

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
SEP 09 2009

Bayfield Co. Zoning Dept.

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.

Use Tax Statement for Legal Description

Application No.: 09-0410
Date: _____
Zoning District: R-RB/Class 1+3
Amount Paid: 75 9/10/09 mg

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Legal Description 1/4 of Section 25 Township Barkdale North, Range 5 West, Town of Barkdale
Gov't Lot 3-4 Lot _____ Block _____ Subdivision _____
CSM # _____ Acreage 6.15

Volume 946 Page 328 of Deeds Parcel I.D. 04-002-2-48-05-25-305-004-C0000

Property Owner Jessie & Derek Hudd Contractor Self (Phone) _____
Plumber _____

Address of Property 30200 Mission Springs Rd, Ashland, WI 54806 Authorized Agent _____ (Phone) _____
Telephone 682-6232 (Home) 292-1254 (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 _____
Fair Market Value 300.00 Square Footage 44
Basement: Yes _____ No Number of Stories _____
Sanitary: New _____ Existing Privy _____ City _____
Type of Septic/Sanitary System Conventional

- * 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) Deck 6x8
- Residential Accessory Building (explain) _____
- Residential Accessory Building Addition (explain) _____
- Residential Other (explain) _____
- 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) _____

FAILURE TO OBTAIN A PERMIT OF 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) Jessie Hudd Date 9-9-09

Address to send permit 30200 Mission Springs Rd, Ashland, WI 54806 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 9/14/09 Permit Number 09-0410 Permit Denied (Date) _____

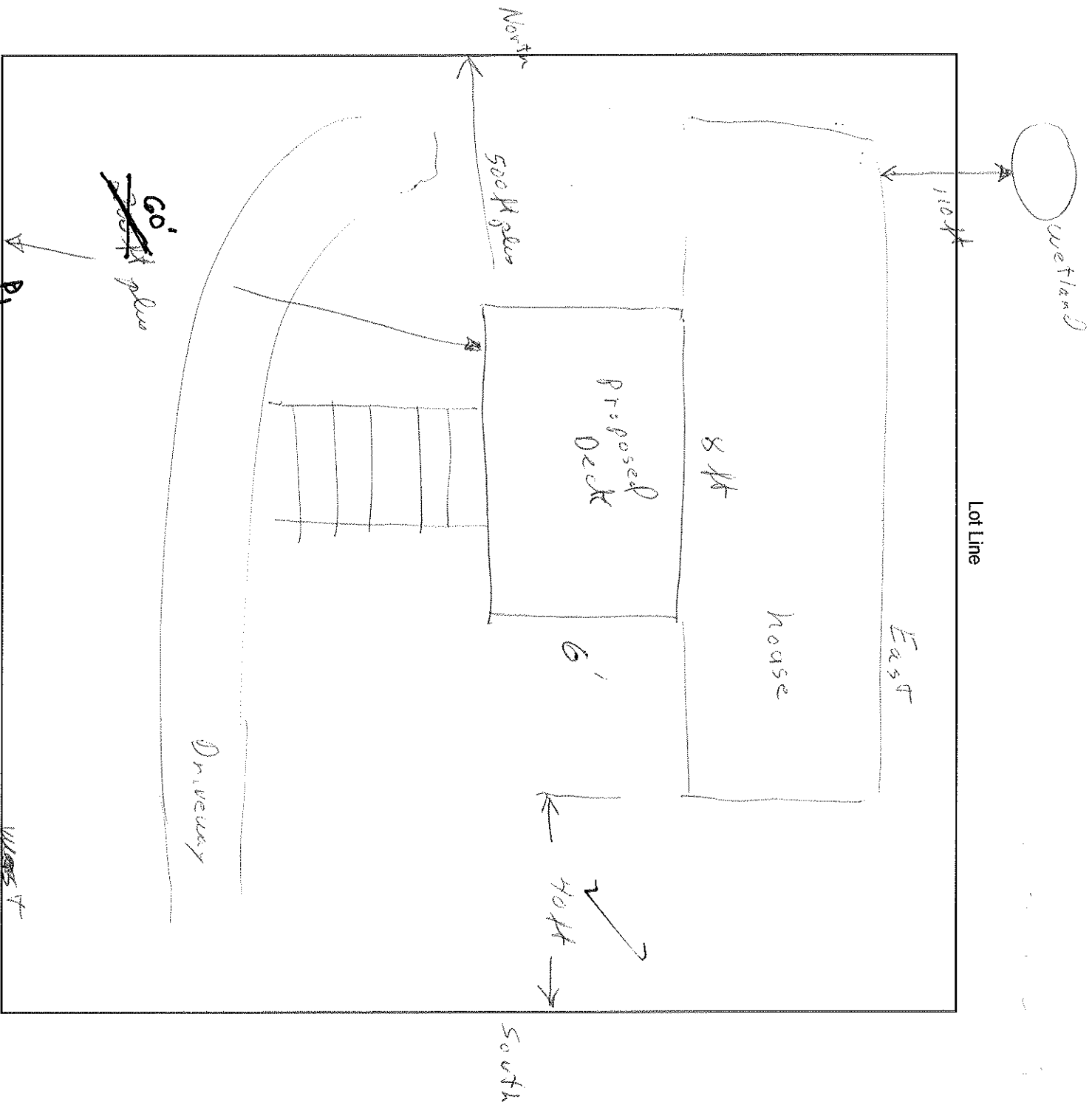
Reason for Denial: _____

Inspection Record: Meets code requirements per owner's representation. Owner present at time of inspection. Property has been surveyed. By Tim's Feltonsky Date of inspection 9/10/2009

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

Condition: _____

Signed Tim's Feltonsky 9/10/2009
Inspector _____ Date of Approval _____
Rec'd for Issuance



Name of Frontage Road (_____)

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 tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.