

3
ENTERED

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

JUL 07 2010

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

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

Application No: 10-0241
Date: _____
Zoning District: F-1/USE 3
Amount Paid: 600.00
7/07/2010 T.T.

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 NW 1/4 of NE 1/4 of Section 19 Township 50 North, Range 4 West, Town of Bayfield

Gov't Lot _____ of Block _____ Subdivision _____ CSM # _____ Acreage _____

Volume _____ Page _____ of Deeds _____ Parcel I.D. 04 004 2 50 04 19 1 02 000 10000

Property Owner Steen Kessenich Contractor Self (Phone) 608 235 9927

Address of Property 31715 Spar Pt Rd Plumber _____

Bayfield, WI 54814 Authorized Agent _____ (Phone) _____

Telephone 608-235-7927 (Home) _____ (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 Basement: Yes No Number of Stories 1

Fair Market Value 22,800 Square Footage 1,800 Sanitary: New Existing Privy City _____

USE: * Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System N/A

* Residence sq. ft. _____ Mobile Home (manufactured date) _____

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

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building Addition (explain) _____

Deck sq. ft. _____ 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) _____

Residential Accessory Building (explain) Storage 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 county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Steen Kessenich Date 7/7/10

Address to send permit Box 1127 Bayfield, WI 54814 ATTACH _____

* See Notice on Back Copy of Tax Statement or _____

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

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 7-19-10 Permit Number 10-0241 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Seismic/Condition AS FORWARDED BY OWNER - ITEMS TO BE CAVE

COMPLAINT & C.O. PERMIT MAY BE RECD BY JUL Date of Inspection 7-16-10

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

Condition: _____

Signed [Signature] Inspector _____

Date of Approval 7-16-10

Rec'd for Issuance

Measurements are approximate.

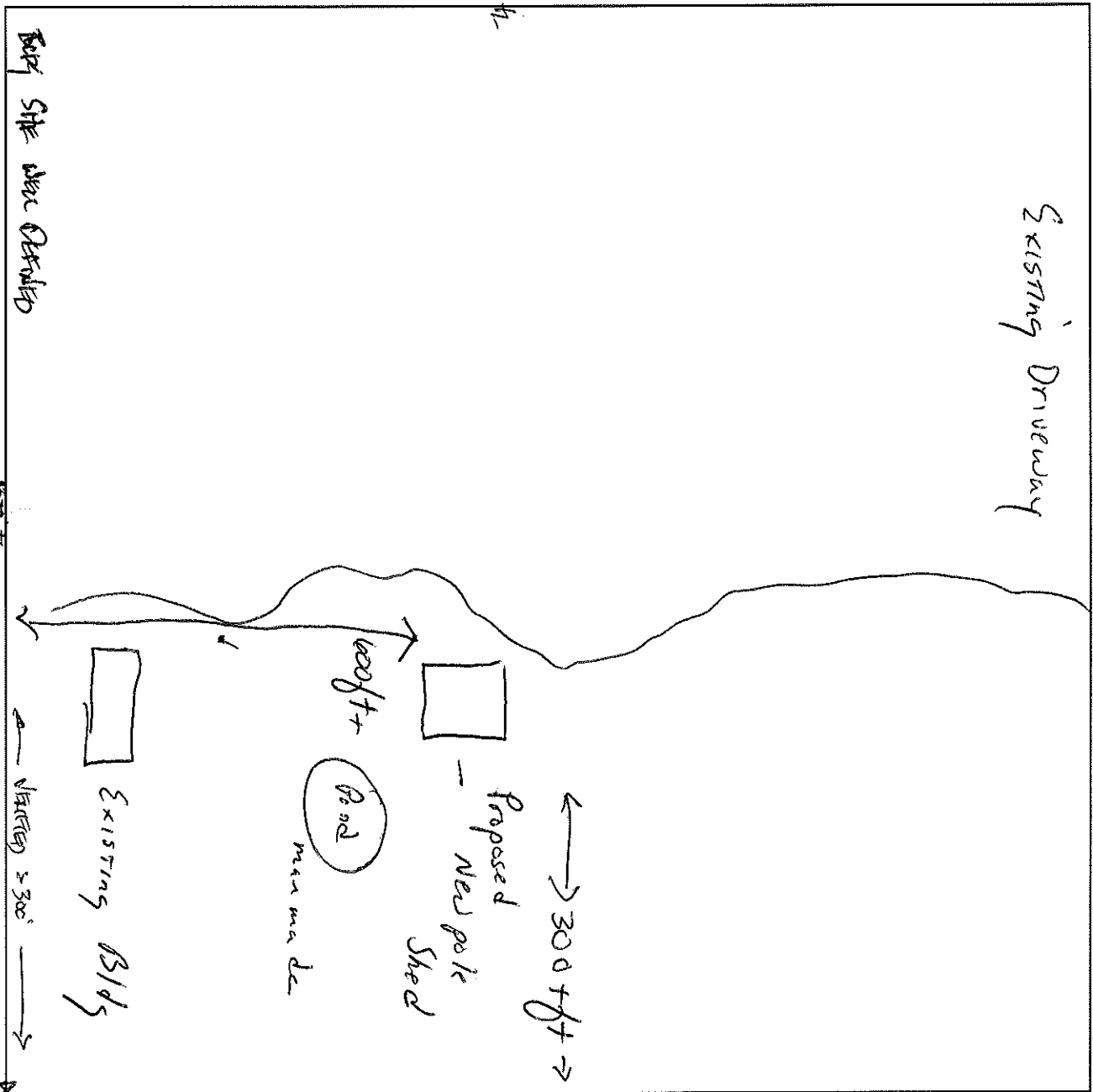
JUL 19 2010

Secretarial Staff

40 Acres 1324'

Lot Line

Existing Driveway



Name of Frontage Road (Smelter Rd.)

SEALS Post
1000

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