SUBMIT COMPLETED
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
MAR 2 4 2009
Zoning Dept.

Office Use

Application No.: 09-0095 ENTERED

Date:

Zoning District/Lakes Class: RI-Class2

Amount Paid: $450.00
3/25/09 MJ

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 21 Township 44 North, Range 6 West. Town of Grand View

Gov't Lot 3 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 8.22

Volume 728/775 Page 154/447 of Deeds Parcel I.D. # 04-021-2-44-06-21-4 / 05-003-08000 Use Tax Statement for Legal Description

Property Owner Brian Jensen, et. al.

Address of Property 48130 Friendly Lane
Grand View, WI

Telephone (715) 794-2401 (Home) 715-284-4357 (Work)

Contractor Self (Phone) 715-284-4357

Plumber Rasmussen BCR # 278280

Authorized Agent _____ (Phone) _____

Written Authorization Attached: Yes ☐ No ☐

Is your structure in a Shoreland Zone? Yes ☐ No ☒ **If yes,** Distance from Shoreline: 75' or greater ☒ <75' to 40' ☐ less than 40' ☐

Structure: New X Addition _____ Existing _____

Basement: Yes _____ No X Number of Stories 2

Estimated Cost of Construction 150,000.00 Square Footage _____ Sanitary: New _____ Existing X Privy _____ City _____
W/NEW TANKS

USE: garage 25'x30' = 750 ☐ House 1600 ☐

☐ Residence (# of bedrooms) _____

☐ Residence w/deck-porch (# of bedrooms) _____ 40'x5' = 200 ☐

☒ Residence w/attached garage (# of bedrooms) 2

☐ Residential Addition (explain) _____

☐ Residential Accessory Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____

☐ Residential Other (explain) _____

☐ External Improvements to Principal Building (explain) _____

☐ Mobile Home (manufactured date) _____ (# of bedrooms)

☐ 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 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) Brian Jensen Date 3/21/09

Address to send permit W11421 Spaulding Road, Black River Falls, WI 54615-5616

ATTACH Copy of Tax Statement ✓

APPLICANT — PLEASE COMPLETE REVERSE SIDE

OFFICE USE ONLY

Permit Issued: State Sanitary Number 07-230S Date 11-27-07

Permit Number 09-0095 Date 4/23/09 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Property lines per owner's representations. Meets all setbacks. By M. Furtak Date of Inspection 3-26-09

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

Condition: _____

Signed Michael Furtak 3-27-09
Inspector Date of Approval

Rec'd for Issuance
APR 22, 2009
Secretarial Staff

et.al.
Brian + Julie Jensen # 59586
W 11421 Spaulding Rd.
Black River Falls, WI 54615-5616
715-794-2401

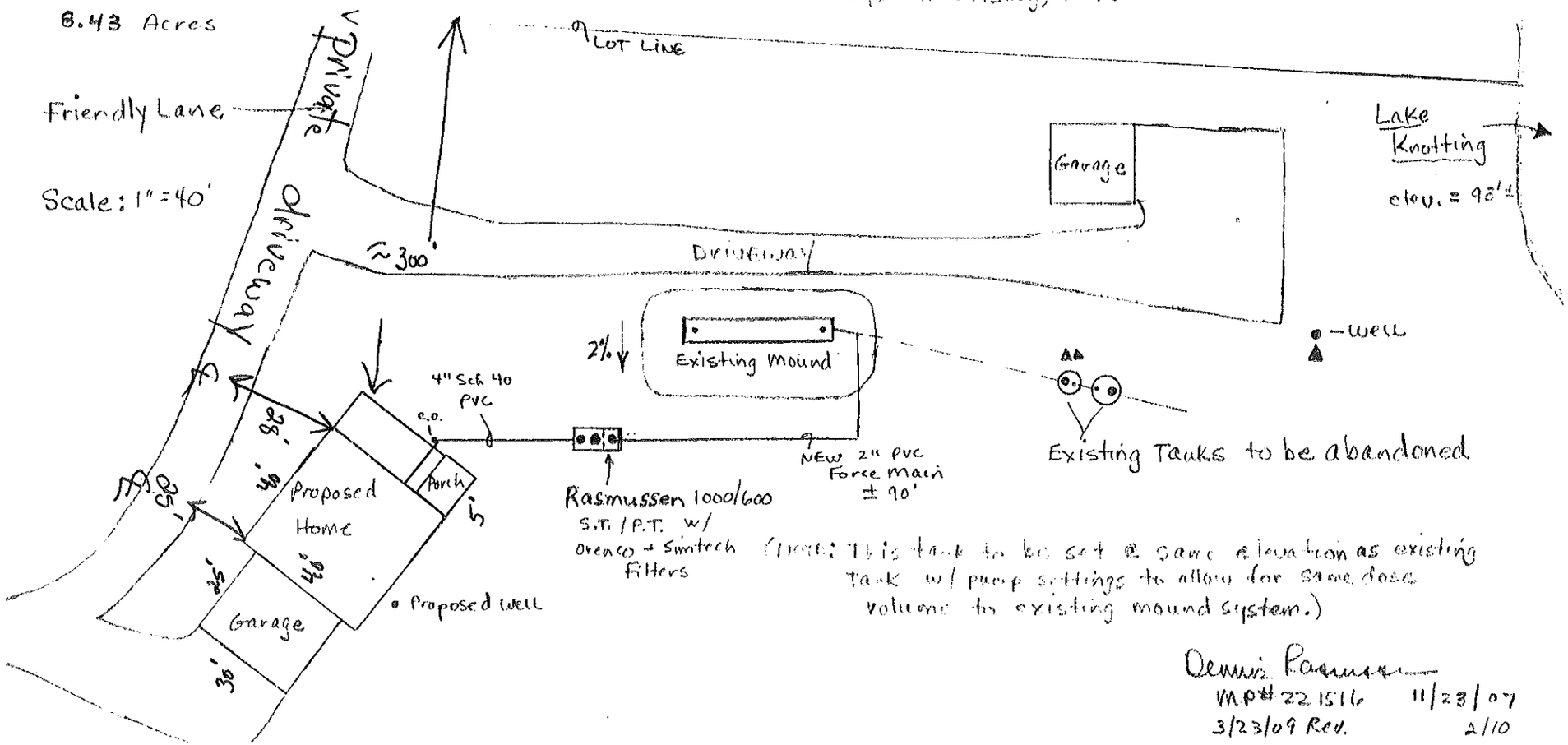
48130 Friendly Lane
G.L.3, S 21, T 44N, R 6W
Town of Grand View
Bayfield Co., WI
Parcel # 04-021-2-44-06-21-4
05-000-08000
8.43 Acres

* Tank Replacements Only *

* Previous State Plan # 87-02837 S *
* under: Woody Adriansen

▲ BM = 100' @ Top of well
▲▲ BM² = 100.08' @ Top of exist. Manhole Cover on Pump Tank

Pump Tank @ Block = 91.83'
(* Existing + new Tank)
Pump @ off = 92.33'
Proposed Bld. Sewer = 101' (approx)
System (Existing) = 98.78' Top of Laterals = 99.63'



(note: This tank to be set @ same elevation as existing tank w/ pump settings to allow for same dose volume to existing mound system.)

Dennis Rasmussen
MP # 221516 11/23/07
3/23/09 Rev. 2/10