECEIVED
JUN 30 2008

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

Application No.: 08-0323
Date: _____
Zoning District: F-1
Amount Paid: \$300.00 EOS
7/1/08

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER
Part in SW 1/4 SW 1/4 Class A

Legal Description SW 1/4 of SW 1/4 of Section 19 Township 48 North, Range 5 West, Town of Barksdale

Gov't Lot _____ Block _____ Subdivision _____ Acreage 10
Volume 997 Page 13 of Deeds Parcel I.D. # 003-1020-10-000 Use Tax Statement for Legal Description

Property Owner Robert & Jessica Weber Contractor self/Art Hyder (Phone) _____
Address of Property 'Applied for' FR500 Plumber Blake Weber Plumbing & Heating

Telephone (715) 933-8090 (Home) 392-8095 (Work) _____ Authorized Agent _____ (Phone) _____
Written Authorization Attached: Yes No

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 1
Estimated Cost of Construction 40,000 Square Footage 1280 Sanitary: New Existing Privy _____ City _____

USE: Residence or Principal Structure (# of bedrooms) 3
 Residence sq. ft. _____ Mobile Home (manufactured date) 1998 title attached

Residence w/deck-porch (# of bedrooms) 3 Commercial Principal Building _____
Residence sq. ft. 1280 Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. 12x20 Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____
 Residence w/attached garage (# of bedrooms) _____ Commercial Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building Addition (explain) _____
 Residential Addition / Alteration (explain) Accessories Commercial Other (explain) _____

Residential Accessory Building (explain) Garage Special/Conditional Use (explain) _____
 Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____

Residential Other (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) Jessica Weber Date 6/17/08
Address to send permit P.O. Box 464 Washburn WI 54891 ATTACH Copy of Tax Statement

* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 08-435 Date 5/28/2008

Date 7-11-08 Permit Number 08-0323 Permit Denied (Date) _____

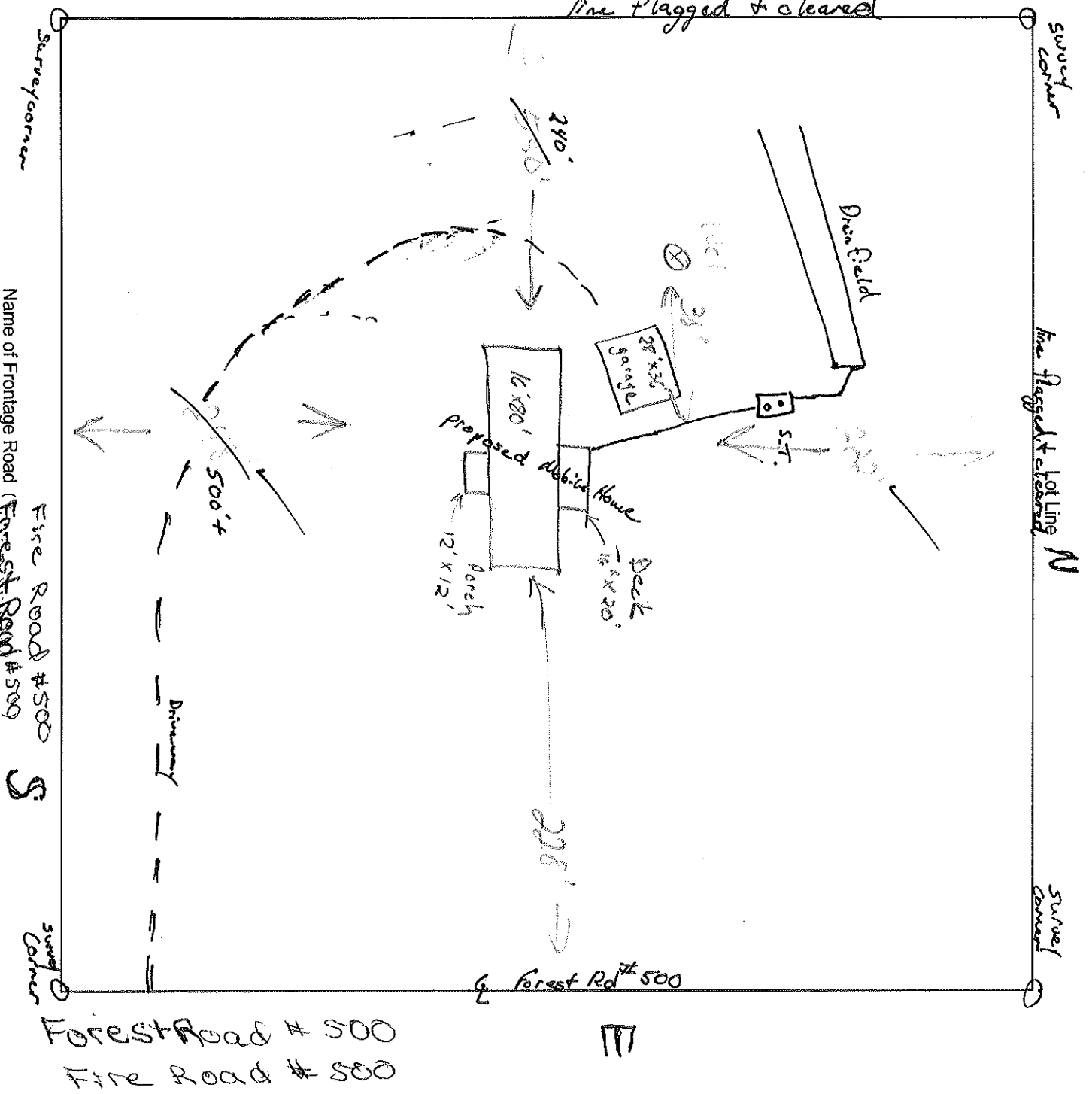
Reason for Denial: 7/08/08

Inspection Record: Proposed location of garage and deck of Asible home are to close to proposed drain field, contacted owner he will follow up w/ST. Date of Inspection 7/08/2008
7/09/2008: Met on-site w/owner & BY Travis Talowitzky Date of Inspection 7/09/2008
Contractor: New soil test revision to sanitary permit will be done, submit proposed best-of-jump if there
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____ will not change.

Condition: _____

Signed Travis Talowitzky 7/11/2008
Inspector _____ Date of Approval _____

* Lot will be 10 acres or more and not subject to Section 13-1-62(b) Rec'd for Issuance



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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY. FOLLOW
 STEPS 1-7 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

ENTERED

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

RECEIVED
JUN 30 2008
Bayfield Co. Zoning Dept

Application No.: 08-0322
Date: _____
Zoning District: F-1
Amount Paid: \$75.00 ROS
& 7/1/08

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
Part of SW 1/4 of SW 19 Township 48 North, Range 5 West, Town of Barkside

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 10
Volume 997 Page 13 of Deeds Parcel I.D. # 002-1020-10-000 Use Tax Statement for Legal Description

Property Owner Robert + Jessica Weber Contractor Hyle Const (Phone) 715 201 9011
Address of Property Applied for "FR 500
Washburn WI 54891

Telephone 715 208 8070 (Home) _____ (Work) _____ Authorized Agent _____ (Phone) _____
Written Authorization Attached: Yes No

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 one
Estimated Cost of Construction 15,000 Square Footage 1000 Sanitary: New Existing Conventional Privy _____ City _____

USE: * 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 Accessory Building Addition (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ Commercial Other (explain) _____

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

Residential Accessory Building (explain) Garage External Improvements to Principal Building (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Other (explain) _____

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Owner or Authorized Agent (Signature) Jessica Weber Date 6/17/08
Address to send permit PO Box 414 Washburn WI 54891 ATTACH Copy of Tax Statement

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE If you previously purchased the property Attach a Copy of Recorded Deed

Permit issued: _____ State Sanitary Number _____ Date _____
Date 7-11-08 Permit Number 08-0322 Permit Denied (Date) _____

Reason for Denial: _____
7/08/08 Proposed location of driveway is right in front of proposed location of garage; contact owner to will contact CST.

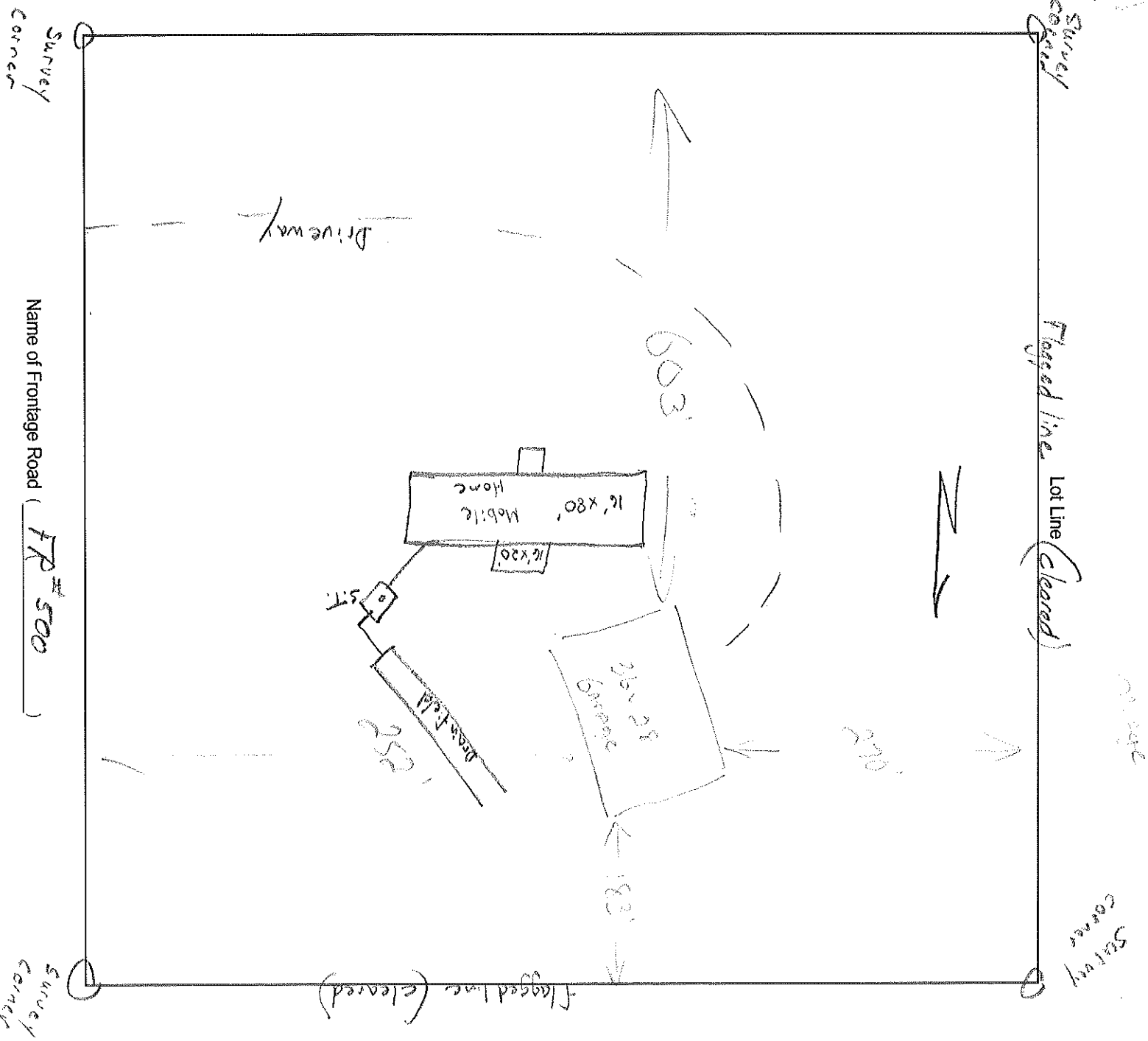
Inspection Record: 7/08/2008: Met on site w/owner + Travis Tulewitsky Date of Inspection 7/08/2008 + 7/09/2008
Contractor; A new soil test + revision to sanitary plan is in progress, garage location will not change.

Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: also human habitation.

Signed Travis Tulewitsky 7/09/2008
Inspector Travis Tulewitsky Rec'd Date of Approval

* Lot will be 10 acres or more and not subject to Section 13-I-G2(b)
JUL 11 2008

Secretarial Staff



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 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
 DETAILED PLOT PLAN
 IS NECESSARY, FOLLOW
 STEPS 1-7 (a-o) COMPLETELY.

Name of Frontage Road (FR #500)

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.
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