40x32 120.00

ENTERED

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 27 2008
Bayfield Co. Zoning Dept.

Application No.: 08-0335
Date:
Zoning District R-1, Class 1
Amount Paid: $75.00 RDS 6/27/08
Bal due $45 Pd 7/16/08 RDS

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 _____

Legal Description _____ 1/4 of _____ 1/4 of Section 20 Township 44 North, Range 5 West. Town of GRAND VIEW

Gov't Lot 16 Lot 1 Block _____ Subdivision _____ CSM # 1189 Acreage 7.3

Volume _____ Page _____ of Deeds Parcel I.D. # 021-1018-06 *Use Tax Statement for Legal Description*

Property Owner JOHN RANDBY

Address of Property 48415 OLD GRANDE RD
GRAND VIEW, WI. 54839

Telephone 763-694-5779 (Home) 763-694-5709 (Work)

Contractor CBS CONSTRUCTION (Phone) 715-634-3300

Plumber _____

Authorized Agent Kurt Proctor (Phone) 634-3300

Written Authorization Attached: Yes ☒ No ☒ 32 3

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 X Basement: Yes X No _____ Number of Stories 1½

Estimated Cost of Construction 40,000.00 Square Footage 256 Sanitary: New _____ Existing X Privy _____ City _____
mound

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) 16x16 PORCH w/ FOUNDATION

☐ Residential Accessory Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____

☐ Residential Other (explain) _____

☐ 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) 16'x16' 3-SEASON

☐ 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 6/26/08

Address to send permit CBS. CONSTRUCTION 12500 N MOSQUITO BROOK RD.
HAYWARD, WI. 54843

✱ See Notice on Back

ATTACH
Copy of Tax Statement
If you previously purchased the property
Attach a Copy of Recorded Deed

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 7-17-08 Permit Number 08-0335 Permit Denied (Date) _____

Reason for Denial: _____

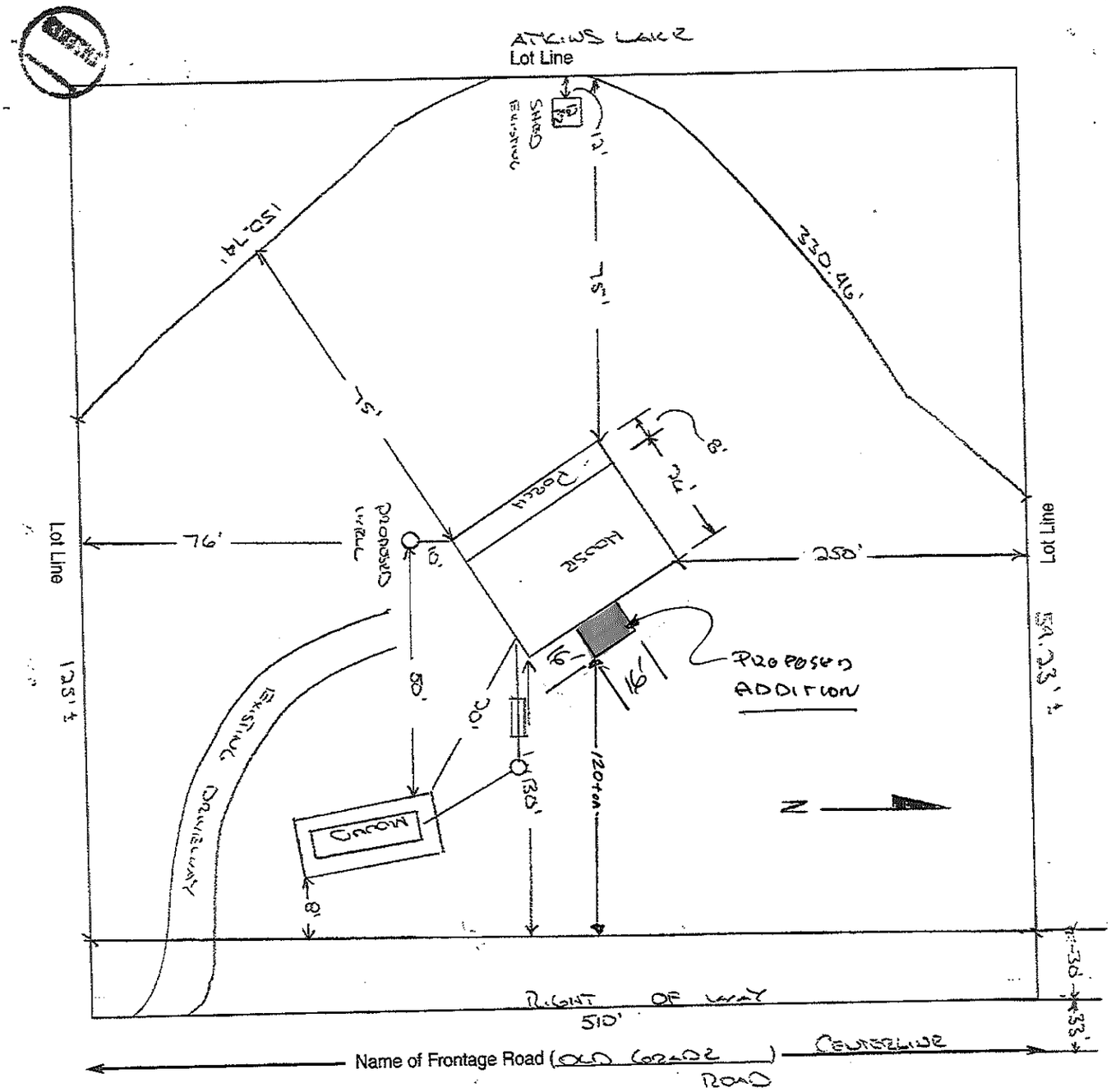
Inspection Record: Well staked. Meets all setbacks. Property lines per agent's representation By M. Fuetsch Date of Inspection 7-8-08

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

Condition: _____

Signed Michael Fuetsch 7-9-08
Inspector Date of Approval

Rec'd for Issuance
JUL 17 2008
Secretarial Staff



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. 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. Septic tank to closest lot line
   e. Septic tank to building
   f. Septic tank to well
   g. Septic 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. Drain field to closest lot line
   l. Drain field to building
   m. Drain field to well
   n. Drain field to lake, river, stream or pond.
   o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY.

*NOTICE: The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.