

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 01 2009

Application No: 09-0421
Date: _____
Zoning District: R-4
Amount Paid: 75 9/3/09
Bal due \$50 mg
(punc struc)

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept. 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 Section 29 Township 50 North, Range 8 West, Town of Port Wing
Gov't Lot 13-21 Block 21 Subdivision 1st Addition to CSM #1 Acreage 0.67

Volume Richard of Deeds Parcel I.D. 09-1103-02

Property Owner RICHARD HOGFELDT Contractor AMERICAN STEEL CARPENTERS

Address of Property BRADF AVENUE Plumber _____

Telephone (715) 774-3267 (Home) (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, _____

Structure: New Addition Existing _____
Fair Market Value 4,800 Square Footage 756

USE: * Residence or Principal Structure (# of bedrooms) ONE PORT

Residence sq. ft. _____

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

Residence sq. ft. _____ Porch sq. ft. _____

Deck sq. ft. _____ Deck(2) sq. ft. _____

* Residence w/attached garage (# of bedrooms) _____

Residence sq. ft. _____ Garage sq. ft. _____

Residential Addition / Alteration (explain) _____

Residential Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

Owner or Authorized Agent (Signature) Richard Hogfeldt Date 9/1/09

Address to send permit 8795 7TH ST PORT WING WISC 54865 ATTACH

* See Notice on Back (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 09-0421 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SERVICES/CONDITIONS AS REPRESENTED BY ASHLEY ARENT TO BE COR

REQUIREMENT TO PERMIT MAY BE BY DR Date of Inspection 9-05-09

BASED UPON VERIFICATION OF PL'S Mitigation Plan Required: Yes No Variance (B.O.A.) # _____

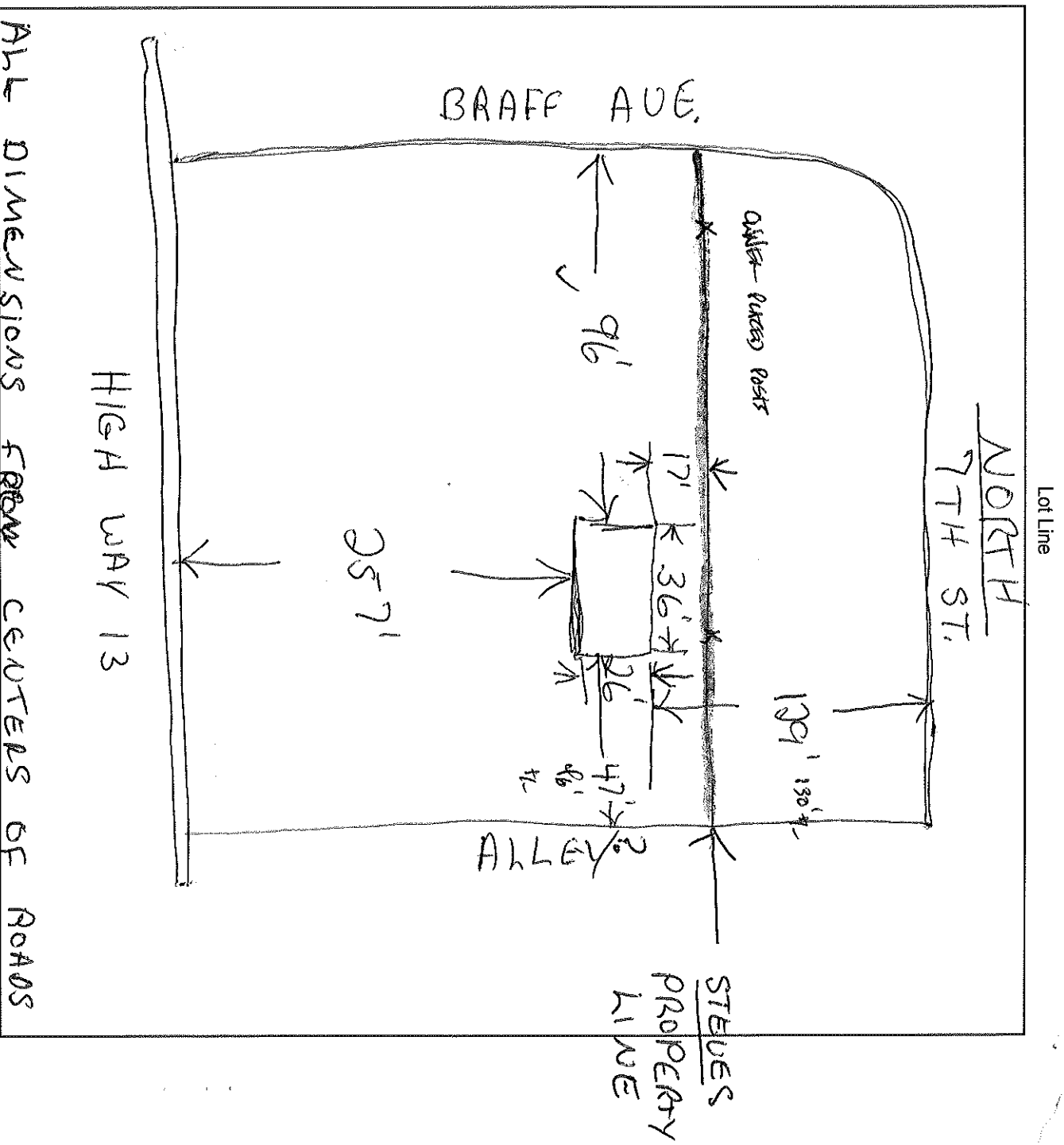
Condition: FURTHEST EXTENSION OF STRUCTURE (I.E. EYES) MUST BE AT LEAST TEN FEET FROM ALL PROPERTY LINES.

Signed [Signature] Inspector [Signature] Date of Approval 9-16-09

Rec'd for Issuance _____ Date of Approval _____

SEP 17 2009

See reverse...



Name of Frontage Road (_____)

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.