

150 + 125 = 275

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
OCT 03 2008
Bayfield Co. Zoning Dept

Application No.: 08-0601
Date: _____
Zoning District: F-1(-)
Amount Paid: \$125.00 PDS
10/6/08

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: SE 1/4 of SE 1/4 of Section 20 Township 57 North, Range 5 West, Town of Bayfield
Gov't Lot _____ Block _____ Subdivision part of CSM # _____ Acreage 5
Volume 1003 Page 709-713 of Deeds Parcel I.D. # 006-1106-05 Use Tax Statement for Legal Description _____
Property Owner David & Sally Sawyer Contractor NorthWood Industries (phone) 715-634-7725
Address of Property Bayfield, WI, 54814 Plumber _____ Authorized Agent _____ (Phone) _____
Telephone 715-444-4905 (Home) 763-781-5118 (Work)

Is your structure in a Shoreland Zone? Yes No If yes, _____
Structure: New Addition _____ Existing _____
Basement: Yes _____ No Number of Stories 1
Estimated Cost of Construction \$7000 Square Footage 336 Sanitary: New N/A Existing _____ Privy _____ City _____

- USE:
 * Residence or Principal Structure (# of bedrooms) Storage Bldg
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) _____

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.

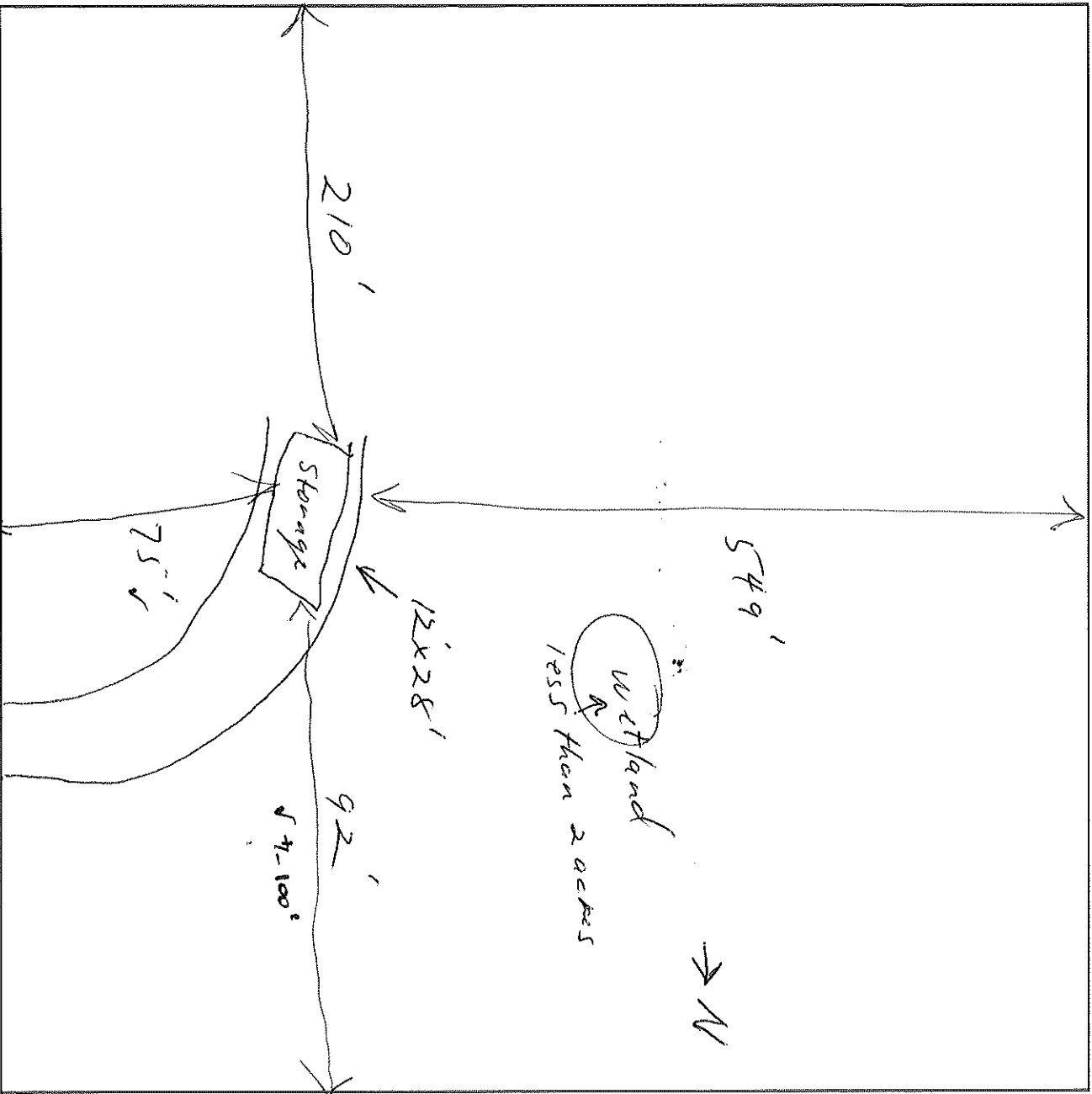
Owner or Authorized Agent (Signature) [Signature] Date 10-03-08
Address to send permit 3912 Tyler St NE Columbia Heights Mn. ATTACH 55471 Copy of Tax Statement
* See Notice on Back If you previously purchased the property Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit issued: _____ State Sanitary Number _____ Date _____
Date 10/29/08 Permit Number 08-0601 Permit Denied (Date) _____
Reason for Denial: SEWER/CONDITIONS
Inspection Record: Structure must be at least as represented by owner appears to be code compliant & the L.O. permit may be issued w/ conditions By DC Date of Inspection 10-23-08
Mitigation Plan Required: Yes No Variance (B.O.A.) # _____
Condition: NO RAINING WATER MAY ENTER NOW MAY ANY FURNED FIXTURES BE INSTALLED w/out THE STRUCTURE UNLESS SAID STRUCTURE IS SERVED BY A SEWER AND APPROVED WASTEWATER TREATMENT system.
SIGNED [Signature] Inspector _____ Date of Permit 10-23-08 for issuance
Secretary Staff _____

2) Structure must be at least 6' from E

Lot Line



Lot NOT STAKED
 Name of Frontage Road ()

Plc = Survey
 OWNER
 i Records

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 buildings, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

