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
JUN 1 2009
Bayfield Co. Zoning Dept.

ENTERED

Application No.: 09-0208
Date:
Zoning District R-RB/3
Amount Paid: $75.— 6/2/09 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 ____ 1/4 of Section 7 Township 46 North, Range 7 West. Town of DELTA

Gov't Lot ____ Lot 2 Block ____ Subdivision ____ CSM # 708 Acreage 1.75

Volume ____ Page ____ of Deeds Parcel I.D. 04-016-2-46-07-07-3 01-000-70000

Property Owner Carl H. Schmidt
Address of Property 62375 DELTA LAKE RD.

Telephone 920-261-4833 (Home) 920-988-8311 (Work)

Is your structure in a Shoreland Zone? Yes ☒ No ☐ **If yes.**

Structure: New X Addition ____ Existing ____
Fair Market Value 12-15K Square Footage 864 sq. ft.

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) 24' x 36' DETACHED GARAGE
☐ Residential Accessory Building Addition (explain) ____
☐ Residential Other (explain) ____

Contractor SELF (Phone) ____
Plumber ____
Authorized Agent ____ (Phone) ____
Written Authorization Attached: Yes ☐ No ☐
Distance from Shoreline: greater than 75' ☒ 75' to 40' ☐ less than 40 ☐
Basement: Yes ____ No ____ Number of Stories 1
Sanitary: New ____ Existing X Privy ____ City ____
Type of Septic/Sanitary System CONVENTIONAL
☐ 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) Carl H Schmidt Date 5/ /09

Address to send permit N8889 RIVER ROAD, WATERTOWN WIS. 53094

ATTACH
Copy of Tax Statement or
(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 298140 Date 1998

Date 6/12/09 Permit Number 09-0208 Permit Denied (Date) ____

Reason for Denial: ____

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Inspection Record: STRUCTURAL SETBACKS/AS REPRESENTED BY OWNER APPEARS TO BE CODE COMPLIANT & CONDITIONS.
LU 10. PERMIT MAY BE ISSUED W/ By DDL Date of Inspection 6-5-09

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

Condition: ____

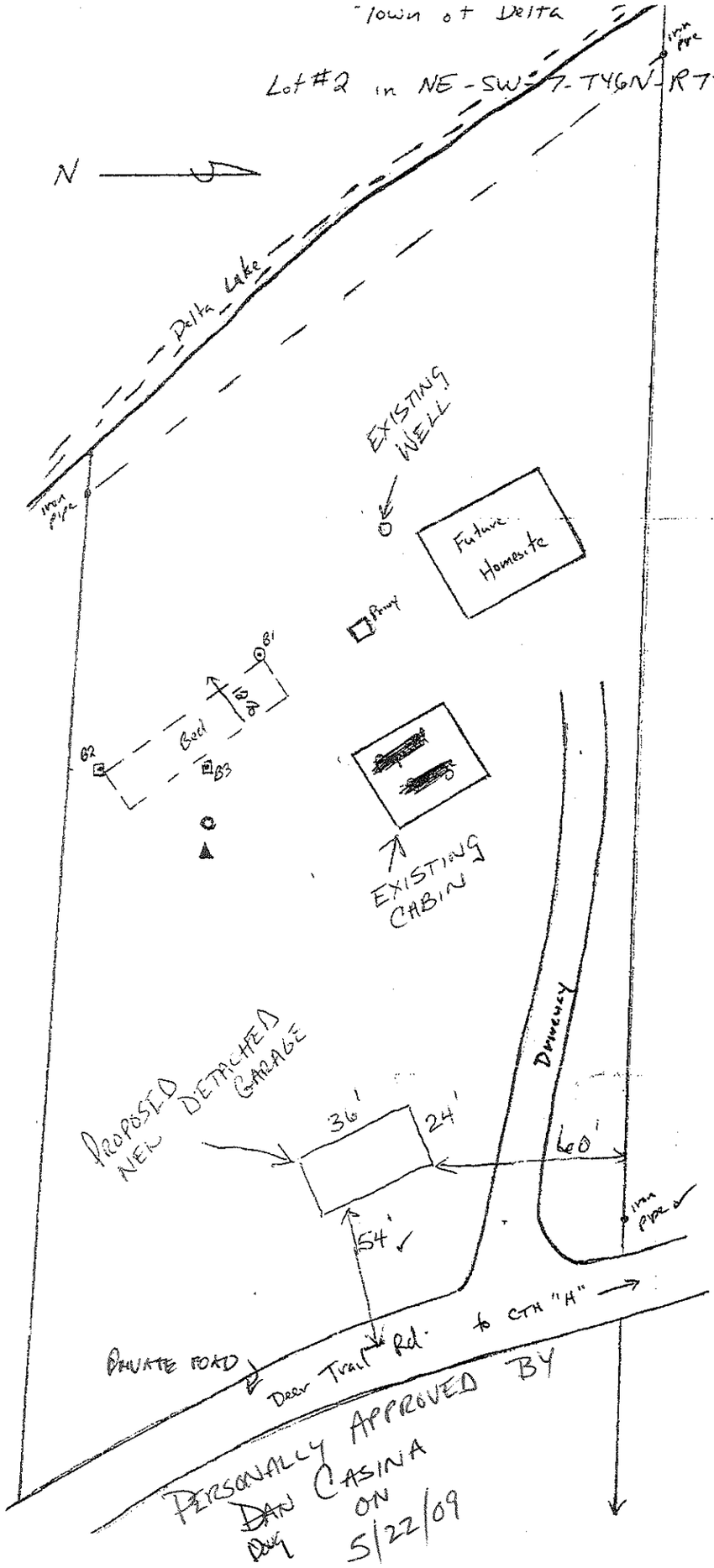
RDG SITE & ALL P/L'S OBSERVED.

Signed [signature] Inspector 6-5-09 Date of Approval

Rec'd for Issuance
JUN 12, 2009
Secretarial Staff

NEED - TAX STATEMENT

Lot #2 in NE-SW-7-T46N-R7W



- Map Scale - 1" = 40'
- BM ▲ - nail approx. 2' above ground level on ribboned hard maple tree = 100.'
- Elevations -
  - B1 = 95.7'
  - B2 = 95.7'
  - B3 = 96.2'
  - Cleaning for garage = approx. 101.5'
  - Proposed Future Homesite = approx. 98.0'
- System Elevation - 92.53'
- 3 bedroom replacement = 450 gpd
- Recommended design loading rate = .7 gpd/sq ft
- 450 gpd / .7 gpd/sq ft = 643 sq ft
- 12' x 54' bed recommended
- no well

Joseph Zirn CSTMO 3873

Joseph Zirn 4-14-98

PERSONALLY APPROVED BY ~~DAN~~ DAN CASINA ON 5/22/09