

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 375-6138

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

RECEIVED

OCT 11 2010

Application No.: 10-0414
 Date: _____
 Zoning District: C (-)
 Amount Paid: 125.00
10/11/10 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 addition

Use Tax Statement for Legal Description

Legal Description SE 1/4 of SW 1/4 of Section 25 Township Post Wing North, Range 8 West, Town of Post Wing

Gov't Lot _____ of Block _____ Subdivision _____ CSM # _____ Acreage 1.350

Volume _____ Page _____ of Deeds Parcel I.D. 08-042-2-50-03-25.3 OR 000-20000

Property Owner Kevin Kleczka Contractor Self (Phone) _____

Address of Property 9265 St. Hwy 13 Post Wing, WI. 54865 Plumber None

Telephone 715 774 3749 (Home) Same (Work) _____ Authorized Agent Cholly Wyatt (Phone) 715 774 3749

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 500.00 Square Footage 187 Basement: Yes No Number of Stories 1

USE: * Residence or Principal Structure (# of bedrooms) _____ Sanitary: New Existing Privy City

* Residence w/deck-porch (# of bedrooms) _____ Type of Septic/Sanitary System None

* Residence w/attached garage (# of bedrooms) _____ Mobile Home (manufactured date) _____

* Residence sq. ft. _____ Commercial Principal Building _____

* Residence sq. ft. _____ Commercial Principal Building Addition (explain) Screen Porch

* Residence sq. ft. _____ Commercial Accessory Building (explain) _____

* Residence sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residential Addition / Alteration (explain) _____ Commercial Other (explain) _____

Residential Accessory Building (explain) _____ Special/Conditional Use (explain) _____

Residential Accessory Building Addition (explain) _____ External Improvements to Principal Building (explain) _____

Residential Other (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) Cholly Wyatt Date 10-11-10

Address to send permit 9265 St. Hwy 13 Post 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)

Permit Issued: State Sanitary Number _____ Date _____

Date 10/13/10 Permit Number 10-0414 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Proposed located did not require - Enclosed on any setbacks - setbacks & conditions as requested by owner - appears to be OK

By DAC Date of Inspection 10-12-10

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

Condition: _____

Signed [Signature] Date of Approval 10-12-10

Inspector _____

Rec'd for Issuance

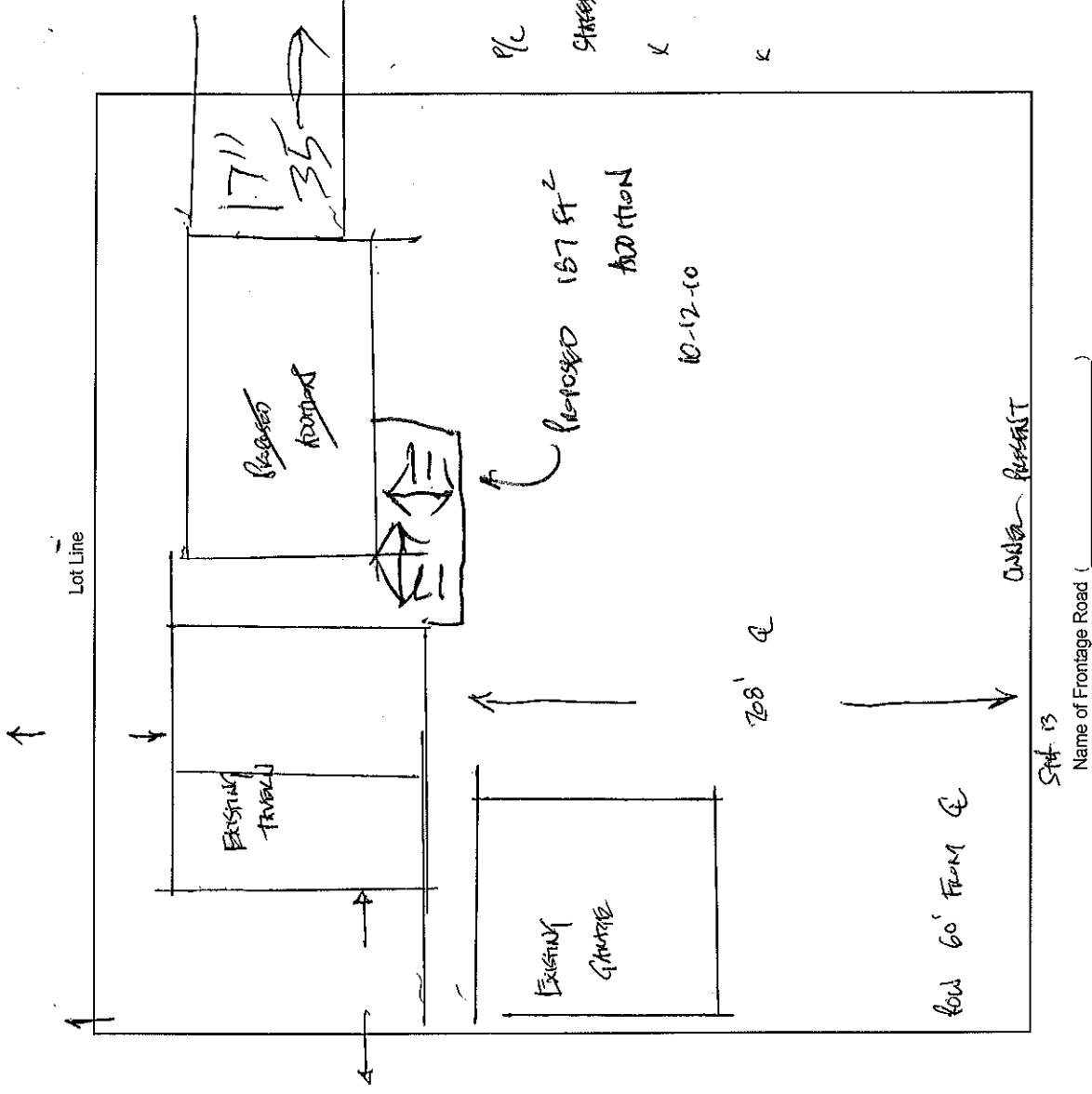
Secretary Staff

OCT 13, 2010

Secretary Staff

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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.