TBA 175.00 LU 564.00 $739

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
AUG 25 2010

Application No.: 10-0368
Date:
Zoning District AG1, Class3
Amount Paid: $739.00
8/26/10 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

Use Tax Statement for Legal Description

Legal Description: SE 1/4 of SE 1/4 of Section 16 Township 45 North, Range 06 West. Town of Grandview

Gov't Lot ____ Lot ____ Block ____ Subdivision ____ CSM # ____ Acreage 8.38

Volume 786 Page 890 of Deeds Parcel I.D. 04021 24506164040002 0000

Property Owner Richard & Donna Fredericks
Address of Property 21810 N. Swedens Road
Grandview WI 54839
Telephone 715-763-3167 (Home) 715-373-6106 (Work)

Contractor Dykstra Const. (Phone) 715-209-7411
Plumber Brown Plumbing & HVAC 682-0444
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 ____
Fair Market Value 188,000 Square Footage 1,856
Basement: Yes ✓ No ____ Number of Stories 1
Sanitary: New ____ Existing ✓ Privy ____ City ____
Type of Septic/Sanitary System DRAIN FIELD

USE:

☐ ✱ Residence or Principal Structure (# of bedrooms) ____
Residence sq. ft. ____

☑ ✱ Residence w/deck-porch (# of bedrooms) 3
Residence sq. ft. 1,856 Porch sq. ft 760
Deck sq. ft. 8'x40' = 320 Deck(2) sq. ft ____

☐ ✱ Residence w/attached garage (# of bedrooms) ____
Residence sq. ft. ____ Garage sq. ft 672

☐ Residential Addition / Alteration (explain) ____
☐ 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) ____
☐ 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) Donna Fubert Fredericks Date 8/25/10

Address to send permit 50181 State Hwy 13, Ashland, WI 54806

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 29613 Date 4-7-76

Date 9/20/10 Permit Number 10-0368 Permit Denied (Date) ____

Reason for Denial: ____

Inspection Record: Home destroyed by fire. Rebuild using existing foundation per AG 12 By M. Furtak Date of Inspection 8-30-10

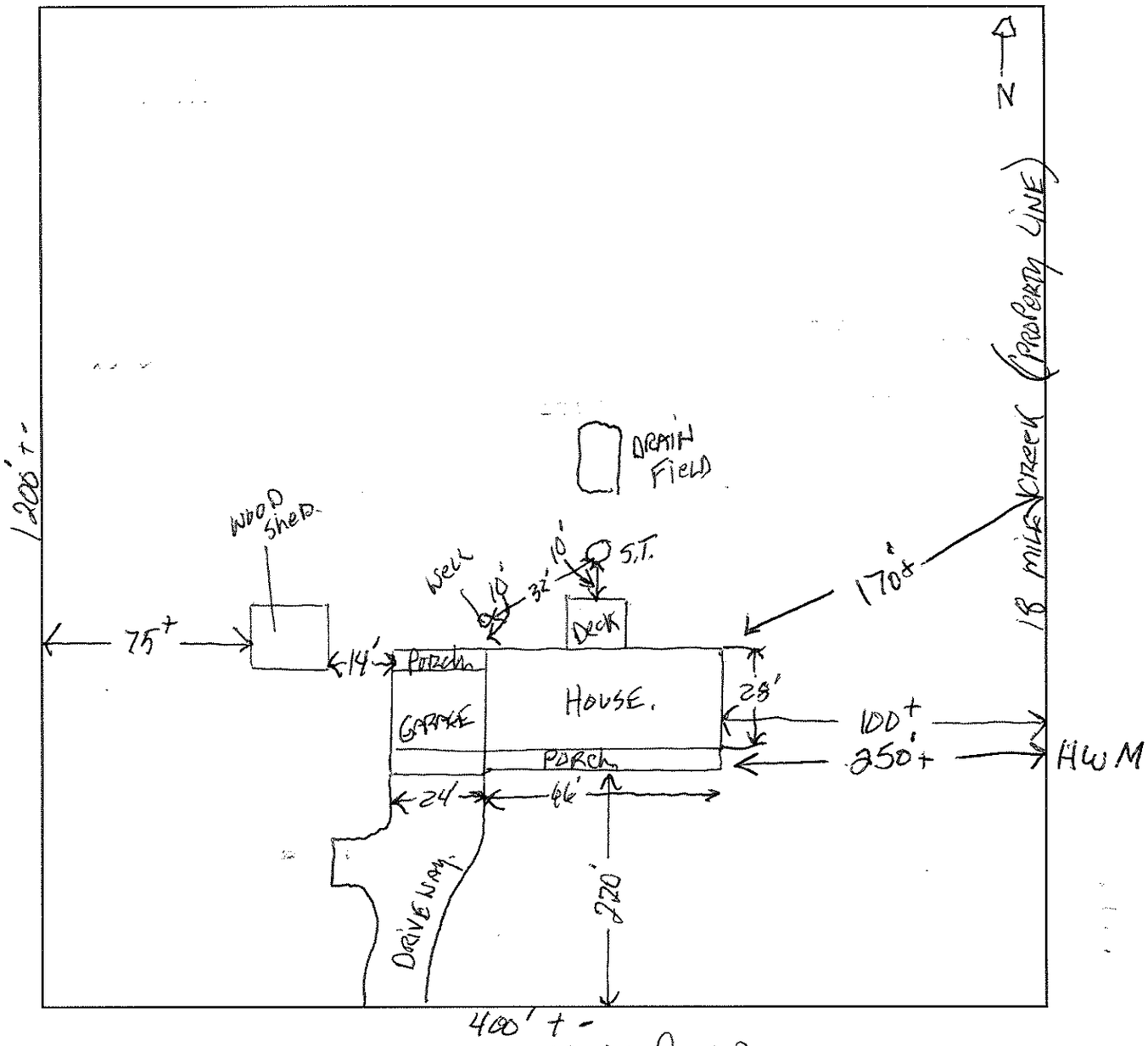
Mitigation Plan Required: Yes ☐ No ☒ ____ Variance (B.O.A.) # ____

Condition: ____

Signed Michael Furtak 9-1-10
Inspector Date of Approval

Rec'd for Issuance
SEP 20, 2010
Secretarial Staff

Lot Line



Name of Frontage Road (N. SWEDAN RD

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:

   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

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

*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.