

20 ENTERED

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

JUL 20 2010

Application No.: 10-0294

Date: -

Zoning District A-C(-)

Amount Paid: \$75.00 ROS 7/20/2010

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 30 Township 48 North, Range 9 West, Town of Oulu

Gov't Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 40

Volume _____ Page _____ of Deeds Parcel I.D.

Property Owner ANTON VOJACEK (Vojacek) Contractor SKLF (Phone) 715 392 4160

Address of Property 71777 OULU LAKE RD BOWLE, WI 54820

Plumber N/A

Authorized Agent _____ (Phone) _____

Telephone 715 332 4160 (Home) _____ (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 1.5

Fair Market Value \$10,000? Square Footage 800 1600 ft

Sanitary: New Existing City _____

USE: _____

Type of Septic/Sanitary System N/A

* 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) _____

Social/Conditional Use (explain) _____

Residential Accessory Building (explain) NAY MDW

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 charged with administering certain ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) _____ Date 7/19/10

Address to send permit ~~71777~~ 71775 OULU LAKE RD BOWLE, WI 54820 ATTACH

Copy of Tax Statement or

(If you recently purchased the property Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 8/12/10 Permit Number 10-0294 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: SEVERAL STATUTES/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE OK

Contract # 10 REW BY JULY PER By DOC Date of Inspection 8-10-10

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

Condition: _____

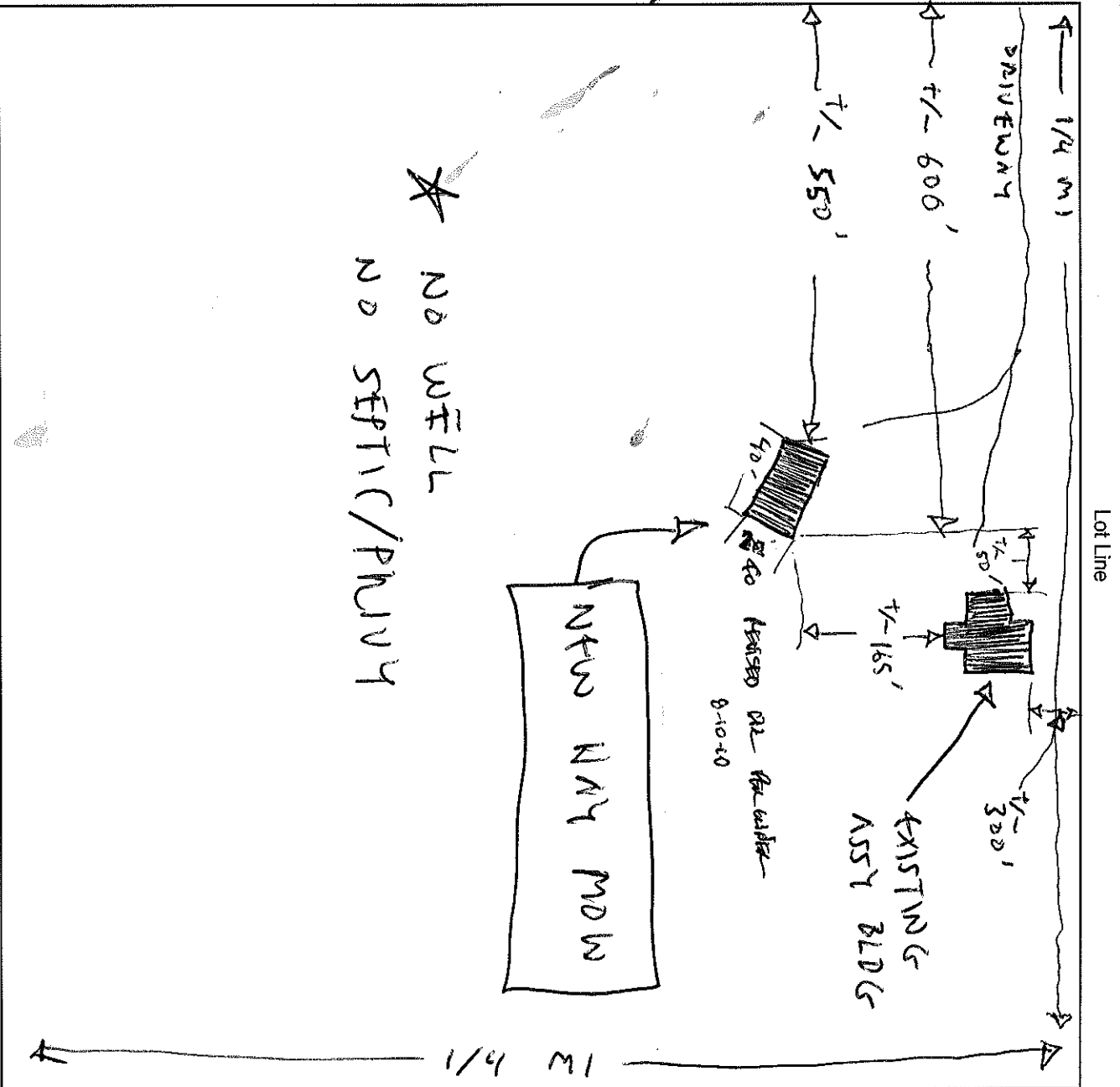
Signed _____

8-10-10

Inspector Rec'd for Issuance Date of Approval

PROPOSED BLDG. NOT NEAR DENIED AT INSPECTION AUG 11 2010

Secretarial Staff



W OULU ROCK RD
 Name of Frontage Road (OULU ROCK) 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.