

**SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

**RECEIVED**  
 MAR 28 2008  
 Bayfield Co. Zoning Dept.

Application No: 08-0070  
 Date: \_\_\_\_\_  
 Zoning District: AG-1/-  
 Amount Paid: \$75.00 3/31/08  
RDS

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 SE 1/4 of SE 1/4 of Section 1 Township 50 North, Range 4 West, Town of Bayfield

Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_  
 Volume 967 Page 355 of Deeds Parcel I.D. # 04-006-2-50-04-01-404-006-1000 Use Tax Statement for Legal Description

Property Owner MARILYN LARSEN Contractor TAVIS PARSON (Phone) 292-1478  
 Address of Property Bayfield, WI Hwy 17 Plumber ONE GUY PLUMBING

Telephone 779-3625 (Home) \_\_\_\_\_ 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  
 Estimated Cost of Construction \$24,000 Square Footage 1728 Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ City \_\_\_\_\_

- USE:**
- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_
  - 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) BARN
  - Residential Accessory Building Addition (explain) \_\_\_\_\_
  - Residential Other (explain) \_\_\_\_\_
  - 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) Marilyn Larsen Date 3/18/08

Address to send permit P.O. Box 707, Bayfield, WI 54814 ATTACH Copy of Tax Statement

\* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

**APPLICANT — PLEASE COMPLETE REVERSE SIDE**

Permit issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 4/2/08 Permit Number 08-0070 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY OWNER APPEAR TO BE CODE COMPLIANT & PERMIT MAY BE ISSUED BY DRC Date of Inspection 4-2-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed [Signature] Inspector  
 Received Date of Approval 4-2-08  
 APR 0 1 2008

Lot Line



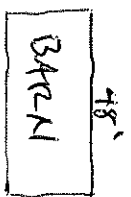
1,159.23'



>150'



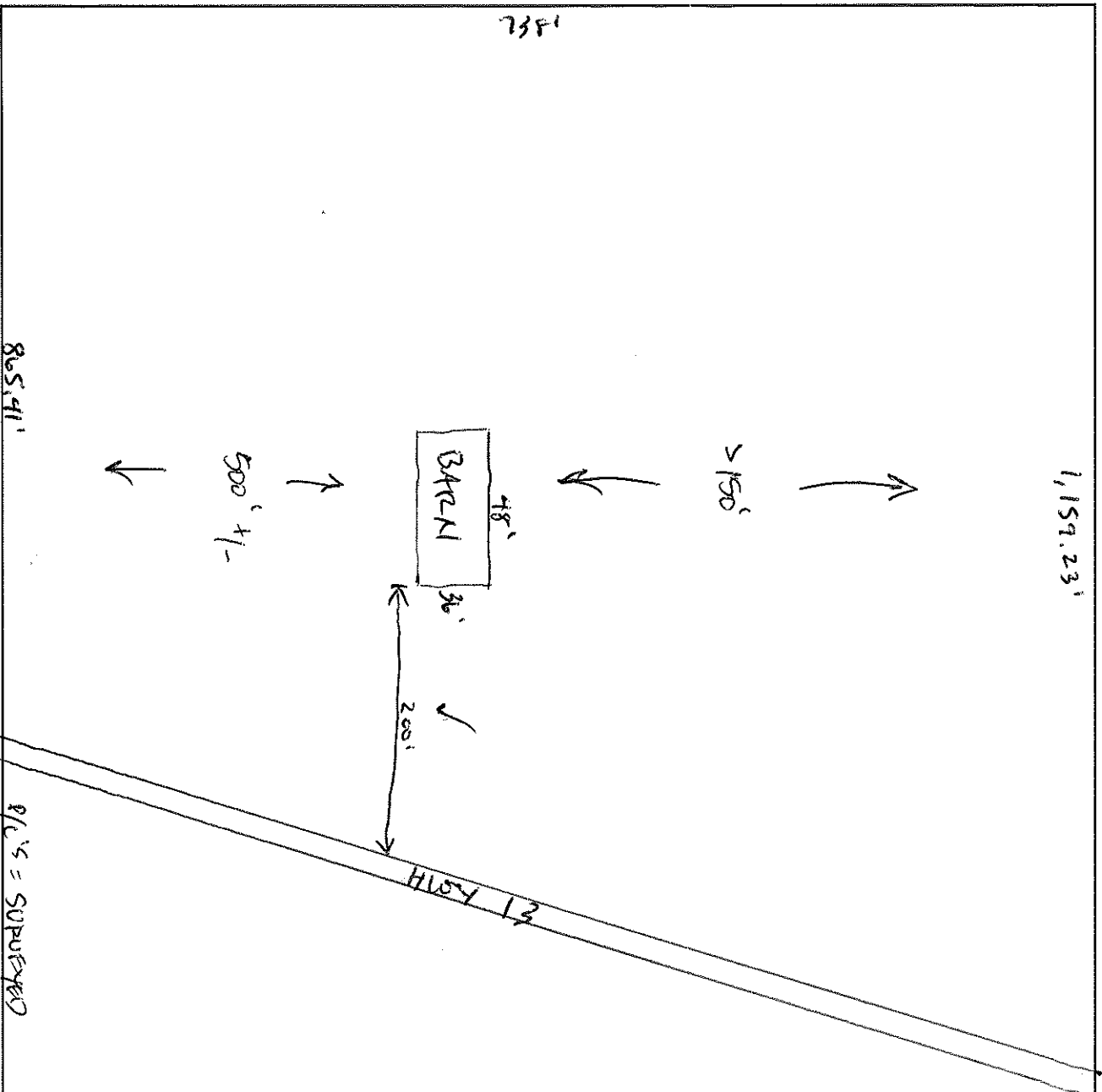
1532



200'



500' +/-



Name of Frontage Road (Hwy, 13)

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.

\*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.

\$250.00

ENTRIED

**SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County Zoning Department  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

**RECEIVED**  
 APR 01 2008  
 Bayfield Co. Zoning Dept.

Application No.: 08-0076  
 Date: 4-4-  
 Zoning District: A-4-  
 Amount Paid: \$250.00 PDS  
4/1/08

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 SW 1/4 of SE 1/4 of Section 10 Township 50 North, Range 4 West, Town of Bayfield

Gov't Lot      Lot      Block      Subdivision      CSM #      Acreage 5.0

Volume      Page      of Deeds      Parcel I.D. # 006-1020-02-551 Use Tax Statement for Legal Description

Property Owner STEVEN E. BARNINGHAM Contractor      (Phone)       
 Address of Property 34620 County Hwy J Plumber ONE Guy Plumbing  
Bayfield Wi. 54814 Authorized Agent      (Phone)     

Telephone 779-2392 (Home) 779-5661 (Work)  
 Is your structure in a Shoreland Zone? Yes  No  If yes,     

Structure: New  Addition      Existing       
 Estimated Cost of Construction 2500 Square Footage      Sanitary: New      Existing  City     

- USE:
- \* Residence or Principal Structure (# of bedrooms)
  - \* Residence w/deck-porch (# of bedrooms) 3
  - Residence sq. ft. 1212 Porch sq. ft. Deck 10x20
  - 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)

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.

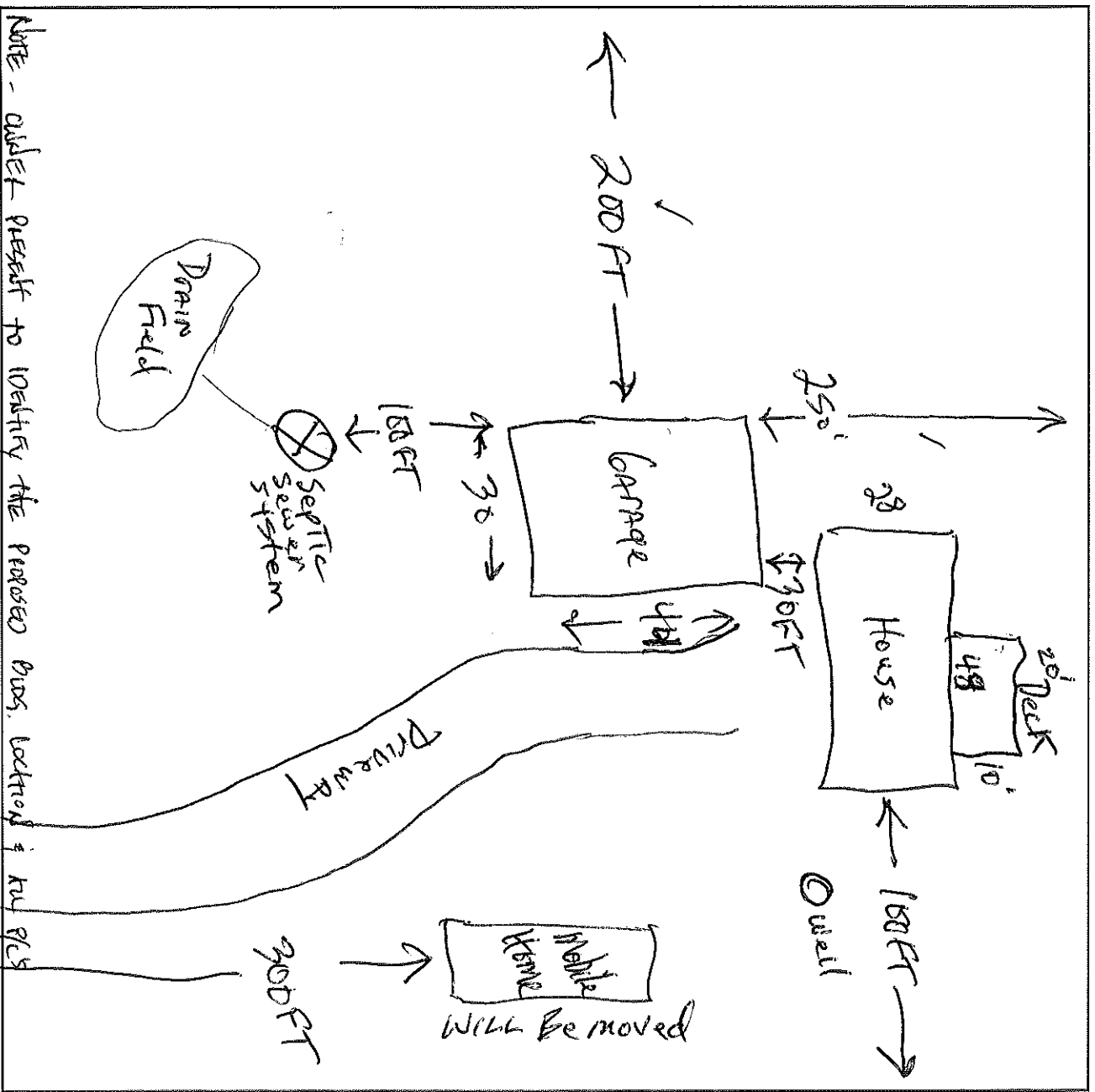
Owner or Authorized Agent (Signature) Steven E. Barningham Date 4-1-08  
 Address to send permit Address Above ATTACH Copy of Tax Statement

\* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number 367452 Date 4-1-08 Rec'd for Issuance  
 Date 4-16-08 Permit Number 08-0076 Permit Denied (Date) APR 14 2008  
 Reason for Denial: Secretary Staff  
 Inspection Record: STRUCTURAL SETBACKS/CONDITIONS AS REPRESENTED BY CUSTOMER ARE TO BE CODE COMPLIANT  
AND PERMIT MAY BE ISSUED BY DDC Date of Inspection 4-9-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) #       
 Condition: A UNIFORM DRAINAGE CODE (UDC) PERMIT MUST BE OBTAINED FROM THE LOCALITY CONTRACTED  
UDC INSPECTORS KEEPLY PRIOR TO THE START OF CONSTRUCTION.  
 Signed [Signature] Date of Approval 4-9-08  
 Inspector       
THE TERMS + CONDITIONS OF THE TEMPORARY PERMIT BY THE EXISTING RESIDENTIAL STRUCTURE APPLY.

North  
Lot Line



DR 44-08  
330 FT

Name of Frontage Road ( County I )

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.

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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.

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

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

Application No.: 08-0069  
 Date: \_\_\_\_\_  
 Zoning District: M-1  
 Amount Paid: \_\_\_\_\_

**RECEIVED**  
 NOV 20 2007  
 Bayfield County Zoning Dept.

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: N 1/2 NW 1/4 of NE 10 Township 50 North, Range 4 West, Town of Bayfield  
 Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage \_\_\_\_\_  
 Volume 469 Page 298 of Deeds Parcel I.D. # 0060700610703000 Use Tax Statement for Legal Description  
 Property Owner Julie Casper/Bruce Mertins Contractor \_\_\_\_\_ (Phone) \_\_\_\_\_  
 Address of Property 34785 Fire Tower Road Plumber \_\_\_\_\_  
Bayfield WI 54814 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 7157793966 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ 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 2  
 Estimated Cost of Construction \_\_\_\_\_ Square Footage 3497 Sanitary: New \_\_\_\_\_ Existing  City \_\_\_\_\_  
**USE:**

- \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
 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) \_\_\_\_\_
- Commercial Principal Building \_\_\_\_\_
- Commercial Principal Building Addition (explain) \_\_\_\_\_
- Commercial Accessory Building (explain) \_\_\_\_\_
- Commercial Accessory Building Addition (explain) \_\_\_\_\_
- Commercial Other (explain) \_\_\_\_\_
- Special/Conditional Use (explain) home business
- External Improvements to Principal Building (explain) \_\_\_\_\_
- External Improvements to Accessory Building (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) Julie Casper Date Nov 20, 2007  
 Address to send permit 34785 Fire Tower Road, Bayfield WI 54814 ATTACH  
 Copy of Tax Statement  
 If you previously purchased the property Attach a Copy of Recorded Deed

\* See Notice on Back

**APPLICANT - PLEASE COMPLETE REVERSE SIDE**

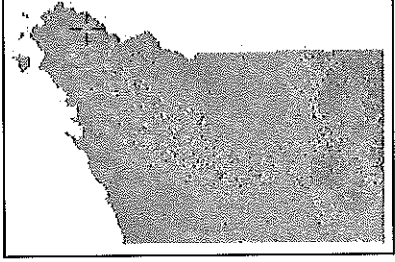
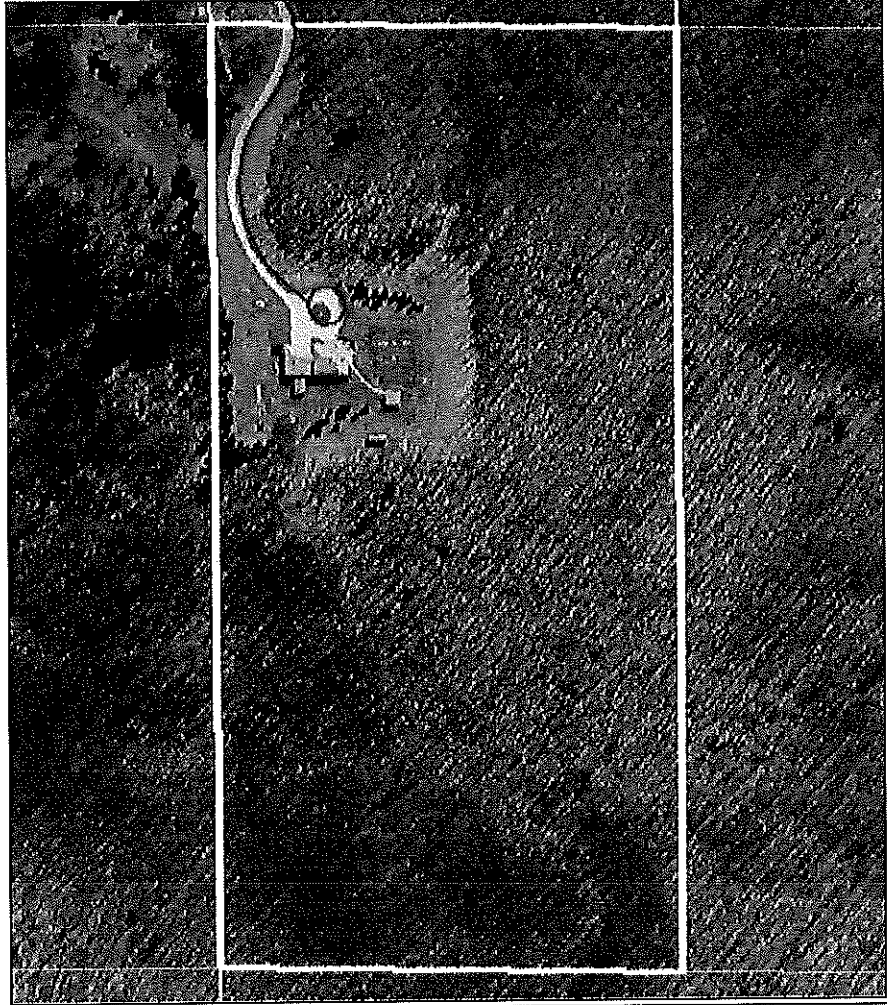
Permit issued: \_\_\_\_\_ State Sanitary Number 11487 Date '08  
 Date 4/2/08 Permit Number 08-0069 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: EXISTING RESIDENCE FORMAL SEWER PERMIT MAY BE ISSUED PENDING ZC  
APPLICANT'S REG-ANALYSIS REPRESENTATION DOC Date of Inspection 12-7-01  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_

Rec'd for Issuance

Signed [Signature] APR 01 2008 12:07  
 Inspector [Signature] Date of Approval ZC 2/21/08



CASPER PROPERTY



BAYFIELD COUNTY

0 0.02 0.04 mi

11