

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**  
 JUL 18 2008  
 Bayfield Co. Zoning Dept

Application No.: 08-0369  
 Date: \_\_\_\_\_  
 Zoning District: B-1  
 Amount Paid: \$75,008.05  
7/18/08

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.

**Corrected 9/9/08 From Accy to Res.**

LAND USE  SANITARY  PRIVY  SPECIAL USE  B.O.A.  OTHER \_\_\_\_\_  
 Legal Description SE 1/4 of NW 1/4 of Section 34 Township 45 North, Range 5 West, Town of Lincoln  
 Gov't Lot 1 Block \_\_\_\_\_ Subdivision V.9.P.32 CSM # 1423 Acreage 1.96  
 Volume 503 Page 226 of Deeds \_\_\_\_\_ Parcel I.D. # 030-1075-07 990 Use Tax Statement for Legal Description  
 Property Owner Steve + Paula Nevens Director Kevin Kurilla (Phone) \_\_\_\_\_  
 Address of Property 28560 Mavengo Lake Rd - Mason, WI 54856 Plumber \_\_\_\_\_  
 Telephone 920-563-7918 (Home) 920-563-4945 (Work) \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

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 \_\_\_\_\_  
 Estimated Cost of Construction 18,000 Square Footage 864 Sanitary: New \_\_\_\_\_ Existing HT Privy \_\_\_\_\_ City \_\_\_\_\_  
 USE: \_\_\_\_\_

Residence or Principal Structure (# of bedrooms) conversion  
 Residence sq. ft. 432 Mobile Home (manufactured date) \_\_\_\_\_  
 \* Residence w/ deck structure (# of bedrooms) \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_  
 Residence sq. ft. 96 Porch sq. ft. \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_  
 Deck sq. ft. 96 Deck(2) sq. ft. \_\_\_\_\_ Commercial Accessory Building (explain) \_\_\_\_\_  
 \* Residence w/ attached garage (# of bedrooms) 0 Commercial Accessory Building Addition (explain) \_\_\_\_\_  
 Residence sq. ft. 432 Garage sq. ft. 432 Commercial Other (explain) \_\_\_\_\_  
 Residential Addition / Alteration (explain) 432 + 96 deck Special/Conditional Use (explain) \_\_\_\_\_  
 Residential Accessory Building (explain) \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_  
 Residential Accessory Building Addition (explain) \_\_\_\_\_ External Improvements to Accessory Building (explain) \_\_\_\_\_  
 Residential Other (explain) \_\_\_\_\_

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

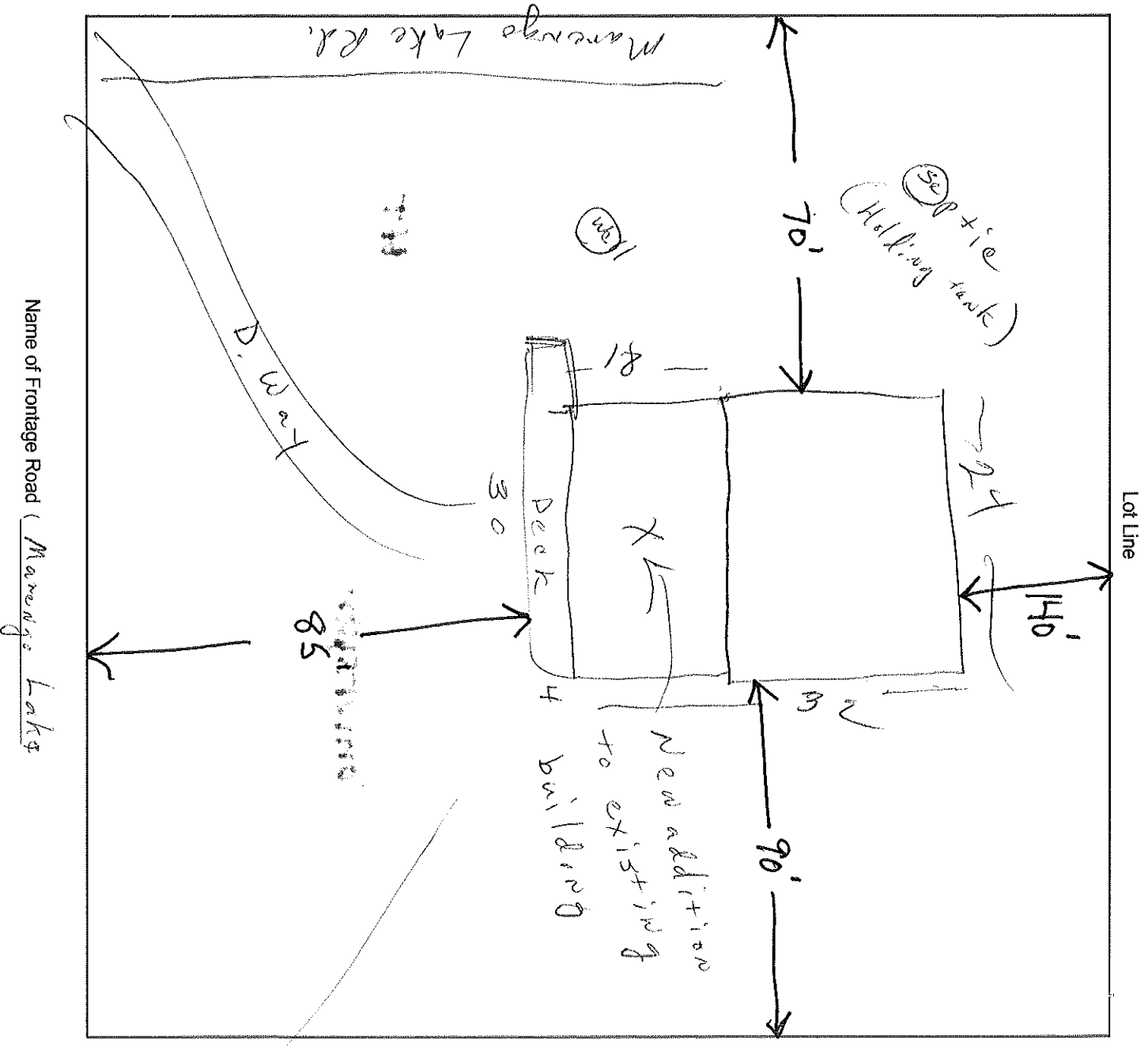
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) 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) Steve Nevens Date 7/15/08  
 Address to send permit 507 Adams St, Fort Atkinson, WI 53538 ATTACH \_\_\_\_\_  
 Copy of Tax Statement  Attach a Copy of Recorded Deed \_\_\_\_\_

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: \_\_\_\_\_ State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_  
 Date 7-29-08 Permit Number 08-0369 Permit Denied (Date) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_  
 Inspection Record: Meets all setbacks. Property lines per owners representations By M. Fustak Date of Inspection 7-28-08  
 Mitigation Plan Required: Yes  No  Variance (B.O.A.) # \_\_\_\_\_  
 Condition: \_\_\_\_\_  
 Signed Michael Fustak Inspector Date of Approval 7-29-08  
 Rec'd for Issuance \_\_\_\_\_

Per MF-9/9/08 - This is a conversion from Accy bldg. to Res. w/ deck.  
 JUL 29 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 location, size and dimensions of the structure - (include any deck(s), porch or garage)
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 (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, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.