

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 05 2010

BY: _____

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 Attaches during Renov.

Use Tax Statement for Legal Description

Legal Description 1/2 S1/4 SE 1/4 of Section 29 Township 48 North, Range 5 West, Town of Barksdale

Gov't Lot _____ of Block _____ Subdivision _____ CSM # _____ Acreage 99 +/-

Volume _____ Page _____ of Deeds _____ Parcel I.D. 66-002-2-48-05-51-P

Property Owner Jason + Stephanie Larsen Contractor _____ (Phone) _____

Address of Property 71015 Clevette Rd Plumber _____

Ashland, WI 54806 Authorized Agent _____ (Phone) _____

Telephone 715 685 9760 (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

Fair Market Value 20,000 Square Footage 1876

USE: * Residence or Principal Structure (# of bedrooms) 13

Residence sq. ft. _____

* Residence w/deck-porch (# of bedrooms) 3

Residence sq. ft. 1876 Porch sq. ft. 250

Deck sq. ft. 1258

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

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition/Alteration (explain) RE-ROOF 1876 FT²

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) Jason Larsen Date 10/2/2010

Address to send permit 71015 Clevette Rd Ashland, WI 54806

ATTACH

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 34934 Date 10/18/10

Date 10/18/10 Permit Number 10-0428 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: No change in footprint before re-inspection of pile's

GREENSBAY SILVERSTONE PERMIT W/SP BY DDC Date of Inspection 10-18-10

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

Condition: _____

76-7187 96-5138 38898-74 10-04-10
190-86

Signed [Signature]
Inspector

Rec'd for Issuance

Date of Approval

- [Signature] Dist

OCT 15 2010

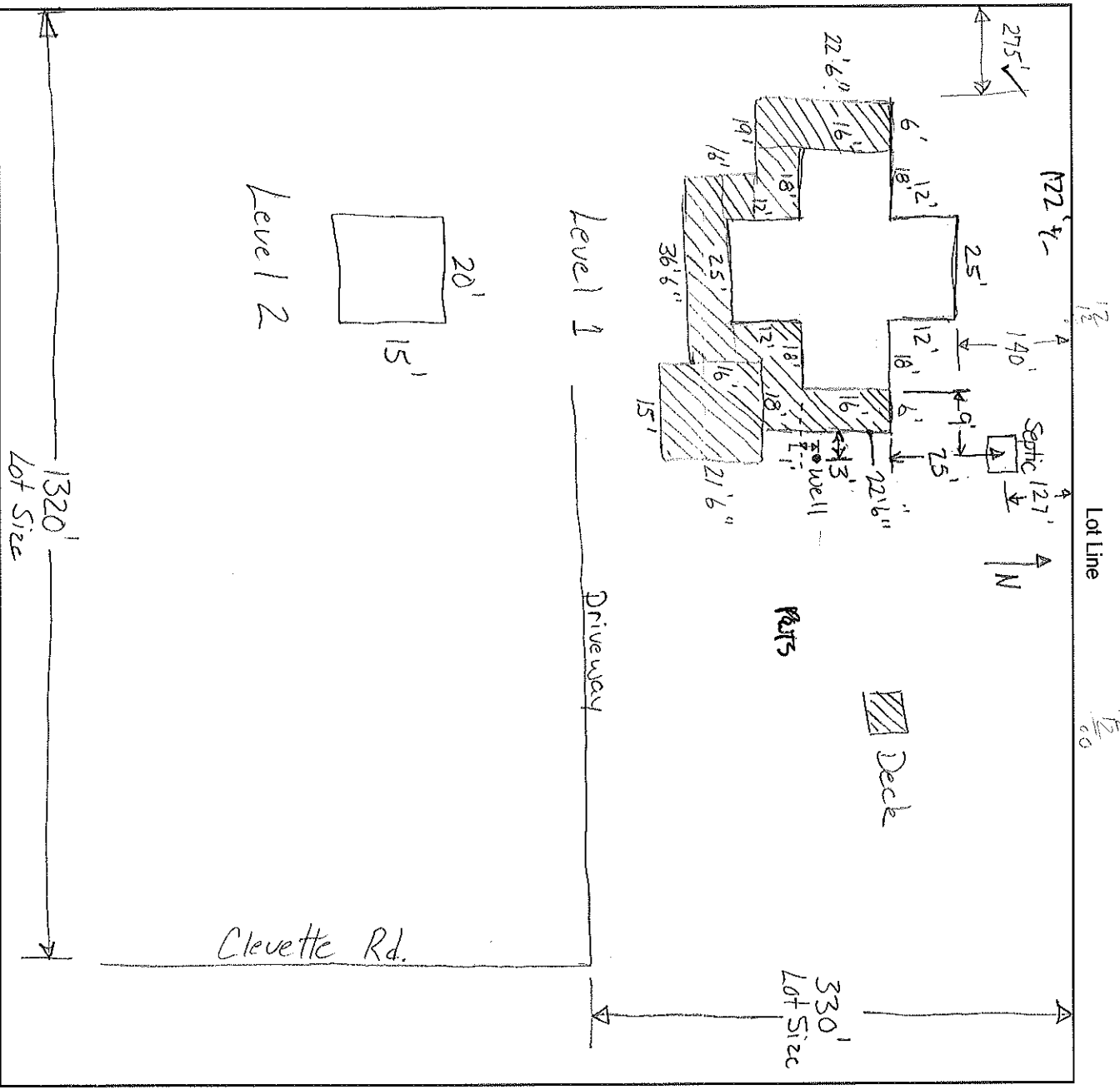
Secretarial Staff

ENTERED

Application No: 10-0428
Date: _____
Zoning District A-1/-
Amount Paid: 75.00 10/18/10 mg

$$\begin{array}{r} 1220 \\ 415280 \\ \hline 41 \end{array}$$

$$\begin{array}{r} 330 \\ 411320 \\ \hline 1246 \end{array}$$



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