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

(1)

ENTERED

Application No.: 09-0268

Date:

Zoning District A-1

Amount Paid: $75 7/7/09 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 _____

Use Tax Statement for Legal Description

Legal Description NE 1/4 of SW 1/4 of Section 13 Township 45 North, Range 6 West. Town of GRAND VIEW

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage ~~35~~ 22.4

Volume J 87 Page 99 of Deeds Parcel I.D. 04-021-2-45-06-13-3 01-000-20000

Property Owner Jeff + Donna DAVIDSON

Address of Property #55260 Hwy 63 GRAND VIEW
Grand View, WI 54

Telephone (608) 846-2687 (Home) (608) 695-2688 CELL ~~(Work)~~

Contractor SELF (Phone) _____

Plumber NONE

Authorized Agent _____ (Phone) _____

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 _____

Basement: Yes ____ No X Number of Stories 1

Fair Market Value 7500.00 Square Footage 24 x 32 768 sq ft

Sanitary: New X Existing X Privy _____ City _____

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) GARAGE

☒ Residential Accessory Building (explain) 1

☐ Residential Accessory Building Addition (explain) _____

☐ Residential Other (explain) _____

Type of Septic/Sanitary System _____

☐ 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 7-2-09

Address to send permit PATRICK MONIZA PO Box 64 GRAND VIEW WI 54839

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 _____ Date _____

Date 7-8-09 Permit Number 09-0268 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Meets all setbacks. Property lines proven's representations,

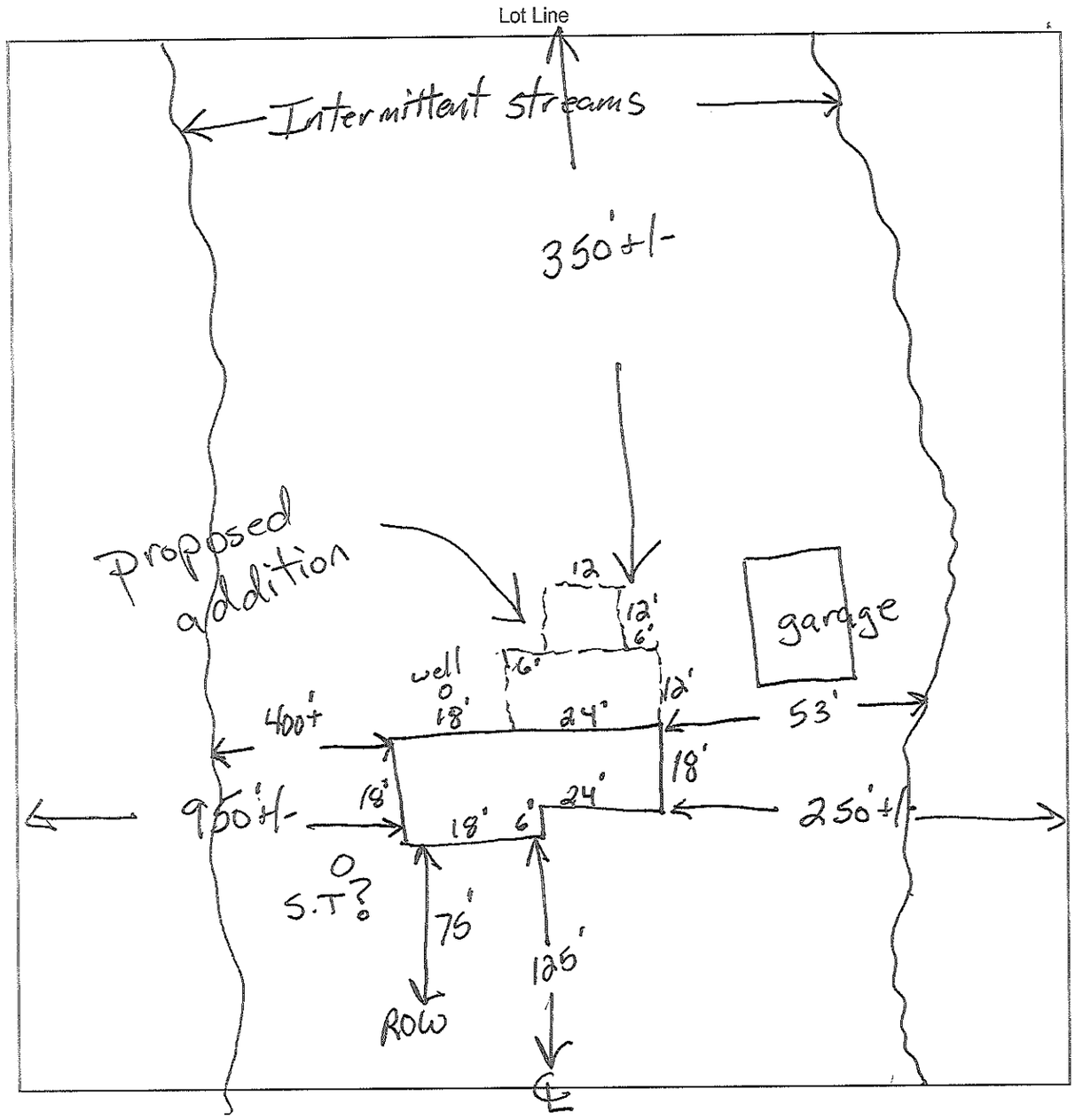
By M. Furtak Date of Inspection 7-2-09

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

Condition: Not to be used for human habitation

Signed Michael Furtak 7-8-09
Inspector Date of Approval

Rec'd for Issuance
JUL 8, 2009
Secretarial Staff



Name of Frontage Road (US Hwy 63)

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:

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

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

*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.