

\$175

**ENTERED**

Application No: 09-0052  
 Date: 1-18  
 Zoning District: RT Class 1  
 Amount Paid: \$175.00 POS  
2/16/09

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**



FEB 16 2009

Bayfield Co. Zoning Dept.

COMPLETED ORIGINAL  
 APPLICATION, TAX STATEMENT  
 AND FEE TO:

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

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 S/E 1/4 of N/S 1/4 of Section 28 Township 50 North, Range 4 West, Town of BAYFIELD

Gov't Lot 2 Lot 2 Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM # 1056 Acreage .69

Volume 6 Page 400 of Deeds Parcel I.D. # 04-006-2-50-04-28-104-000 Use Tax Statement for Legal Description

Property Owner STEVEN PHELOS ST Contractor NA (Phone) \_\_\_\_\_

Address of Property 83590 Hwy 13 Plumber NA

BAYFIELD WI 54811 Authorized Agent NA (Phone) \_\_\_\_\_

Telephone 715 729 5723 (Home) 715 209 4920 (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 \_\_\_\_\_

Estimated Cost of Construction NA Square Footage 1640 Sanitary: New \_\_\_\_\_ Existing  Privy \_\_\_\_\_ City \_\_\_\_\_

USE:  \* Residence or Principal Structure (# of bedrooms) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

\* Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_

Residence sq. ft. 1120 Porch sq. ft. \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_

Deck sq. ft. 330 Deck(2) sq. ft. \_\_\_\_\_ Commercial Accessory Building (explain) \_\_\_\_\_

\* Residence w/attached garage (# of bedrooms) \_\_\_\_\_ Commercial Accessory Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_ Commercial Other (explain) \_\_\_\_\_

Residential Addition / Alteration (explain) \_\_\_\_\_  Special/Conditional Use (explain) Short-Term Rental

Residential Accessory Building (explain) \_\_\_\_\_  External Improvements to Principal Building (explain) \_\_\_\_\_

Residential Accessory Building Addition (explain) \_\_\_\_\_  External Improvements to Accessory Building (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 zoning 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 2-14-09

Address to send permit P.O. Box 800 BAYFIELD WI 54811 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 3/18/09

Date 3/18/09 Permit Number 09-0052 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: PAVING DRIVEWAY BY CONTRACTOR BASIS, CONTINUATION OF USE

By DEC Date of Inspection 2-19-09

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

Condition: As built same standards/attach no add conditions

Signed [Signature] Date of Approval 2-19-09

Inspector \_\_\_\_\_

Rec'd for Issuance

Inspector \_\_\_\_\_

Inspector \_\_\_\_\_

Inspector \_\_\_\_\_

Inspector \_\_\_\_\_

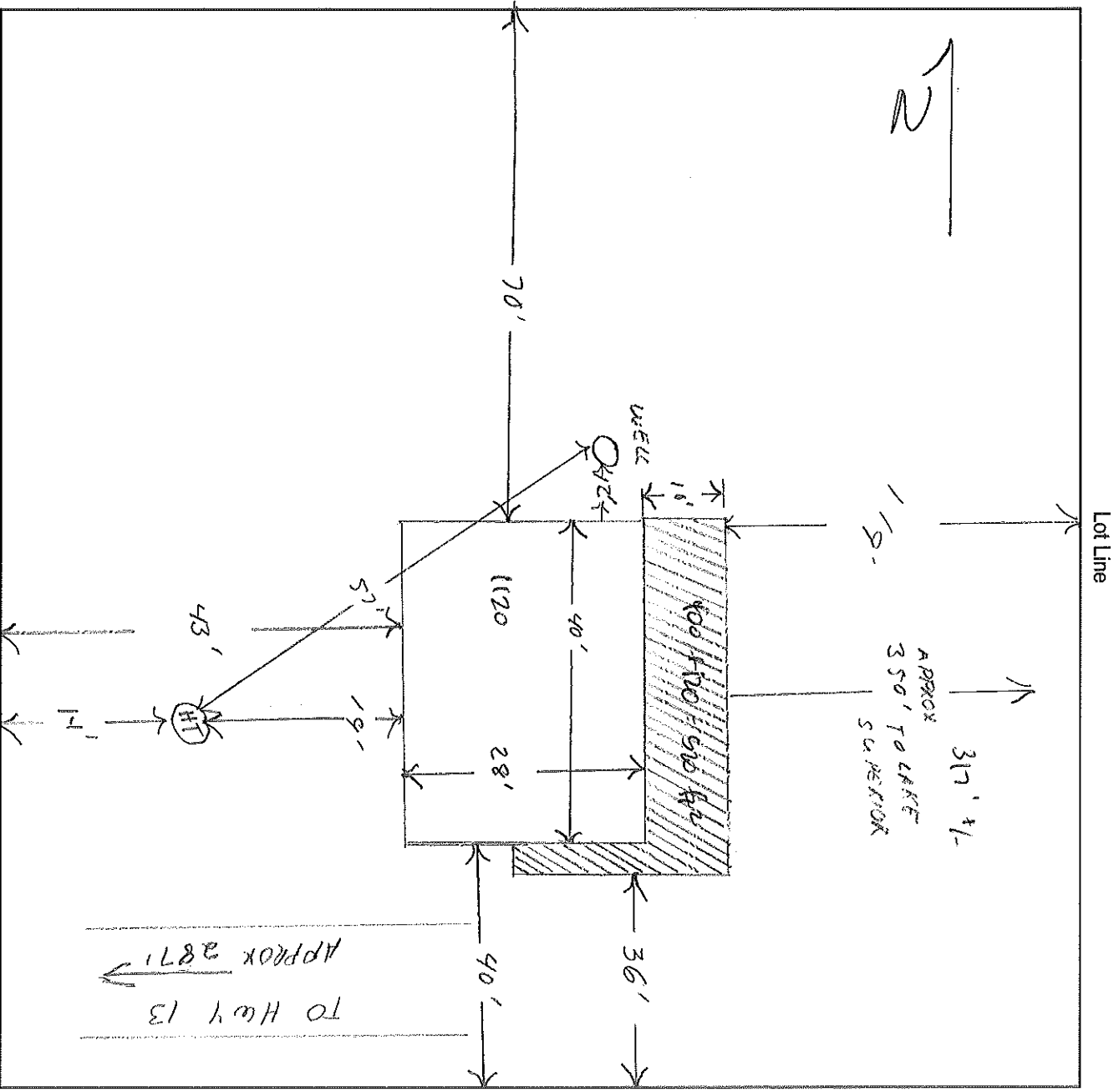
Inspector \_\_\_\_\_

Inspector \_\_\_\_\_

LAND USE PERMIT # 98-021  
09-0574

MAR 18 2009

Secretarial Staff



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.