

Temporary  
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  
OCT 01 2008  
Bayfield Co. Zoning Dept.

Application No.: 08-02107  
Date: \_\_\_\_\_  
Zoning District A-1/-  
Amount Paid: \$50.00 PDS  
10/2/08

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 \_\_\_\_\_

Use Tax Statement for Legal Description

Legal Description: W 1/2 413 1/4 of Section 2 Township SO North Range 4 West Town of Bayfield  
Gov't Lot Plot 11 Block \_\_\_\_\_ Subdivision Bayfield Peninsula Tract CSM # \_\_\_\_\_ Acreage 9.5  
Volume 1002 Page 907 of Deeds Parcel I.D. fact of 006-1137-10

Property Owner Derek Milligan Contractor Self (Phone) \_\_\_\_\_  
Address of Property 87930 Sky View RD Plumber Dennis Bachand  
Bayfield WI 54814 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_  
Telephone 715-779-9540 (Home) 331-9186 (Work) \_\_\_\_\_

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 \_\_\_\_\_ Number of Stories \_\_\_\_\_  
Fair Market Value 8500 Square Footage \_\_\_\_\_  
Sanitary: New \_\_\_\_\_ Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_  
1 \* Residence w/deck-porch (# of bedrooms) 3  
Residence sq. ft. 1280  
Residence sq. ft. 1280 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 (explain) \_\_\_\_\_  
 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) Derek Milligan Date 9-26-08  
Address to send permit P.O. Box 631 Bayfield WI 54814 ATTACH

\* See Notice on Back  
APPLICANT - PLEASE COMPLETE REVERSE SIDE  
Copy of Tax Statement or  
(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
Date 10/22/08 Permit Number 08-02107 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
Inspection Record: The structural setbacks/conditions as represented by owner appears to be compliant & permit may be issued by conditions.  
Compliant & permit may be issued by conditions.  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
Date of Inspection 10-8-08

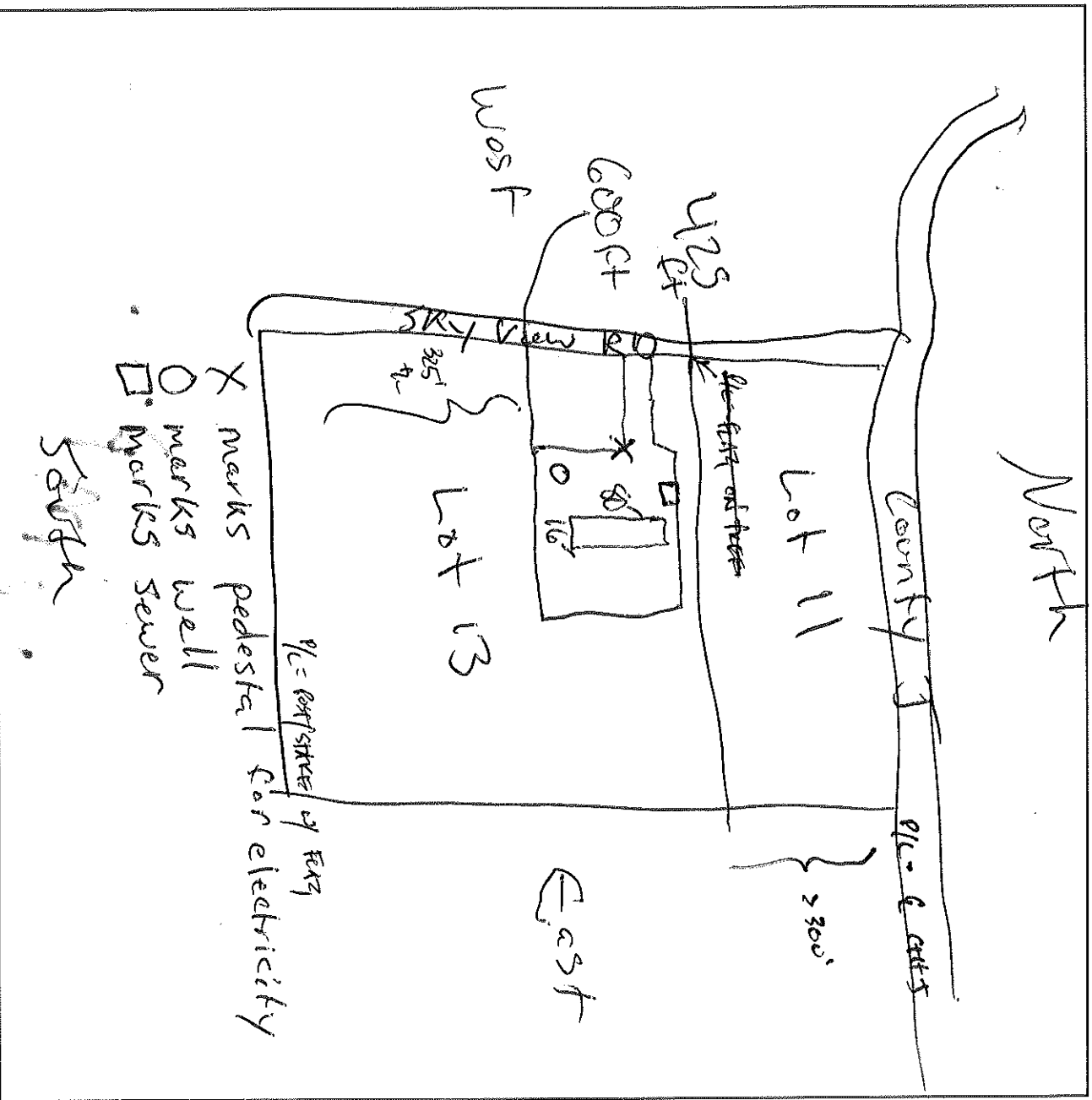
Condition: STRUCTURE MAY NOT BE USED FOR "LIVING SPACE" OR STORAGE & MUST BE REMOVED FROM THE PROPERTY BY OCTOBER 31, 2009 UNLESS A PERMIT FOR THE REEVALUATION PLACEMENT OF AN

Signed [Signature] Inspector \_\_\_\_\_  
Date of Approval 10-15-08

TBA  
EXTENSION FOR TEMPORARY PLACEMENT IS OBTAINED.

ENTERED

Lot Line



Name of Frontage Road

~~SKYVIEW ROAD~~  
SKYVIEW 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 tank, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

**COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:**

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

**APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**

**RECEIVED**  
JUL 23 2008  
Bayfield Co. Zoning Dept

TBA 175.00 LU 540 **ENTERED**  
Application No: 08-0588  
Date: \_\_\_\_\_  
Zoning District A-1  
Amount Paid: 715.00 8DS  
712308

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 NW 14 of SE 14 of Section 29 Township S1 North, Range 5 West, Town of BAYFIELD  
Gov't Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # \_\_\_\_\_ Acreage 20  
Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Parcel I.D. # 006 1113 01991 Use Tax Statement for Legal Description \_\_\_\_\_  
Property Owner DOUG & PAULA CANNON Contractor PROP OWNER (Phone) \_\_\_\_\_  
Address of Property 89320 HAPPY HOLLOW RD Plumber TONY BROWN (Phone) 715 682 0444

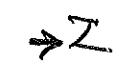
Telephone ~~752 475 2267~~ (Home) 612 961 5718 (Work) 715 682 2251  
Is your structure in a Shoreland Zone? Yes  No  If yes, Distance from Shoreline: greater than 75'  75' to 40'  less than 40'   
Structure: New  Addition \_\_\_\_\_ Existing 1757 Basement: Yes  No \_\_\_\_\_ Number of Stories 2

Estimated Cost of Construction \$180,000 Square Footage 1757 Sanitary: New  Existing \_\_\_\_\_ Privy \_\_\_\_\_ City \_\_\_\_\_  
USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_  
Residence sq. ft. \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_  
 \* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_  
Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. Built 85  
 \* Residence w/attached garage (# of bedrooms) 2  Commercial Principal Building Addition (explain) \_\_\_\_\_  
Residence sq. ft. 1757 Wausau (Garage sq. ft.) 328  Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

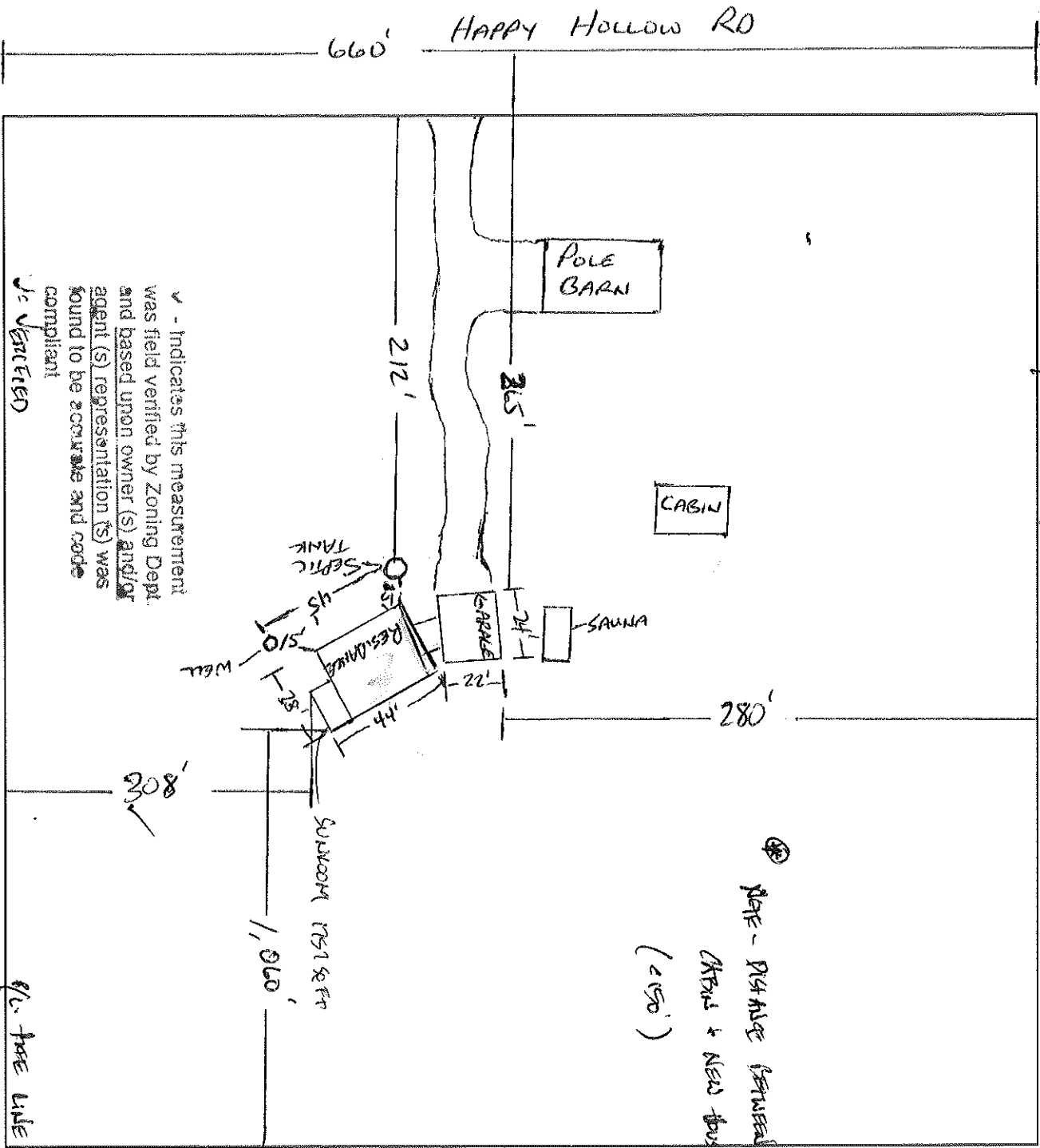
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Owner or Authorized Agent (Signature) Douglas K. Cannon Date 7-22-08  
Address to send permit 212 WILLIS AVE, ASHLAND WI 54806 Copy of Tax Statement ATTACH  
\* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE  
Permit issued: State Sanitary Number 08-173 Date 10/21/08  
Date 10/22/08 Permit Number 08-0588 Permit Denied (Date) \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection Record: Structural Strength/Conditions as Represented by owner. Permit to meet all applicable code parts & permit may be issued if additional By DOC Date of Inspection 8-6-08  
Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_

Condition A UNIFORM DRAINAGE CODE (UDC) PERMIT FROM THE LOCAL UDC INSPECTOR APPROVED MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION.  
Sewer Release Permits - Ready to go  
ALTERABLE  
Signed [Signature] Inspector  
Rec'd for Issuance Date of Approval 8-6-08  
OCT 22 2008



9/16 TREE LINE Lot Line



NOTE - 1944 AGE (APPROX) EXISTING  
 ARBIS + NEW HOUSE 100'  
 (150')

NOTE - POLE BARN BY SITE WELL DEFINED BY OWNER  
 Name of Frontage Road (HAPPY HOLLOW) 5502 FT 5622 FT  
1320' 11060' 9/16 TREE LINE 1320' 11060'

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate 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:
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  - 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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