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 28 2009

Application No.: 09-0314
Date:
Zoning District R-RB / —
Amount Paid: $75
7/29/09 / mg

ENTERED

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 NW 1/4 of SE 1/4 of Section 33 Township 52 North, Range 04 West. Town of Russell

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 34

Volume _____ Page _____ of Deeds Parcel I.D. 04-046-2.52-04.33-4 02-000-10000

Property Owner Aron Cote [+ Karen] Contractor Bruce Giebel (Phone) _____

Address of Property 94480 Little Sand Bay Rd. Plumber _____

Bayfield, WI 54814 Authorized Agent _____ (Phone) _____

Telephone _____ (Home) _____ (Work) 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 X Existing _____ Basement: Yes _____ No X Number of Stories 1

Fair Market Value 3,000 Square Footage 512 Sanitary: New _____ Existing X Privy _____ City _____

USE: **Type of Septic/Sanitary System** Holding Tank

☐ ✱ 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) _____

☒ Residential Accessory Building Addition (explain) Addition to Garage

☐ 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) [signature] Date 7-27-09

Address to send permit 26250 CTY. M Holcombe WI 54745

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 8-4-09 Permit Number 09-0314 Permit Denied (Date) _____

Reason for Denial: _____

23 Inspection Record: Structural setbacks/conditions as represented by owner appears to be code compliant & I.W. permit may be issued By DDC Date of Inspection 7-30-09

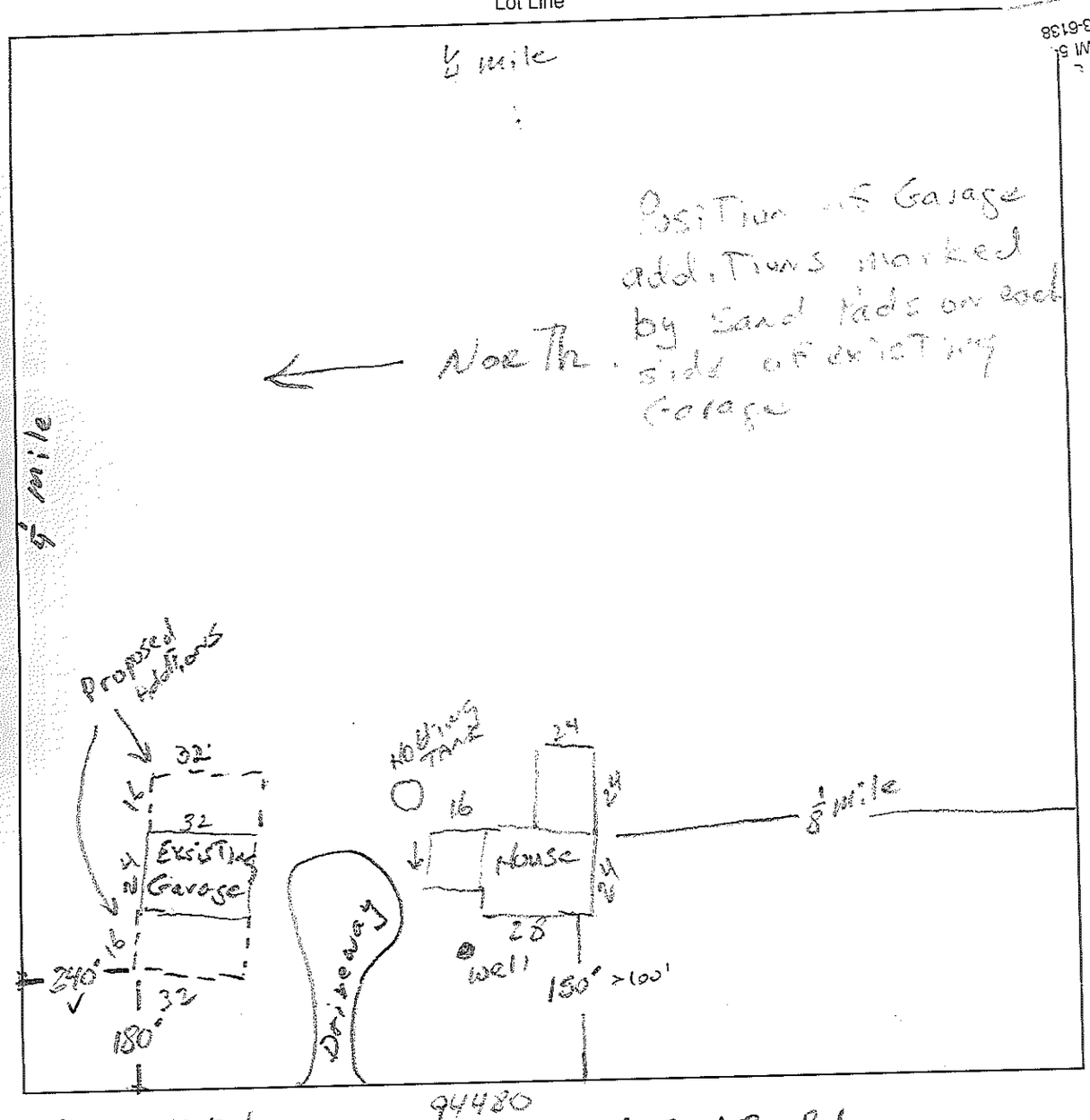
Mitigation Plan Required: Yes ☐ No ☒ _____ Variance (B.O.A.) # _____

Condition: —

Signed [signature] 7-30-09
Inspector Date of Approval

RECEIVED
Rec'd for Issuance
JUL 30 2009
Secretarial Staff

Lot Line



NOTE - PROPOSED ADDITION LOCATIONS IDENTIFYABLE AT INSPECTION ON 7-16-09

Name of Frontage Road (Little Sand Bay) 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:

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.