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
SEP 03 2009
Bayfield Co. Zoning Dept.

Application No.: 09-0417 ENTERED
Date:
Zoning District R-RB/Class 1
Amount Paid: $100.-
9-10-09 /mg

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 _____ 1/4 of NW 1/4 of Section 34 Township 50 North, Range 4 West. Town of Bayview

Gov't Lot 1 Lot 5 Block _____ Subdivision Thompsons Sec. 34 CSM # _____ Acreage 1.9

Volume 835 Page 897 of Deeds Parcel I.D. ~~08-1077-03-~~ 64-008-2-50-04-34-2 00-298-50000

Property Owner Revocable Trust of Bradley J. ~~Buscher dated 2-2-1996~~

Address of Property 82830 Hwy. 13
Bayfield, WI 54814

Telephone 779-9795 (Home) _____ (Work)

Contractor C+W Trucking (Phone) _____

Plumber _____

Authorized Agent Spears & CArlson (Phone) 373-2628

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 X Addition _____ Existing _____

Fair Market Value $ 15,000 Square Footage _____

Basement: Yes ____ No ____ Number of Stories ~~2~~ → (?)

Sanitary: New ____ Existing X Privy ____ City ____

Type of Septic/Sanitary System H.T.

USE:

☐ ✱ Residence or Principal Structure (# of bedrooms) _____
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) Stairway 13-1-22(a)(5)

☐ Mobile Home (manufactured date) _____

☐ Commercial Principal Building _____

☐ Commercial Principal Building Addition (explain) _____

☐ Commercial Accessory Building (explain) _____

☐ Commercial Accessory Building Addition (explain) _____

☐ Commercial Other (explain) _____

☐ Special/Conditional Use (explain) _____

☐ External Improvements to Principal Building (explain) _____

☐ External Improvements to Accessory Building (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 9/3/09

Address to send permit P.O. Box 847, Washburn, WI 54891

✱ See Notice on Back

ATTACH
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 9-15-09 Permit Number 09-0417 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Proposing granite rock steps/stairway to lake through permitted riprap to access lake + future dock. According to attached plans steps will be 4 feet wide with 1st landing 40 sq.ft and 2nd landing 38 sq.ft. By Travis Tulowitzky Date of Inspection 9/14/2009
Site inspection conducted with John Carlson.

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

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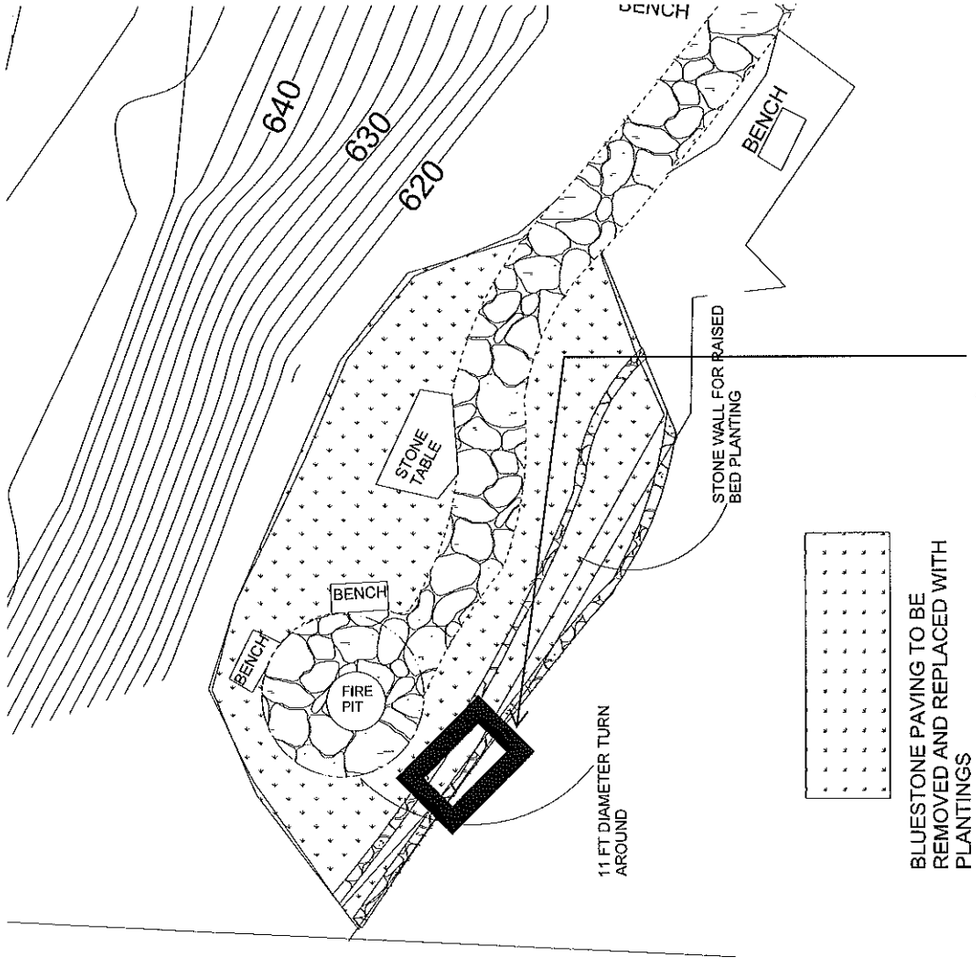
Condition: Stairway shall not exceed 4 feet in width and landings shall not exceed 40 square feet in area. No removal of existing vegetation.

Signed [signature] 9/14/2009
Inspector Date of Approval

Rec'd for Issuance

SEP 14 2009

Secretarial Staff



5'X2.5 FT LANDSCAPE AREA TO BE MODIFIED FOR STAIR LANDING

9-3-09

PROPC

SHE