$195

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 AUG 10 2009 Bayfield Co. Zoning Dept.

ENTERED

Application No.: 10-0037
Date:
Zoning District R-1, Class 2
Amount Paid: $195.00 BDS 8/11/09

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 33 Township 44 North, Range 6 West. Town of G.V

Gov't Lot 3 Lot A Block ____ Subdivision ____ V.2 P.64 CSM # ____ Acreage 1.0

Volume 748 Page 82 of Deeds Parcel I.D. 04-021-2-44-06-33-1 05-003-02000

Property Owner Priscilla J. Smith

Address of Property 46710 Big Timber Lane
Cable, WI 54821

Telephone 798-2318 (Home) ____ (Work)

Contractor self (Phone) ____

Plumber Andy Rasmussen & Sons

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 ____ Addition ____ Existing ✓

Basement: Yes ____ No ✓ Number of Stories 1 1/2

Fair Market Value $65,000 Square Footage 576 ft² 24x24'

Sanitary: New ✓ Existing ____ Privy ____ City ____

USE:

Type of Septic/Sanitary System Pretreatment Mound

☐ ✱ 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) convert residence to art studio

☐ 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) ____

☐ 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) ____ Date 8/6/09

Address to send permit 10531 Morgan Ave S, Bloomington, MN 55431

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 3/10/10 Permit Number 10-0037 Permit Denied (Date) ____

Reason for Denial: ____

Inspection Record: Meets all setbacks. Property lines per owner's representations. By M. Furtak Date of Inspection 8-18-09

Mitigation Plan Required: Yes ☒ No ☐ ____ Variance (B.O.A.) # 09-09B

Condition: see BOA decision & affidavit. No water under pressure may enter structure. Not to be used for human habitation.

Signed Michael Furtak 3-10-10
Inspector Date of Approval

Rec'd for Issuance
MAR 10, 2010
Secretarial Staff

SENT TO ZONING

EXIST. DWELLING
DECK
EXIST. WELL
S. 59°19'16"E.
283.42'
100.36'
SEPTIC TANKS
PRECAST HOUSE SYSTEM
SITE PLAN
PROPOSED DEVELOPMENT
EXIST. CABIN
PROPOSED
PLEZ. 1408.8'
PORCH
HYDRO
EXIST. GAR.
RELOCATED GARAGE
FL.EL.1425.4'
RELOCATED CABIN
FL.EL.1426.8'
10' S.B.L.
20' S.B.L.
30' S.B.L.
EXIST. WELL
EXIST. WELL
GRID
WOOD BRIDGE
EDGE OF ROCKS
EDGE OF POND
SITE FENCE
15' S.B.L.
MULCH
PATH
STAIRS
SHORELINE
N.16°14'11"E.
113.38'
N.82°31'37"W.
281.16'
R.M. SPIKE IN ELECTRIC POLE
ELEV. 1421.40'
E OF WATERWAY
WOOD BRIDGE
S.14°18'35"W.
59.80'
S.T.S.B.L.
1400
1405
1410
1415
1420
1425
1430
1435