

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

SEP 15 2009

Application No.: 09-0429
Date: _____
Zoning District: R-4
Amount Paid: \$390
9-17-09/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 _____ 1/4 of _____ 1/4 of Section 29 Township 50 North, Range 8 West, Town of Port Wing

Gov't Lot 13-15 Block 26 of Deeds First Addition Subdivision CSM # Acreage 0.224

Volume _____ Page _____ Parcel I.D. 08-02-2-50-08-29-4 00-173-24000

Property Owner Maxwell F & Marjorie Open Contractor Self (Phone) _____

Address of Property 7th & Grand Plumber _____ (Phone) _____

Telephone 715-774-3624 (Home) _____ Authorized Agent _____ (Phone) _____

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

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

Fair Market Value 130,000 Square Footage 2330 total 2330 Basement: Yes No Number of Stories _____

USE: _____ Sanitary: New _____ Existing _____ Privy _____ City

* 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. Open - 200 sq ft Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence w/attached garage (# of bedrooms) 3 Commercial Accessory Building Addition (explain) _____

Residence sq. ft. 1458 Garage sq. ft. 672 Commercial Other (explain) _____

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

Residential Accessory Building (explain) _____ 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 OF 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) Marjorie Open Date 9/15/09

Address to send permit P.O. Box 28 Port Wing, WI 54865 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 9/17/09 Permit Number 09-0429 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY ORDER APPEALS TO BE CODE COMPLIANT - i.e. PERMIT MAY BE BY -ISSUED w/ CONDITIONS

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

Condition: A UNIFORM DAILY APE (DCA) PERMIT FROM THE DECKY CONTRACTED WDC INSPECTION AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.

Signed [Signature] Inspector _____ Date of Inspection 9-15-09

Date of Approval _____

Rec'd for Issuance _____

VERIFY LAST NIGHTS SEE PLAN!

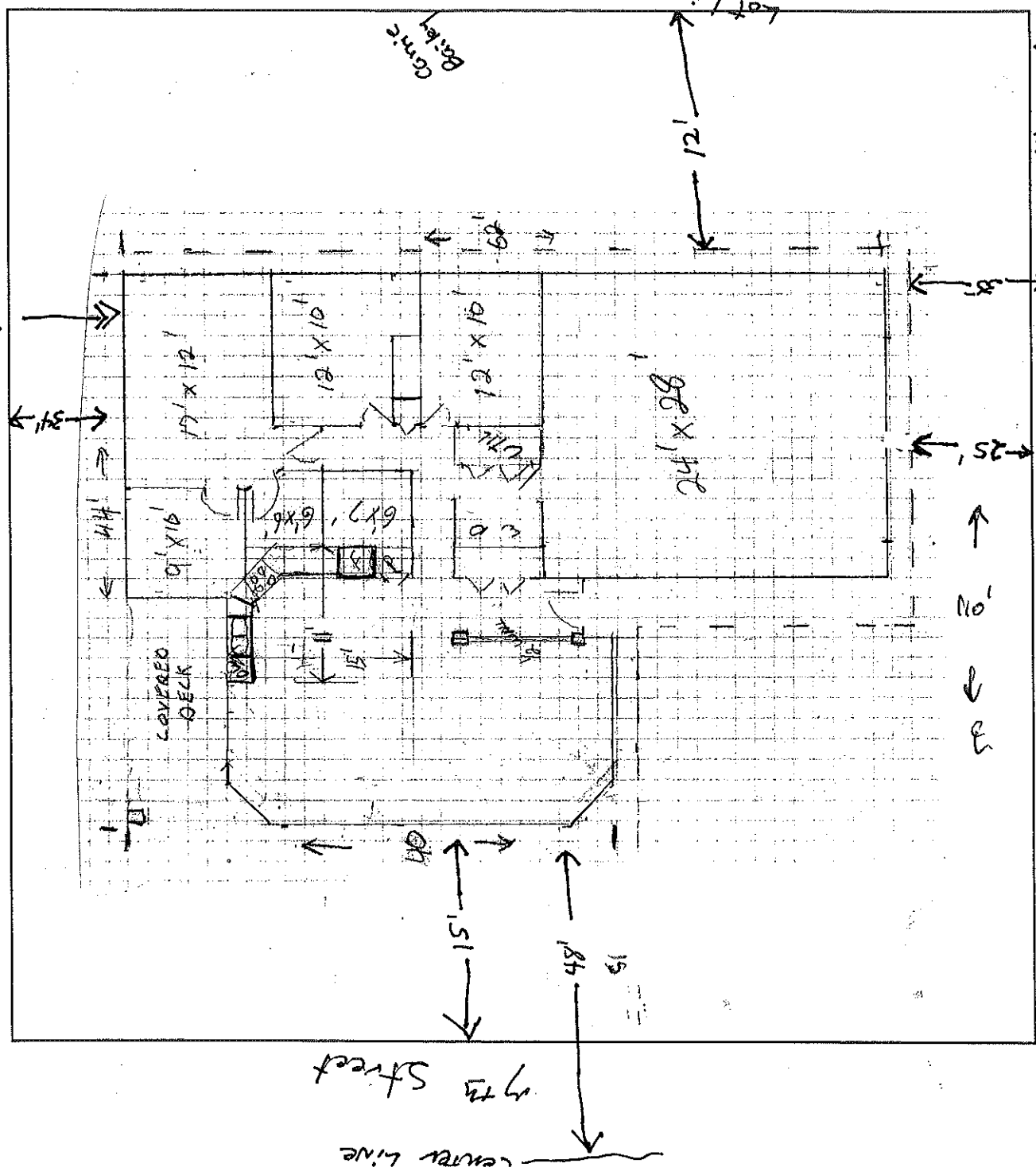
DATE CAROLIE BUELEY'S PERMIT FOR COMMON PLU.

SEP 17 2009

Secretarial Staff

22

Grand Ave
Lot Line



Alley
Name of Frontage Road (Grand Ave)

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 - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic 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. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY.

*City + Wabash
Southern*

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