

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 2010

Application No. 10-0351
Date: _____
Zoning District C
Amount Paid: 75
9-9-10 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 23 Township 50 North, Range 8 West, Town of Port Wing
Gov't Lot 22-25 Block 7 Subdivision _____ CSM # _____ Acreage 0.45

Volume _____ Page _____ of Deeds Parcel I.D. 09-062-250-08-2-1-00-251-0800

Property Owner Hectora Patricia Meyer Contractor American Steel (Carpet) Phone 800 487 4010
Address of Property 83340 Washington Ave Plumber _____

Telephone 715-463-5461 (Home) 612-221-4034 (Work) _____
Authorized Agent _____ (Phone) _____
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 2,060.00 Square Footage 620
Sanitary: New _____ Existing _____ Privy _____ City X

USE: * Residence or Principal Structure (# of bedrooms) _____
 * 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) Garage
 Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

Type of Septic/Sanitary System _____
 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) _____

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) Patricia Meyer Date 9-1-10

Address to send permit 12810 State Road 70, Washburn WI ATTACH
54840 Copy of Tax Statement or
Attach a Copy of Recorded Deed

* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____

Date 9-9-10 Permit Number 10-0351 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Sanitary Septic/Coliforms AS PERMITTED BY OWNER APPEARS TO BE OK
Current p.u. Permit may be issued by PDC Date of inspection 9-7-10

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

Condition: _____

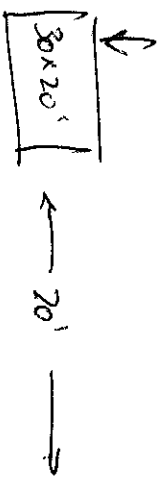
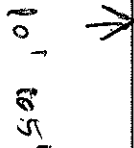
Signed [Signature] Inspector _____
Date of Approval 9-7-10

EXISTING RESIDUE ON PARCEL
GREEN USE ISSUED IN 2001 01-0708

Pl = Permitted by Permit

Lot Line

NOTE - owner REPRESENTED FOR ALL SECTIONS

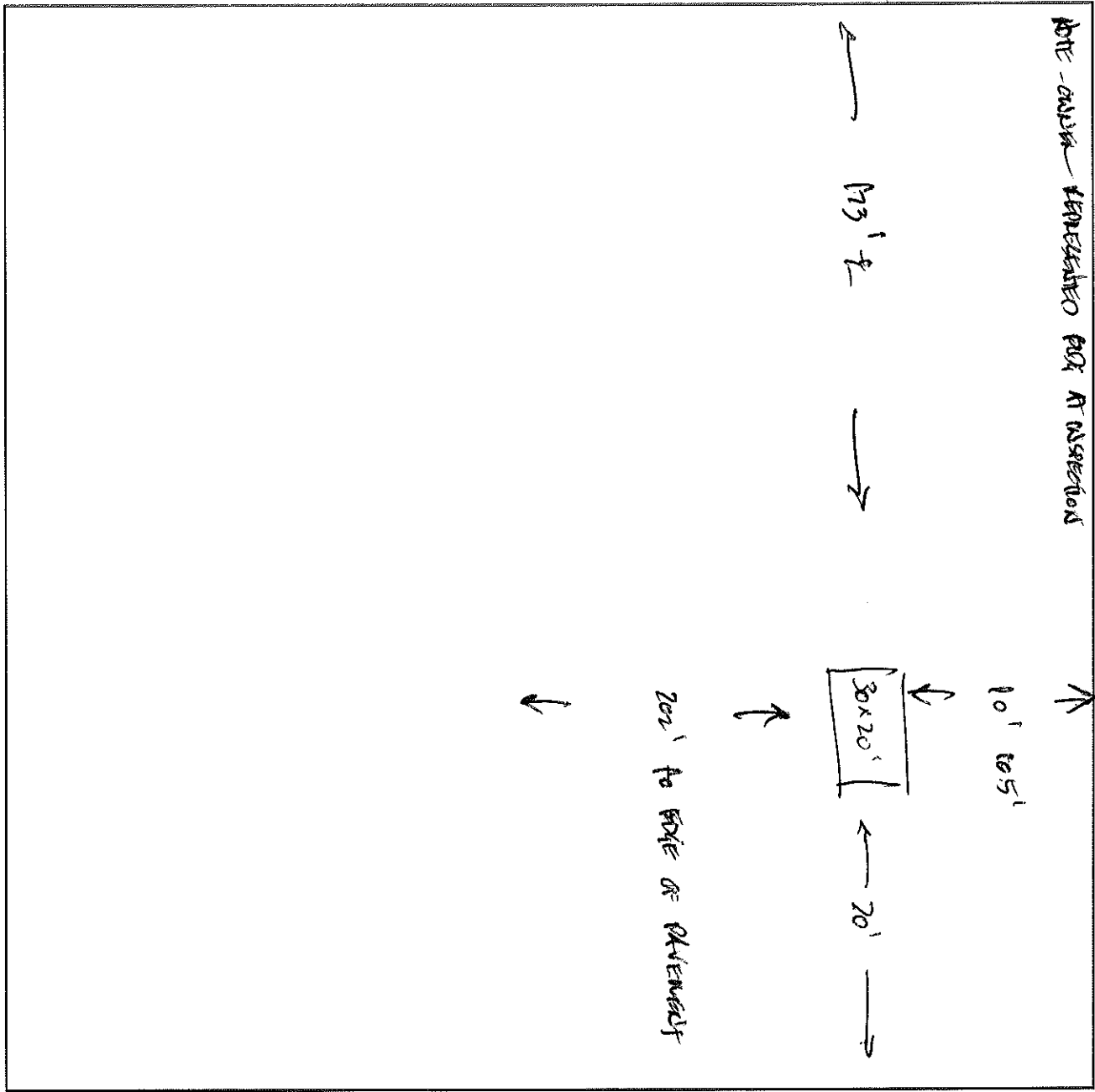


200' to back of driveway



A C C E Y

disturbances



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.