



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

JUN 21 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:
Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

Application No: 10-0212
Date: _____
Zoning District: R-1/-
Amount Paid: 75 6/22/10 mf

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 N 180 1/4 of S 360 1/4 of Section 33 Township 48 North, Range 9 West, Town of Oulu

Gov't Lot _____ of Block _____ Subdivision _____ CSM # _____ Acreage 5.4

Volume _____ Page _____ of Deeds Parcel I.D. 038-1075-05

Property Owner William & Lana Nelson Contractor Self (Phone) _____

Address of Property 70305 Hower Line Rd Plumber _____ (Phone) _____

Iron River WI 54847 Authorized Agent _____ (Phone) _____

Telephone 715-273-4907 (Home) 715-222-4907 (Work)

Is your structure in a Shoreland Zone? Yes No if yes. _____
Written Authorization Attached: Yes No

Structure: New Garage Addition Existing _____
Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Fair Market Value 5,000.00 Square Footage 768
Basement: Yes No Number of Stories 1

Sanitary: New _____ Existing Privy _____ City _____

USE: * Residence or Principal Structure (# of bedrooms) _____
Type of Septic/Sanitary System _____

* Residence sq. ft. _____
 * Mobile Home (manufactured date) _____

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

Residence sq. ft. _____ Porch sq. ft. _____
 * Residence w/attached garage (# of bedrooms) _____
 Commercial Principal Building Addition (explain) _____

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

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

Residential Accessory Building (explain) Garage
 Commercial Other (explain) _____

Residential Accessory Building Addition (explain) _____
 Commercial Accessory Building Addition (explain) _____

Residential Other (explain) _____
 Commercial Other (explain) _____

Special/Conditional Use (explain) _____
 External Improvements to Principal Building (explain) _____

External Improvements to Accessory Building (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) William & Lana Nelson Date 6-15-10

Address to send permit W 4445 350th Ave Ellsworth WI 54011 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 7-7-10 Permit Number 10-0212 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural setbacks/conditions as requested by owner appears to be code compliant & O.C. (check) may be used. By DC

Date of Inspection 7-1-10

Variance (B.O.A.) # _____

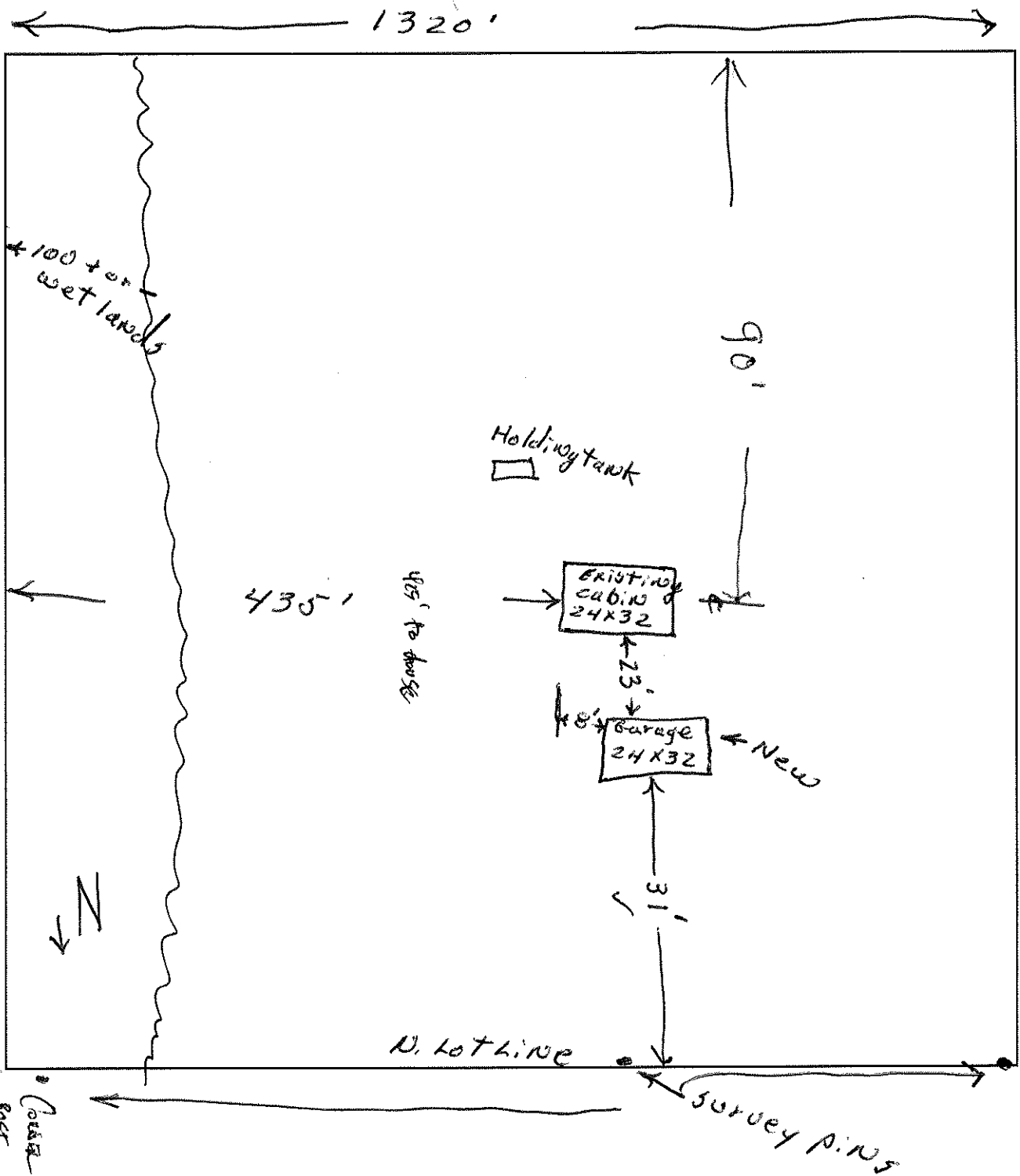
Mitigation Plan Required: Yes No

Condition: _____

Signed [Signature] Inspector _____ Date of Approval 7-1-10

RECEIVED
to issue
1111 07 2010

Lot Line



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

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.