

ENTERED

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  
AUG 12 2008  
Bayfield Co. Zoning Dept.

Application No.: 08-0433  
Date: \_\_\_\_\_  
Zoning District: F-1  
Amount Paid: \$125.00 DAS  
8/12/08

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 SE 1/4 of NW 1/4 of Section 22 Township 50 North, Range 8 West, Town of Port Wing

Gov't Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_  
Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. 07-042-028267

Property Owner Casey L. Christenson Contractor Landmax (Phone) \_\_\_\_\_  
Plumber \_\_\_\_\_

Address of Property Port Wing, WI 54865  
Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
715-372-8510  
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  
Fair Market Value 25,000 Square Footage 1280  
Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 \* Residence w/attached garage (# of bedrooms) \_\_\_\_\_  
 \* Mobile Home (manufactured date) \_\_\_\_\_  
 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) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_  
Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) garage/storage  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

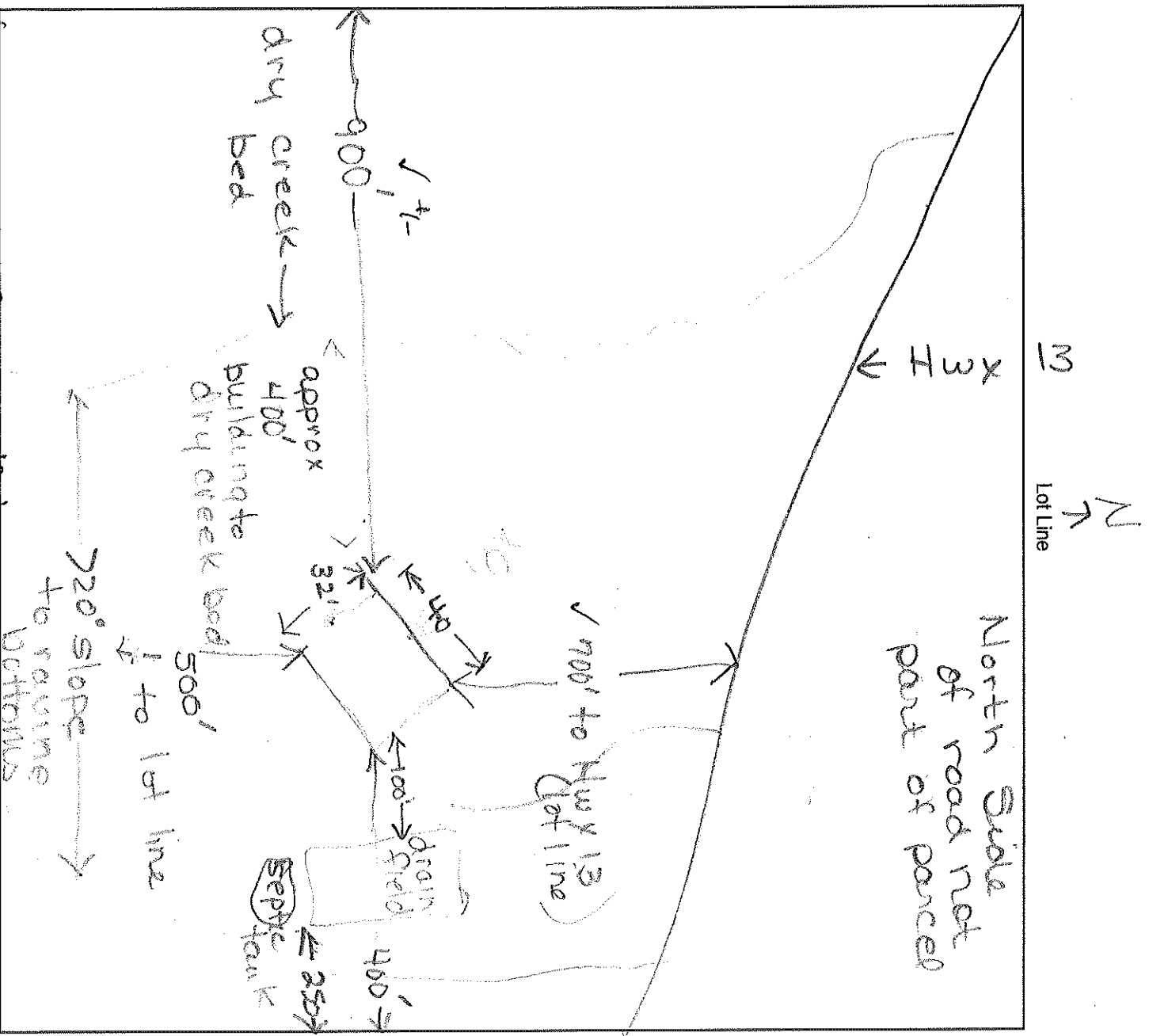
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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) Casey Christenson Date 8-11-08

Address to send permit PO Box 154 Port Wing, WI 54865 ATTACH

\* See Notice on Back  
APPLICANT - PLEASE COMPLETE REVERSE SIDE  
Copy of Tax Statement or Attach a Copy of Recorded Deed

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 8/20/08 Permit Number 08-0433 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structure satisfies conditions as requested by owner - address to meet  
all requirements are met By DOC Date of inspection 8-19-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Condition: Structure may not be used for "living space" or for animal habitation  
unless the appropriate zoning, sanitary, & other requirements are fulfilled.  
Signed M. Christenson Inspector 8-19-08  
Date of Approval \_\_\_\_\_  
Rec'd for Issuance \_\_\_\_\_



Name of Frontage Road (St Hwy 13)  
 Name of Frontage Road (St Hwy 13)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N). N
2. Show the location, size and dimensions of the structure. Lot Line
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage. North Side of road not part of parcel
4. Show the location of the well, holding tank, septic tank and drain field. N
5. Show the location of any lake, river, stream or pond if applicable. Lot Line
6. Show the location of other existing structures. None
7. Show the location of any wetlands or slopes over 20 percent. None
8. Show dimensions in feet on the following:
  - a. Building to all lot lines approx
  - b. Building to centerline of road 700'
  - c. Building to lake, river, stream or pond 400'
  - d. Holding tank to closest lot line None
  - e. Holding tank to building No holding tank
  - f. Holding tank to well None
  - g. Holding tank to lake, river, stream or pond None
  - h. Privy to closest lot line None
  - i. Privy to building None
  - j. Privy to lake, river, stream or pond None
  - k. Septic Tank and Drain field to closest lot line 250'
  - l. Septic Tank and Drain field to building 100'
  - m. Septic Tank and Drain field to well No well
  - n. Septic Tank, and Drain field to lake, river, stream or pond 500'
  - o. Well to building No well

**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.

None Done  
 None Done  
 PVC pipes

ENTERED

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 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
**RECEIVED**  
 JUN 18 2008  
 Bayfield Co. Zoning Dept.

Application No.: 08-0437  
 Date: \_\_\_\_\_  
 Zoning District: R-4  
 Amount Paid: \$175.00 CAS  
6/19/08

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 \_\_\_\_\_  
 Legal Description 1/4 of 1/4 of Section 28 Township 50 North, Range 8 West, Town of Port Wins  
 Gov't Lot 1-17 Block 7 Subdivision Citic-stem Hybrid/CCSM # Acreage 1.5  
 Volume Page of Deeds Parcel I.D. # 042-1107-04 Use Tax Statement for Legal Description \_\_\_\_\_  
 Property Owner South Shore School District Contractor Jeff Ogren (Phone) 372-8431  
 Address of Property 9135 School Road Plumber \_\_\_\_\_  
Port Wins, WI Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Telephone 715-774-3500 (Home) same (Work) \_\_\_\_\_  
 Is your structure in a Shoreland Zone? Yes  No  If yes, \_\_\_\_\_  
 Structure: New  Addition \_\_\_\_\_ Existing \_\_\_\_\_  
 Estimated Cost of Construction 10,000 Square Footage 720 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City   
**USE:**

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 Residence sq. ft. \_\_\_\_\_
- \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_  
 Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_
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- Residential Accessory Building (explain) \_\_\_\_\_
- Residential Accessory Building Addition (explain) \_\_\_\_\_
- Residential Other (explain) \_\_\_\_\_
- Mobile Home (manufactured date) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
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- 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 OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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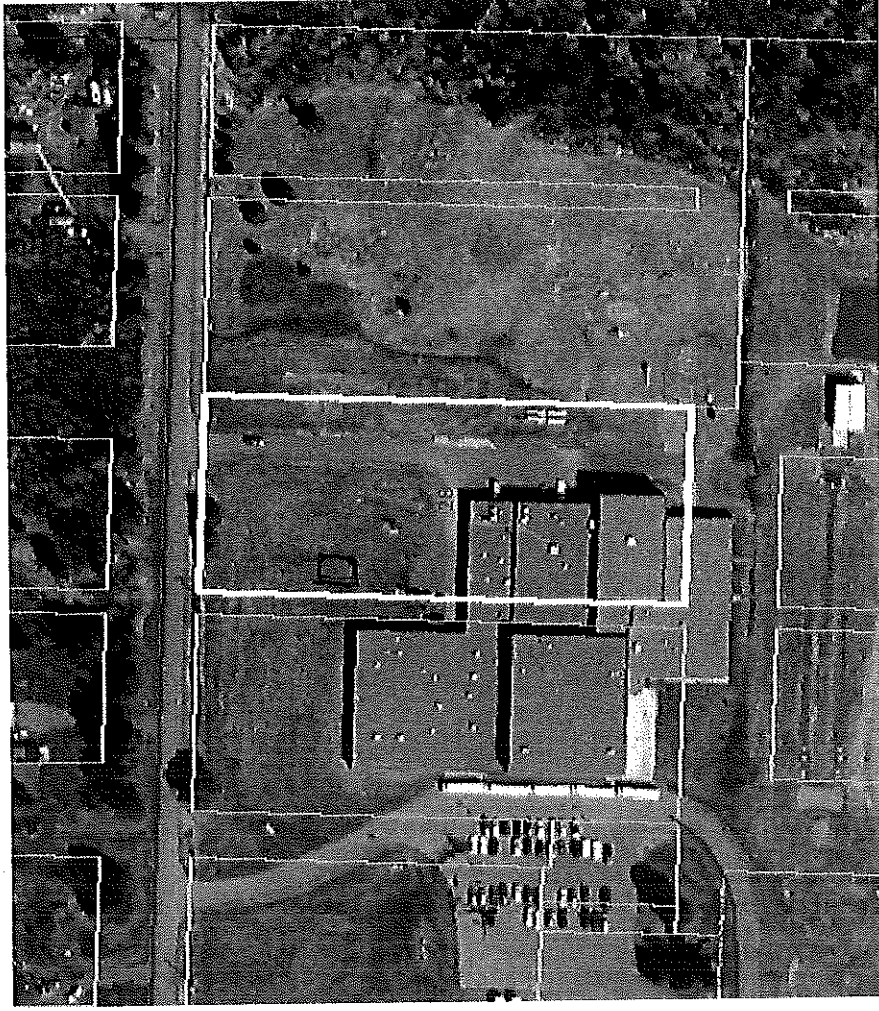
Owner or Authorized Agent (Signature) Marc Christensen, Port Admin. Date 6-18-08

Address to send permit \_\_\_\_\_ ATTACH \_\_\_\_\_  
 \* See Notice on Back Copy of Tax Statement  
 If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 8/20/08 Permit Number 08-0437 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Structural Setbacks/conditions as presented by applicant appears to meet code requirements + permit entry BE BUILT w/ PIZ APPROVE. Date of Inspection 8-20-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: Structure must be at least 10 feet from the property lines AND 100 feet front of-way.  
 Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 8-20-08

BY [Signature] TOWNING



0 0.01 0.02 mi

Query Results

Parcel Owner	TNS OF BELL,CLOVER,OULU, JT SCHOOL DIST #1 ORIENTA,PORT WING,TRIPP PORT WING WI 54865	Legal Description	OKERSTROM HEYDLOFF ADDITION TO PORT WING LOTS 1-17 BLOCK 7 TOG WITH VACATED PORTION OF ROBT AVE & TOG WITH
Location	Section 28, Town 50 N, Range 08 W	History	
New PIN	04-042-2-50-08-28-3 00-236-30000	Old PIN	2006R-505049
Land Value	Improvement Value	Total Acres	042110704000
			1.50000

