

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
AUG 3 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0341
Date: 7/31/09
Zoning District: A-1
Amount Paid: 600 - 7/8/5/09
TBA 175 - J m f

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 TBA

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 1a Township 50 North, Range 4 West, Town of Bayfield
Gov't Lot 2 Block 274 Subdivision 4.5 CSM # 1274 Acreage 4.5

Volume 904 Page 257 of Deeds Parcel I.D. 04-006-2-50-04-1a-3-02-000-40000

Property Owner EDWARD GORNBAL / ELLEN DEMASO

Contractor JOHN LARSON (Phone) 209-1434

Address of Property Bayfield, WI 54814

Plumber DAVIS PLUMBING & HEATING

Telephone 305-282-3474 (Home) 286-552-668 (Cell)

Authorized Agent JOHN LARSON (Phone) 209-1434

Is your structure in a Shoreland Zone? Yes No If yes, _____

Written Authorization Attached: Yes No
Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New Addition Existing
Fair Market Value 200,000 Square Footage 2,195

Basement: Yes No Number of Stories 2
Sanitary: New Existing Privy City

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

Type of Septic/Sanitary System GROUND SYSTEM
 Mobile Home (manufactured date) _____

Residence sq. ft. _____
 * Residence w/deck-porch (# of bedrooms) 3

Commercial Principal Building _____
 Commercial Principal Building Addition (explain) _____

Residence sq. ft. 1765 Covered 280
Deck sq. ft. _____ Deck(2) sq. ft. _____

Commercial Accessory Building (explain) _____
 Commercial Accessory Building Addition (explain) _____

Residence sq. ft. 150 Garage sq. ft. _____

Commercial Other (explain) _____
 Special/Conditional Use (explain) _____

Residential Addition / Alteration (explain) _____
 Residential Accessory Building (explain) _____

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

Residential Accessory Building Addition (explain) _____
 Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OF 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) John Larson Date 8/3/09

Address to send permit 29455 Vesperines Rd, Ashland WI, 54806 ATTACH

* See Notice on Back

Copy of Tax Statement of _____
(If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number 09-755 Date 7/31/09
Date 8/20/09 Permit Number 09-0341 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: STRUCTURAL SABBERS/CONDITIONS AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & NO PERMIT MAY BE ISSUED By DOC Date of Inspection 9-17-09

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

Condition: A UNIFORM DRAGING CODE (UDC) PERMIT FROM THE WORKING CONTRACTED DOC INSPECTOR AGENCY MUST BE OBTAINED PRIOR TO THE START OF CONSTRUCTION

All P/C's Satisfied

Signed [Signature] Inspector DOC Date 8-17-09

REC'D FOR ISSUANCE

Approval _____
Insurance _____

Secretary Staff

AUG 17, 2009

3

Tomy board
279-3130

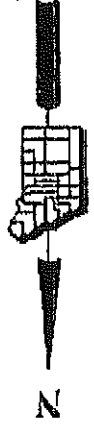
RECEIVED

AUG 2 2003

BAYFIELD COUNTY CERTIFIED SURVEY MAP # 1214

LOCATED IN THE NW 1/4 OF THE NW 1/4 OF THE SW 1/4, SECTION 12, T.50N., R.4W. TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN SHEET 1 OF 2

LINE TABLE	
LINE	LENGTH
L1	S55°38'59"E 37.41'
L2	N89°44'27"E 25.00'
L3	N80°57'02"E 178.31'
L4	N89°44'27"E 33.00'



PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2003R-487161

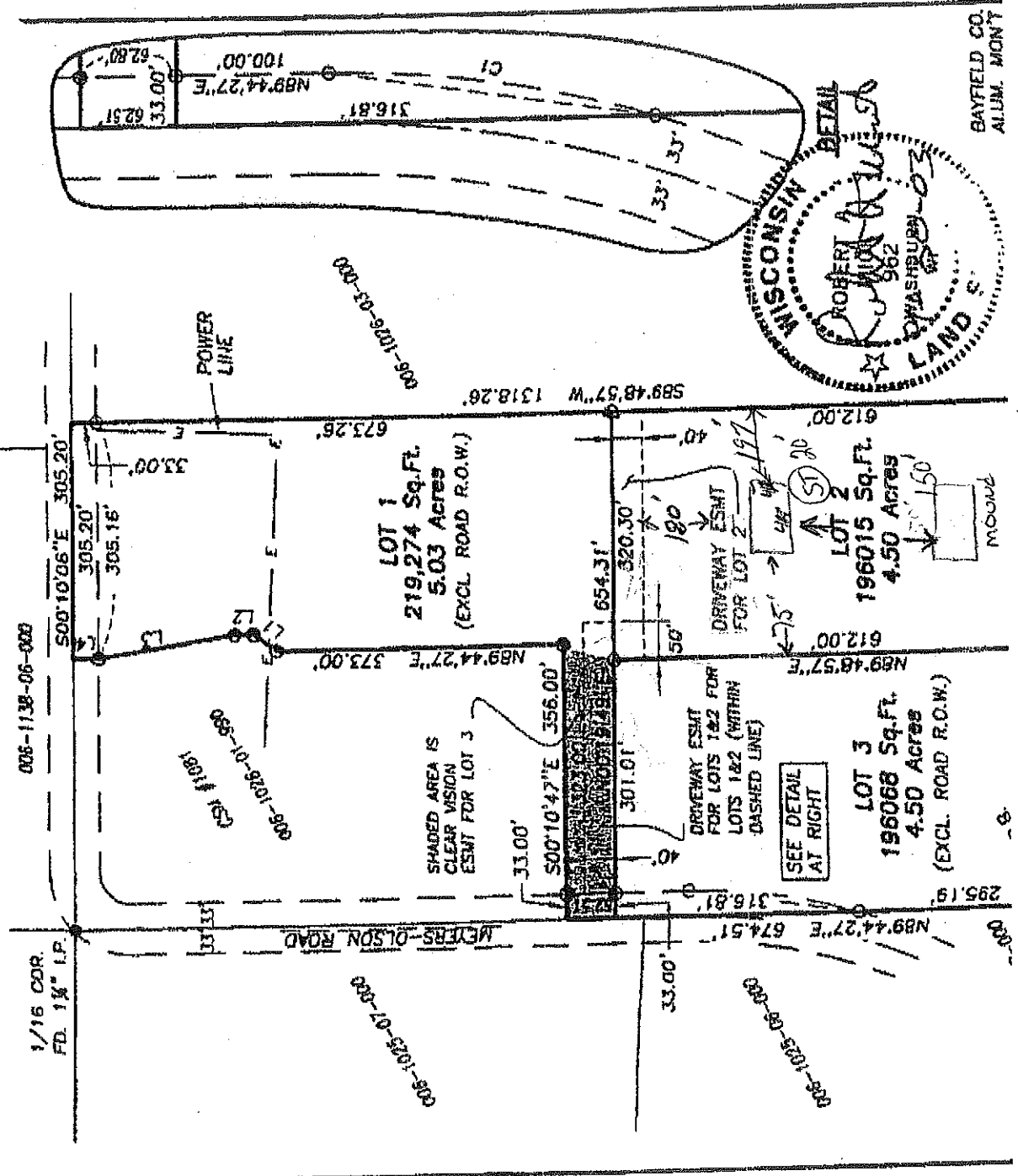
11/04/2003 1:30 PM

RECORDING FEE 13.00

Vol. 8 csm Pg. 5-6
Pages 2

BEARINGS BASED ON THE WEST LINE OF THE SW 1/4 OF SECTION 12, T50N. R4W, TAKEN AS N0°19'49"E

CURVE TABLE			
CURVE	RADIUS	LENGTH	CHD BEAR.
C1	726.62'	219.81'	S81°35'32" E 171°19'57"



Building site well defined at Wisconsin inspection of posts well - undetermined at time of submittal