

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  
 APR 15 2011

Bayfield Co. Zoning Dept.

Application No.: 11-0085  
 Date: 5-9-11  
 Zoning District: A-1/-  
 Amount Paid: 45  
4-19-11/mg

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

Use Tax Statement for Legal Description

Legal Description NE 1/4 of NE 1/4 of Section 32 Township 48 North, Range A05 West, Town of Barksdale

Gov't Lot 579 Lot 314 Block --- Subdivision --- CSM # --- Acreage 32.75

Volume 579 Page 314 of Deeds Parcel I.D. 446 04 002 2480532101 00010000

Property Owner Dale & Linda Johnston Contractor Blue Water Builders (Phone) 715 292 3058

Address of Property 70735 Clevette Rd. Ashland WI 54806 Plumber ---

Telephone 715-683-9785 (Home) 715-209-1545 (Work) 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 ---

Fair Market Value \$14,000.00 Square Footage 1764 Sanitary: New  Existing  Privy  City ---

USE:  Residence or Principal Structure (# of bedrooms) --- Type of Septic/Sanitary System Private Tank

Residence sq. ft. ---  Mobile Home (manufactured date) ---

\* Residence w/deck-porch (# of bedrooms) ---  Commercial Principal Building ---

Residence sq. ft. --- Porch sq. ft. ---  Commercial Principal Building Addition (explain) ---

Deck sq. ft. --- 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 Other (explain) ---

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

Residential Accessory Building (explain) Bole Building  External Improvements to Principal Building (explain) ---

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

Residential Other (explain) ---

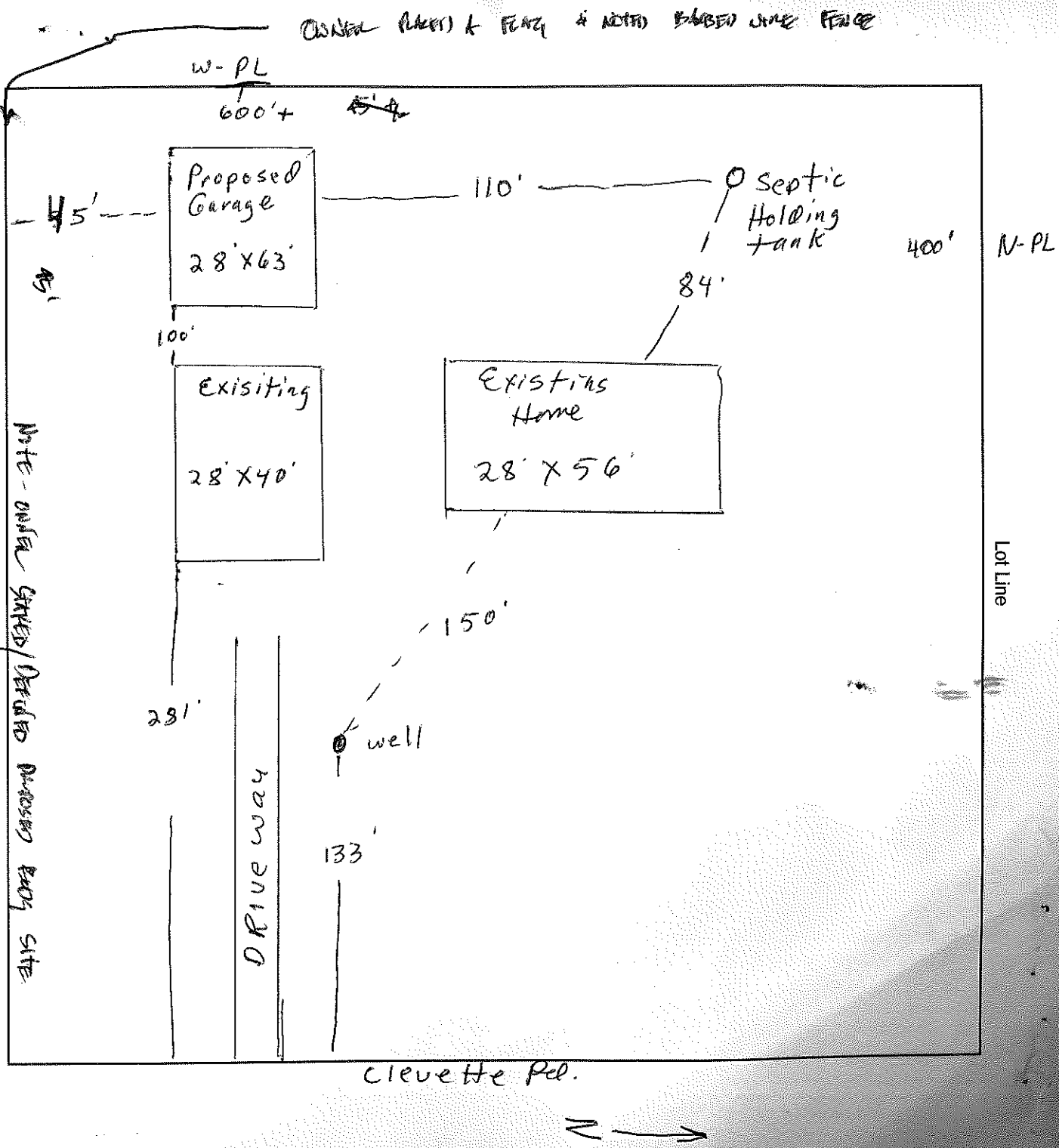
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 changed 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) Dale Johnston Date 4-15-11  
 Address to send permit --- 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 --- Date ---  
 Date 5-9-11 Permit Number 11-0085 Permit Denied (Date) ---

Reason for Denial: ---  
 Inspection Record: Structure set-back/obstructs as required by code (proposed) appears to be code compliant w/ code. Permit may be denied. DRC Date of Inspection 5.5.11

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # ---  
 Condition: Sanitary may not be used for commercial business purposes unless the appropriate zoning ordinance provisions are met & the necessary permits are obtained

Signed [Signature] Date of Approval 5-5-11  
 Inspector ---



Name of Frontage Road (Clevette 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.