

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**

JUL 02 2010

Application No.: 10-0263  
 Date: \_\_\_\_\_  
 Zoning District F-1 class 3  
 Amount Paid: 125.00  
TBA \$175.00  
 (privy attach) \$ 717.10 my

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 N/A

Legal Description E 1/2 of W 1/2 # of Section 21 Township 50 North, Range 7 West, Town of Bayfield

Gov't Lot --- Lot --- Block --- Subdivision --- CSM # --- Acreage 10

Volume 1024 Page 366 of Deeds Parcel I.D. 04-006-2-50-04-21-1 02-000-2000

Property Owner Daniel & Cheryl Vitez Contractor self (Phone) \_\_\_\_\_

Address of Property xxx Star Route Rd. Bayfield, WI 54814 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone (763) 428-2192 (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

Fair Market Value 25,000 Square Footage 832

USE:  \* Residence of Principal Structure (# of bedrooms) 1

Residence sq. ft. 832 (Bunkhouse)

\* 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) Cheryl Vitez Date 7-2-2010

Address to send permit 15074 Scenic Drive, Dayton, MN 55327

ATTACH

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

\* See Notice on Back

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7/26/10 Permit Number 10-0263 Permit Denied (Date) \_\_\_\_\_

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

Inspection Record: ALL INS' WERE SUFFICIENT. RE B.O.A. DECISION THE D.U. PERMIT MAY BE ISSUED BY CONDITIONS. By ERC Date of Inspection 7-4-10

Mitigation Plan Required: Yes  No  Variance (B.O.A.) # 10-05B

Condition: STRUCTURE MAY NOT EXCEED MORE THAN 500 SQ. FT. OR SLEEPING QUARTERS

A WORKING DRAINING CODE (OR) PERMIT FROM THE COUNTY CONTRACTED W/C ALLEGATION BEING MOST BE

Note: Attached Copy of site plans Signed [Signature] Inspector \_\_\_\_\_ Date of Approval 7-16-10

HOLD FOR T.B.A. OBTAINED PLOR - TO THE SPOT OF OBSERVED

NO FURNISHING WATER MAY ENTER OR REMOVING FURNISHES MAY BE INSTALLED IN STRUCTURE WITH SUCH TIME THAT A SURFACE & APPROVED WASTEWATER TREATMENT SYSTEM IS INSTALLED

10' to west P/L  
53' to north P/L  
>100' to center of street (250' + 100' MARK)

Attached  
see drawing

PROPOSED DRUG SITE ~~BE~~ DEMONSTRATED AT INSPECTION ON 7-16-10

All of's above ~~residential~~ ~~subdivided~~ Name of Frontage Road Star Route Rd

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.